

Know Your Client Information



The following information is required to supplement the Commitment Letter to which it is attached.
Please attach a separate form for each Borrower and Guarantor.

A. Borrower/Guarantor Information (if more than 1 corporate borrower or guarantor, attach a separate form)

Choose which applies Borrower Guarantor. If an individual, complete Section B.

INCORPORATED UNINCORPORATED PARTNERSHIP CONDOMINIUM SOLE PROPRIETORSHIP ESTATE FORMAL TRUST NOT-FOR-PROFIT CHARITY

LEGAL NAME		EMAIL ADDRESS	
TRADE NAME(S), IF APPLICABLE	NATURE OF BUSINESS (PLEASE BE SPECIFIC)	TELEPHONE NUMBER	
CIVIC ADDRESS		CITY	PROVINCE
		POSTAL CODE	
INCORPORATION, AMALGAMATION, REGISTRATION, ENTITY OR FILE NO.	PLACE OF REGISTRATION (PROVINCE/STATE AND COUNTRY)	REGISTRATION EXPIRY DATE(MM/DD/YY)	SIN (APPLICABLE FOR SOLE PROPRIETOR ONLY)

Charitable & Not-For-Profit Associations

Complete this section only if the Borrower is a charitable or not-for-profit organization.

Is the charitable or not-for-profit organization registered with the Canada Revenue Agency under the Income Tax Act? Yes* No**

*If the answer is "Yes", ensure the complete 15-digit registration number is entered above in the "Incorporation, Amalgamation, Registration, Entity or File No." field.

**If the answer is "No", does the charitable or not-for-profit organization solicit financial donations from the public? Yes No

B. Authorized Signatory(s) or Individual Borrower/Guarantor (if more than 4 individuals, attach a separate form)

Please include information for all Trustees and Settlers if the Borrower is a Trust.

INDIVIDUAL 1

BORROWER GUARANTOR SIGNING OFFICER POWER OF ATTORNEY TRUSTEE SETTLOR EXECUTOR

FIRST NAME	LAST NAME		DATE OF BIRTH (MM/DD/YY)
RESIDENTIAL CIVIC ADDRESS, APT #			
CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER
OCCUPATION (PLEASE BE SPECIFIC, E.G., 'MEDICAL TECHNICIAN')			EMAIL ADDRESS

COMPLETE INFORMATION BELOW IF GUARANTOR:

NAME OF EMPLOYER	ADDRESS OF EMPLOYER	EMPLOYER TELEPHONE NUMBER
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INDIVIDUAL 2

BORROWER GUARANTOR SIGNING OFFICER POWER OF ATTORNEY TRUSTEE SETTLOR EXECUTOR

FIRST NAME	LAST NAME		DATE OF BIRTH (MM/DD/YY)
RESIDENTIAL CIVIC ADDRESS, APT #			
CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER
OCCUPATION (PLEASE BE SPECIFIC, E.G., 'MEDICAL TECHNICIAN')			EMAIL ADDRESS

COMPLETE INFORMATION BELOW IF GUARANTOR:

NAME OF EMPLOYER	ADDRESS OF EMPLOYER	EMPLOYER TELEPHONE NUMBER
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Know Your Client Information



INDIVIDUAL 3

BORROWER GUARANTOR SIGNING OFFICER POWER OF ATTORNEY TRUSTEE SETTLOR EXECUTOR

FIRST NAME	LAST NAME		DATE OF BIRTH (MM/DD/YY)
RESIDENTIAL CIVIC ADDRESS, APT #			
CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER
OCCUPATION (PLEASE BE SPECIFIC, E.G., 'MEDICAL TECHNICIAN')			EMAIL ADDRESS
COMPLETE INFORMATION BELOW IF GUARANTOR:			
NAME OF EMPLOYER	ADDRESS OF EMPLOYER		EMPLOYER TELEPHONE NUMBER

