## Canadian ShareOwner Investments Inc.

## **Third Party Determination Statement**

| Account Name:            |                                    |                              |   |   |
|--------------------------|------------------------------------|------------------------------|---|---|
| Account #:               |                                    |                              |   |   |
| or the client(s) design  | ated as the signin                 | g officer(s) for the accor   |   | nc. (or any of its affiliates)<br>quent deposits to, or would<br>e account. |
| Third Party's Name *     | Date of Birth<br>(for Individuals) | Third Party's Address        | Third Party's Principal<br>Business or Occupation | Relationship to Account Holder  |
|                          |                                    |                              |   |   |
|                          |                                    |                              |   |   |
|                          |                                    |                              |   |   |
|                          |                                    |                              |   |   |
| If the third party is a  | business, indicate                 | the business's incorporation | on number and its place of                        | issuance.   |
| Certification:           |                                    |                              |   |   |
| Please read and sign the | e following:                       |                              |   |   |
|                          | noted account wil                  |                              | of the person(s) listed above                     | er the account noted above, ve. If there are any changes to                 |
| Authorized Signature     |                                    |                              | Date  |   |
| Authorized Signature     |                                    |                              | Date  | <br>V032609   |