

Checklist **Authorized Signatory**

Use this guide to complete your application.

Power of Attorney

- 1 Completed Authorized Signatory Form

- 2 Completed Investment Application or Letter of Instruction signed by all

- 3 Power of Attorney must be original or notarized

Executor

- 1 Completed Authorized Signatory Form

- 2 Letter of Instruction signed by all

- 3 Must provide a Probated Will

In Person: Oaken Financial

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

Oaken service commitment
Confirmation for complete applications will be mailed within five business days.

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**.

Authorized Signatory Form



Walk-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 Authorized Signatory Other _____

Authorized Signatory 1

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
OCCUPATION (Please be specific, e.g., 'Medical Technician')				EMPLOYER NAME	
EMPLOYER ADDRESS					
IDENTIFICATION TYPE		IDENTIFICATION NUMBER		ISSUING JURISDICTION & COUNTRY	EXPIRY DATE (MM/DD/YY)

Authorized Signatory 2

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
OCCUPATION (Please be specific, e.g., 'Medical Technician')				EMPLOYER NAME	
EMPLOYER ADDRESS					
IDENTIFICATION TYPE		IDENTIFICATION NUMBER		ISSUING JURISDICTION & COUNTRY	EXPIRY DATE (MM/DD/YY)

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

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)

For internal use only

I certify that I have personally met with the Account Holder listed above, I have seen the original, valid and unexpired identification listed above; and have witnessed the signing of this application.

REPRESENTATIVE NAME	REPRESENTATIVE SIGNATURE	DATE OF VERIFICATION (MM/DD/YY)
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