INDIVIDUAL 4

BORROWER GUARANTOR SIGNING OFFICER POWER OF ATTORNEY TRUSTEE SETTLOR EXECUTOR

FIRST NAME	LAST NAME		DATE OF BIRTH (MM/DD/YY)
RESIDENTIAL CIVIC ADDRESS, APT #			
CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER
OCCUPATION (PLEASE BE SPECIFIC, E.G., 'MEDICAL TECHNICIAN')			EMAIL ADDRESS
COMPLETE INFORMATION BELOW IF GUARANTOR:			
NAME OF EMPLOYER	ADDRESS OF EMPLOYER		EMPLOYER TELEPHONE NUMBER

Beneficial Ownership Attestation

Pursuant to the *Canadian Proceeds of Crime (Money Laundering) and Terrorist Financing Act* and implementing regulations, we are required to obtain, prior to opening an account, certain additional information with respect to Structure, ownership and control of our clients. The information you are providing will be used for that purpose. This information must be completed by the person opening the account and who has authority to bind the corporation or has the authority to sign on behalf of the Business.

Home Trust may ask for additional supporting documentation to confirm the information provided below and may periodically contact you to confirm information.

C. Directors (All directors for each corporate borrower/guarantor must be listed. If more than 1 corporation or more than 4 directors, attach a separate form.)

NAME (FIRST, LAST)	RESIDENTIAL CIVIC ADDRESS, APT #, CITY, PROVINCE, POSTAL CODE	TELEPHONE NUMBER	DATE OF BIRTH	OCCUPATION

D. Beneficial Ownership (you must check Yes or No, see definition below)

Does anyone (individual, corporation or entity) own or control 25% or more of the corporation's/entity's/trust's shares? Yes No

*If the answer is "Yes", complete the details below and attach supporting documents to show ownership structure (e.g., share register, shareholder agreement, partnership agreement, records of decisions, incorporation documents, annual returns). If the answer is "No", please proceed to the next question. Definition: A beneficial owner is defined as an individual (living person) who owns or controls 25% or more of an entity through which a transaction is being conducted. It also includes those persons who exercise ultimate control over a legal person or arrangement. If the Borrower is a Trust, please include information for all known beneficiaries of a Trust.

NAME (FIRST, LAST / ENTITY NAME)	DATE OF BIRTH	OCCUPATION	OWNERSHIP PERCENTAGE %
RESIDENTIAL CIVIC ADDRESS, APT #, CITY, PROVINCE, POSTAL CODE	TELEPHONE NUMBER	<input type="checkbox"/> DIRECT <input type="checkbox"/> INDIRECT	
NAME (FIRST, LAST / ENTITY NAME)	DATE OF BIRTH	OCCUPATION	OWNERSHIP PERCENTAGE %
RESIDENTIAL CIVIC ADDRESS, APT #, CITY, PROVINCE, POSTAL CODE	TELEPHONE NUMBER	<input type="checkbox"/> DIRECT <input type="checkbox"/> INDIRECT	
NAME (FIRST, LAST / ENTITY NAME)	DATE OF BIRTH	OCCUPATION	OWNERSHIP PERCENTAGE %
RESIDENTIAL CIVIC ADDRESS, APT #, CITY, PROVINCE, POSTAL CODE	TELEPHONE NUMBER	<input type="checkbox"/> DIRECT <input type="checkbox"/> INDIRECT	
NAME (FIRST, LAST / ENTITY NAME)	DATE OF BIRTH	OCCUPATION	OWNERSHIP PERCENTAGE %
RESIDENTIAL CIVIC ADDRESS, APT #, CITY, PROVINCE, POSTAL CODE	TELEPHONE NUMBER	<input type="checkbox"/> DIRECT <input type="checkbox"/> INDIRECT	

As an Authorized Signatory on the account, I hereby certify to the best of my knowledge that the information provided is true, complete and accurate and that Home Trust may rely on such information until we receive a notice of change from the Business of any information contained in this form.

