

Complete this form if you wish to provide another individual with authorization to act on your behalf with respect to all your financial dealings and accounts at Equitable Bank and EQ Bank (a trade name of Equitable Bank). Any reference to ‘**EQ Bank**’, ‘**the Bank**’, ‘**our**’, ‘**we**’ or ‘**us**’ mean Equitable Bank.

Please note that the individual authorized to act as your attorney for property must complete the attached Identification Verification Form before we can take any instructions from them.

Part I – Appointment of Attorney

I, _____ (the ‘**Grantor**’) hereby **APPOINT**:
(Print or type your full name here.)

_____ to be my attorney for property.
(Print or type the name of the person you appoint here.)

If the person I have appointed, cannot or will not be my attorney because of refusal, resignation, death, mental incapacity, or removal by the course, I **SUBSTITUTE**:

_____ to act as my attorney for property with the same
(Print or type the name of the person you appoint here.)

authority as the person he or she is replacing.

Part II – Powers, Conditions and Restrictions

I AUTHORIZE my attorney for property to do on my behalf anything in respect of property that I could do if capable of managing property, except make a will, subject to the law and to any conditions or restrictions contained in this document. I confirm that he/she may do so even if I am mentally incapable.

I understand that my attorney will have the power and authority to do the following for me through accounts with the Bank:

- receive, approve or confirm statements;
- receive all notices and demands of any kind addressed or intended for me;
- withdraw funds and make transfers from my accounts;
- borrow money by way of refinance, line of credit, or equity release;
- sign any agreements with the Bank on my behalf (including but not limited to account agreements, refinance agreements, interest rate reset agreements, renewal agreements and any other account documentation); and
- act on my behalf in any other matter regarding my accounts with the Bank.

Part III – Ending the Power of Attorney

I ACKNOWLEDGE that this Power of Attorney is binding on me as well as on my heirs, executors, administrators, successors and assigns and that the Bank will continue to operate under this Power of Attorney until it receives notice that it has ended by either having received my written notice of revocation made in accordance with applicable law or proof of my death.

This Power of Attorney will continue if I become legally incapacitated and will not automatically revoke any previous general or continuing Power of Attorney I may have given as I specifically authorize the ability for the Bank to operate under multiple Powers of Attorney.

Unless otherwise stated, this continuing Power of Attorney will come into effect on the date it is signed and witnessed.

Signature of Grantor: _____ **Date:** _____

Note: The following people cannot be witnesses: the attorney or his or her spouse or partner; the spouse, partner, or child of the donor, or someone that the person treats as his or her child; a person whose property is under guardianship or who has a guardian of the person; or a person under the age of 18.

Witness:
Signature: _____
Print Name: _____
Address: _____
Occupation: _____
Date: _____

Witness:
Signature: _____
Print Name: _____
Address: _____
Occupation: _____
Date: _____

* * * *

Instructions for Agent: This form must be completed in full, including PEP and third party declarations. A photocopy of the identification document must be attached hereto, and the name of the individual(s) must be recorded exactly as it appears on the government-issued photo identification document.

AGENT CONFIRMATION

I, the undersigned, attest that (i) I understand and accept that I am acting as an Agent on behalf of Equitable¹ and its co-lenders, successors and assigns for the purpose of verifying the identity of the individual(s) listed below; (ii) I am a lawyer/notary currently in good standing and entitled to practice within the regulations of my profession without any restrictions; and (iii) I have examined and verified one valid, current and authentic government-issued photo identification document from the list in Appendix A in the presence of the person concerned and recorded below the required information for the individual.

Signature of Agent: _____

Name (please print): _____ **Date:** _____

INDIVIDUAL'S IDENTIFICATION INFORMATION

SELECT ALL THAT APPLY

- Borrower Guarantor Signing Officer Power of Attorney Estate Trustee

FIRST NAME	MIDDLE NAME	LAST NAME	DATE OF BIRTH (i.e. Oct-19-1988)									
			M	M	M	D	D	Y	Y	Y	Y	
IDENTIFICATION TYPE	IDENTIFICATION NO.	PROV/STATE OF ISSUANCE	COUNTRY OF ISSUANCE	EXPIRY DATE (If Applicable)								
				M	M	M	D	D	Y	Y	Y	Y

POLITICALLY EXPOSED PERSON CERTIFICATION (check the appropriate box)

I hereby certify that I am:

- NOT a Politically Exposed Person as defined in Appendix A.
 A Politically Exposed Person, as defined in Appendix A.

If you are a Politically Exposed Person as defined in Appendix A, please provide details of the role/position:

THIRD PARTY CERTIFICATION (check the appropriate box)

I hereby certify that this account:

- Will NOT be used by, or on behalf of, or be for the benefit of, a third party as defined in Appendix A.
 Will be used by, or on behalf of, or be for the benefit of, a third party as defined in Appendix A.

