



Resolution and Declaration Concerning Purchases and Redemptions of GICs

Extracts from the minutes of the meeting of the board of directors of:

_____ (Name of the legal entity)

It has been resolved that representation of the legal entity for any account pertaining to GICs held, or to be held, at B2B Trust or Laurentian Bank of Canada (the "Financial Institution") are:

- 1. _____
 - 2. _____
 - 3. _____
- (Enter titles rather than names)

These Representatives shall exercise, on behalf of the legal entity, all powers related to the management of the legal entity and, without limiting the generality of the foregoing, in particular:

- a) to purchase or redeem GICs and provide maturity instructions to the Financial Institution in respect of the GICs and otherwise deal with the GICs, all in accordance with the terms and conditions of the GICs;
- b) to bind and oblige the legal entity to and for the carrying out of any contract, arrangement or transaction in respect of GICs which may be entered into by the Representative(s) with or through the Financial Institution;
- c) to pay from the funds of the legal entity such sums as may be necessary in connection with the GICs;
- d) to consent to and to sign, on behalf of the legal entity, any instruments of purchase or redemption, any contract, agreement or document pertaining to the GICs or any other document, whenever necessary or desirable to effectuate the same;
- e) to prepare, sign and execute any document required to give full effect to this resolution.

To bind the legal entity, the Representatives shall exercise their powers as follows: Each one alone; or All together jointly.

The powers mentioned in the foregoing resolution are in addition to those that the Representatives may otherwise hold.

This resolution shall remain in effect until a written notice of modification - signed by an authorized officer(s) - is received in an acceptable form by the Financial Institution and it has acknowledged receipt thereof in writing.

Certification and Declaration Concerning the Representative

I, the undersigned, duly authorized officer of the legal entity, hereby certify that:

- a) the foregoing resolution was adopted by the board of directors in accordance with the letter patent, instrument of incorporation, by-laws, and any other document governing the legal entity;
- b) all instruments of purchase or redemption of GICs or any other related documents signed and executed on behalf of the legal entity in accordance with the authority set out in this resolution are hereby ratified and confirmed;
- c) the foregoing resolution is still in effect and no provision not disclosed in writing to the Financial Institution either restricts or limits it.

Signed at _____ on the _____ day of _____, 20__

Name in full letters and title of authorized officer

Signature of authorized officer

Date

Authorized Representative Personal Information

Business Legal Name			
Business Address	City	Province	Postal Code
Incorporation, Registration, Entity or File Number	Place of Registration		Registration Expiry Date
Description of Business			

PERSON 1			
Name		Social Insurance Number (optional*)	Date of Birth (DD/MM/YYYY)
Address		City	Province Postal Code
Home Telephone Number	Work Telephone Number	Fax Number	E-mail
Occupation		Title	
Please provide details of 2 of the following original pieces of identification (including one with photo): Driver's License, Passport, Birth Certificate, or Similar Canadian Government Record or Identification Document.			
1. ID Name _____		Number: _____	Issued by: _____
2. ID Name _____		Number: _____	Issued by: _____

PERSON 2			
Name		Social Insurance Number (optional*)	Date of Birth (DD/MM/YYYY)
Address		City	Province Postal Code
Home Telephone Number	Work Telephone Number	Fax Number	E-mail
Occupation		Title	
Please provide details of 2 of the following original pieces of identification (including one with photo): Driver's License, Passport, Birth Certificate, or Similar Canadian Government Record or Identification Document.			
1. ID Name _____		Number: _____	Issued by: _____
2. ID Name _____		Number: _____	Issued by: _____

PERSON 3			
Name		Social Insurance Number (optional*)	Date of Birth (DD/MM/YYYY)
Address		City	Province Postal Code
Home Telephone Number	Work Telephone Number	Fax Number	E-mail
Occupation		Title	
Please provide details of 2 of the following original pieces of identification (including one with photo): Driver's License, Passport, Birth Certificate, or Similar Canadian Government Record or Identification Document.			
1. ID Name _____		Number: _____	Issued by: _____
2. ID Name _____		Number: _____	Issued by: _____

*Providing the Social Insurance Number is optional except for the sole proprietor.

Declaration and Consent concerning Personal Information

I/We represent and warrant that all the information set out herein or provided to the Financial Institution is true and complete. Personal information that the Financial Institution holds regarding me/us will be used only in activities generally carried on by the Financial Institution and its affiliates, and only the employees or authorized representatives of the Financial Institution and its affiliates may have knowledge thereof provided that such information is useful or necessary to carry out their duties or to perform their mandate. Any file concerning me/us will be kept at the appropriate department at the Financial Institution's office. At my/our written request, the Financial Institution will allow me/us to consult the information it holds about me/us which may be accessed by law, and I/we may obtain a copy of such information provided I/we pay the fees charged by the Financial Institution for this purpose. I/We authorize the Financial Institution to use my/our social insurance number(s) for identification and data consolidation, and in the case of sole proprietor, use it also for tax reporting purposes.

Name of Person 1	Signature	Date
Name of Person 2	Signature	Date
Name of Person 3	Signature	Date

Deposit Agent to complete this section

I hereby certify that:

- 1) I have personally met with the persons listed above;
- 2) I have seen the original identification records listed above;
- 3) I have witnessed the persons listed above sign this document.

Name of Deposit Agent	Signature	Date
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