

Authorized Signatory Form



Mail-in

☐ New ☐ Amendment

Please complete all sections on this application (If there are more than two authorized signatories, please complete another form):

☐ Power of Attorney ☐ Executor ☐ Trustee ☐ Other _____

Authorized Signatory 1

Language preference ☐ English ☐ French

Salutation: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____					DATE OF BIRTH (MM/DD/YY)	
FIRST NAME			LAST NAME		EMAIL ADDRESS	
CIVIC ADDRESS					PHONE NUMBER <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	
CITY	PROVINCE	COUNTRY	POSTAL CODE	COUNTRY & PROV/ STATE OF RESIDENCE (FOR TAXATION)	PHONE NUMBER <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	
EMPLOYMENT STATUS				JOB TITLE		
OCCUPATION CATEGORY				OCCUPATION		

Authorized Signatory 2

Language preference ☐ English ☐ French

Salutation: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____					DATE OF BIRTH (MM/DD/YY)	
FIRST NAME			LAST NAME		EMAIL ADDRESS	
CIVIC ADDRESS					PHONE NUMBER <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	
CITY	PROVINCE	COUNTRY	POSTAL CODE	COUNTRY & PROV/ STATE OF RESIDENCE (FOR TAXATION)	PHONE NUMBER <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	
EMPLOYMENT STATUS				JOB TITLE		
OCCUPATION CATEGORY				OCCUPATION		

Politically Exposed Persons & Heads of International Organizations declaration (You must check yes or no)

Are you a Politically exposed Person (PEP), a head of an international Organization (HIO), or a family member or close associate to a PEP or HIO?

A PEP is an individual who holds or has held office or a senior position in the government of a foreign state or federal, provincial or municipal government of Canada; or prescribed positions in the military, or judiciary; is a head, leader or president of an international organization (HIO), established by the governments of multiple nations or states; or a specific family member of the PEP or HIO. Please refer to the section titled 'Definitions' in the Terms and Conditions for further clarification on definitions of PEP, HIO, family members and close associates.

*If yes, you must complete a separate Politically Exposed Persons Declaration Form, which you can find at oaken.com

Authorized Signatory 1

☐ Yes* ☐ No

Authorized Signatory 2

☐ Yes* ☐ No

Please sign below – Acknowledgement and authorization

In order to confirm my/our identity, I/we authorize Oaken Financial to: use my/our personal information provided above to obtain a consumer report from a credit bureau/ consumer reporting agency to verify my/our deposit account with a Canadian Financial Institution.

By signing this form below, I/we consent to the collection of the personal information contained in this form by Oaken Financial. I/we also consent to the use, retention and disclosure of my/our personal information by Oaken Financial, 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 Home Trust Company Privacy Code, visit the Home Trust Company website at hometrust.ca or call 1-877-903-2133.

I/we confirm that the information provided is true, accurate and the intent of this investment is for savings. I/we agree to make Oaken Financial aware of changes to any of the personal information contained in this form. I/we acknowledge that at or before entering into subsequent investments, Oaken Financial will provide me/ us with the terms and conditions applicable to each such investment and any regulatory disclosure required.

AUTHORIZED SIGNATORY 1 X	DATE (MM/DD/YY)
AUTHORIZED SIGNATORY 2 X	DATE (MM/DD/YY)

Checklist Authorized Signatory



Mail-in *Use this guide to complete your application.*

☐ Power of Attorney

- 1 ☐ Completed Authorized Signatory Form
- 2 ☐ Completed Investment Application (new accounts only)
or Letter of Instruction signed by all
- 3 ☐ Power of Attorney must be original or notarized

☐ Executor/Trustee

- 1 ☐ Completed Authorized Signatory Form
- 2 ☐ Letter of Instruction signed by all
- 3 ☐ Must provide a Probated Will (Deed of Trust)

☐ In Person: **Oaken Financial**

145 King Street West, Lower Level
Toronto, ON M5H 1J8

☐ Mail to: **Oaken Financial**

145 King Street West, Suite 2300
Toronto, ON M5H 1J8

If you have any questions, please contact us at **1-855-OAKEN-22 (625-3622)**, online at **oaken.com**,
or email at **service@oaken.com**.