OCCUPATION ² (include title and industry)	SIGNATURE OF INDIVIDUAL *

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OCCUPATION ² (include title and industry)	SIGNATURE OF INDIVIDUAL *

¹ Equitable means Equitable Bank, a wholly owned subsidiary of EQB Inc., Equitable Trust, a wholly owned subsidiary of Equitable Bank and EQ Bank, a trade name of Equitable Bank.

² Vague descriptions such as "Business-for-Self", "self-employed", "consultant", "investor", "business owner", "businessman", "entrepreneur" or "Signing Officer" are **not acceptable**. The occupation must clearly reflect the nature of the work and the industry in which it is performed.

* **PRIVACY CONSENT:** You agree that Equitable¹, or any insurer engaged by it, may collect, use and disclose your information in accordance with the terms of its Privacy Agreement and federal legislation, including providing information to third parties. A copy of Equitable Bank's Privacy Agreement has been or will be provided to you and is available on Equitable Bank's website at www.equitablebank.ca and in its offices. You may also request a copy of the Privacy Agreement by calling 1-866-407-0004.

Identification Types

- (1) Driver's Licence
- (2) Passport (Canadian or foreign) ³
- (3) Canadian Citizenship Card (not Canadian Citizenship Certificate) issued prior to 2012
- (4) Permanent Resident Card
- (5) Secure Certificate of Indian Status
- (6) NEXUS Card
- (7) Health Card ⁴
- (8) Provincial or territorial photo identification card

Politically Exposed Person (PEP)

A PEP is a person who is a politically exposed person (domestic or foreign) or head of an international organization, and their family members and close associates. See the definitions below for further details.

- A **domestic PEP** is a person who currently holds, or has held within the last 5 years, a specific office or position, as set out in the list below, in or on behalf of the Canadian federal government, a Canadian provincial (or territorial) government, or a Canadian municipal government. A person ceases to be a domestic PEP 5 years after leaving office or 5 years after they are deceased.
- A **foreign PEP** is a person who holds or has held a specific office or position, as set out in the list below, in or on behalf of a foreign state.
- The **head of an international organization** (HIO) means a person who currently holds or has held within the last 5 years the specific office or position of head of an international organization and the international organization that they head or were head of is either an international organization established by the governments of states or an institution established by an international organization. A person ceases to be a HIO 5 years after they are no longer the head of the international organization or 5 years after they are deceased.
- **Family members** of a PEP or HIO include a spouse or common-law partner (including an ex-spouse or partner), biological or adoptive child(ren), mother(s) or father(s), mother(s) or father(s) of the spouse or common-law partner (mother-in-law or father-in-law); and the child(ren) of the mother or father (sibling(s)).
- A **close associate** can be a person who is connected to a PEP or HIO for personal or business reasons. A person remains a close associate until they lose that connection. Examples of relationships that could indicate that someone is a close associate could include, but are not limited to, persons who: are the business partners of, or who beneficially own or control a business with, a PEP or HIO; are in a romantic relationship with a PEP or HIO; are involved in financial transactions with a PEP or a HIO; serve as prominent members of the same political party or union as a PEP or HIO; serve as a member of the same board as a PEP or HIO; carry out charitable works closely with a PEP or HIO; or are listed as joint on a policy where one of the holders may be a PEP or HIO.

List of offices or positions applicable to PEPs

Domestic PEP	Foreign PEP
<ul style="list-style-type: none"> • Governor general, lieutenant governor or head of government • Member of the Senate or House of Commons or member of a legislature • 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 corporation that is wholly owned directly by her majesty in right of Canada or a province • Head of a government agency • Judge of an 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 • Mayor 	<ul style="list-style-type: none"> • Head of state or head of government • Member of the executive council of government or member of a legislature • 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 state-owned company or a state-owned bank • Head of a government agency • Judge of a supreme court, constitutional court or other court of last resort • Leader or president of a political party represented in a legislature

Third Party Determination

A third party is the person or entity, other than the account holder or those authorized and approved by the Bank to give instructions about the account, that instructs another person or entity to conduct a transaction or activity on their behalf. As such, the third party is the instructing party to the transaction or activity, and is also understood to be the "on behalf of" party.

THIRD PARTY INFORMATION		
NAME	DATE OF BIRTH (<i>i.e. Oct-19-1988</i>)	
	M	M M D D Y Y Y Y
OCCUPATION/NATURE OF BUSINESS	INCORPORATION NO. (<i>If Applicable</i>)	
ADDRESS	CITY	
PROVINCE	COUNTRY	POSTAL CODE
TELEPHONE NO.	RELATIONSHIP BETWEEN ACCOUNT HOLDER AND THIRD PARTY	

³ The place of issuance for a Passport is deemed to be the country/jurisdiction which originally issued the document. The place of issuance for a Canadian passport, renewed or issued in any foreign country, is still deemed to be "Canada".

⁴ A provincial health card is acceptable, but only if it is not prohibited by provincial legislation. Currently Ontario, Manitoba, Nova Scotia and P.E.I. prohibit use of the health card for identification purposes. In Quebec, a health card cannot be requested as a source of identification but is acceptable if presented by the individual for identification purposes.