



Source of Funds Declaration Form

| Customer Account Information | | | | |
|---|---------------|--|-----------------|--------------------------------------|
| Account Name: | | | Account Number: | |
| Third Party Determination | | | | |
| Do you act on behalf of a third party or is the deposit going to be used by or on behalf of a third party? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please complete Third Party Information below) | | | | |
| Third Party Information / Conductor Information for employee deposit on behalf of the employer | | | | |
| Third Party Information provided by <input type="checkbox"/> Account Holder <input type="checkbox"/> Person conducting this transaction is not the Account Holder <input type="checkbox"/> Employee conducting this transaction on behalf of the Employer | | | | |
| Name of Third Party / Conductor (Last / First / Middle)/ | | | | |
| Residential Address (or if third party is a Corporation, address where business is carried on) | | | | |
| Date of Birth Pick a date | | Occupation/Nature of Principal Business | | Relationship with the Account Holder |
| Resident Status <input type="checkbox"/> Canadian <input type="checkbox"/> United States <input type="checkbox"/> Other (please specify Country) | | | | |
| Nature of Principal Business (If it is a Corporation) | | Registration / Incorporation Number | | Province/State and Country of Issue |
| Transaction Details | | | | |
| <input type="checkbox"/> Bank Draft or Money Order <input type="checkbox"/> Currency Exchange <input type="checkbox"/> Deposit <input type="checkbox"/> Other (please specify) | | | | |
| Currency | | Denomination | | |
| Amount \$ | | \$1 x , \$2 x , \$5 x , \$10 x , \$20 x , \$50 x , \$100 x , Coins | | |
| Source of Funds Declaration (please provide details of the source of funds where the above transaction is received from) | | | | |
| Individual or Corporation Name | | | | |
| Individual or Corporation Address | | | | |
| Origin of the Source of Funds | | | | |
| Signature | | | | |
| X _____ | | pick a date. | | |
| Signature | | Print Name | | Date |
| For Bank Use Only | | | | |
| <input type="checkbox"/> Sanction Checked | Date Received | Processed by | Checked by | Approved by |
| <input type="checkbox"/> PEP Checked | pick a date. | | | |