SIGNATURE OF AUTHORIZED SIGNATORY 1	SIGNATURE OF AUTHORIZED SIGNATORY 2	SIGNATURE OF AUTHORIZED SIGNATORY 3	SIGNATURE OF AUTHORIZED SIGNATORY 4
X	X	X	X

E. Politically Exposed Persons (you must check Yes or No)

Does any beneficial owner, director, authorized signatory or any of their family member(s) or close associates currently hold or has ever held one of the following positions which pertain to Politically Exposed Persons or Heads of International Organizations as defined below. Yes* No

Politically Exposed Person (PEP) – a person who holds or has held one of the following offices or positions in or on behalf of a foreign state or Canada: head of state or head of government, including Governor General, lieutenant governor; member of the executive council of government or member of a legislature, including Senate or house of Commons; deputy minister or equivalent rank; ambassador, or attaché or counsellor of an ambassador; military officer with a rank of general or above; president of a foreign state- owned company/bank or a company wholly owned directly by her Majesty in right of Canada or a province; head of a government agency; judge of a supreme court, constitutional court or other court of last resort; including the appellate court in a province, the Federal Court of Appeal or the Supreme Court of Canada; leader or president of a political party represented in a legislature; or mayor.

- *Head of an International Organization (HIO) – a person, at a given time, who is either: the head of an international organization established by multiple nations or states, regardless of their citizenship, residency status, birth place; or the head of an institution established by an international organization.*
- *Family member – refers to the PEP spouse or common-law partner; their child; their mother or father; the mother or father of their spouse or common law partner; and a child of their mother or father (sibling).*
- *Close associate – can be an individual who is closely connected to a PEP or HIO for personal or business reasons. In particular, financial advisors or persons acting in a financial fiduciary capacity; those involved in romantic relationships with the PEP or HIO; someone serving as a member of the same board; or closely carrying out charitable works with a PEP or HIO.*

*If the answer is "Yes", you must complete a separate politically exposed persons Declaration Form, which your mortgage broker or Home Trust Company and/or its subsidiaries and assigns can provide.

F. Third Party Declaration (you must check Yes or No)

Is any owner acting on behalf of an individual or entity (who is not an owner or authorized to give instructions about the account) who is directing or in control of what happens with the account? Yes* No

*If yes, please complete the following information on the Third Party:

THIRD PARTY NAME	OCCUPATION OR PRINCIPAL BUSINESS	DATE OF BIRTH (MM/DD/YY)
CIVIC ADDRESS, APT #, CITY, PROVINCE, POSTAL CODE		TELEPHONE NUMBER
DESCRIBE THE RELATIONSHIP BETWEEN THE THIRD PARTY AND EACH OF THE BORROWERS	INCORPORATION NUMBER (IF THE THIRD PARTY IS A CORPORATION)	PLACE OF INCORPORATION

G. Source of Down Payment (for Purchase Transactions Only)

AMOUNT OF EQUITY SOURCE OF EQUITY (ATTACH SUPPORTING DOCUMENTATION) *

*The Borrower must provide evidence of the equity it is contributing to the property. This can take the form of a firm commitment to finance another property, an agreement of purchase and sale in respect of another property together with Solicitor's confirmation of receipt and amount of the net proceeds of such sale or financing, 3 months' bank statements showing equity in the Borrower's bank account, audited balance sheet and other similar documentation.

Please Sign Below – Acknowledgement and Authorization

By signing this form below, I/we consent to the collection of the personal information contained in this form by Home Trust Company and/or its subsidiaries and assigns. I/we also consent to the use, retention and disclosure of my/our personal information by Home Trust Company and/or its subsidiaries and assigns, as is reasonably required in connection with the establishment and maintenance of an account, to meet legal and regulatory requirements, to market other products and services, and for statistical, audit and security purposes in the manner set out in the Home Trust Company Privacy Code. To receive a copy of the Privacy Code please visit the Home Trust Company website at hometrust.ca or call 1-855-270-3629.

I/we confirm that the information provided is true and accurate. I/we agree to make Home Trust Company and/or its subsidiaries and assigns aware of changes to any of the personal information contained in this form.

SIGNATURE OF AUTHORIZED SIGNATORY 1	SIGNATURE OF AUTHORIZED SIGNATORY 2	SIGNATURE OF AUTHORIZED SIGNATORY 3	SIGNATURE OF AUTHORIZED SIGNATORY 4
X	X	X	X