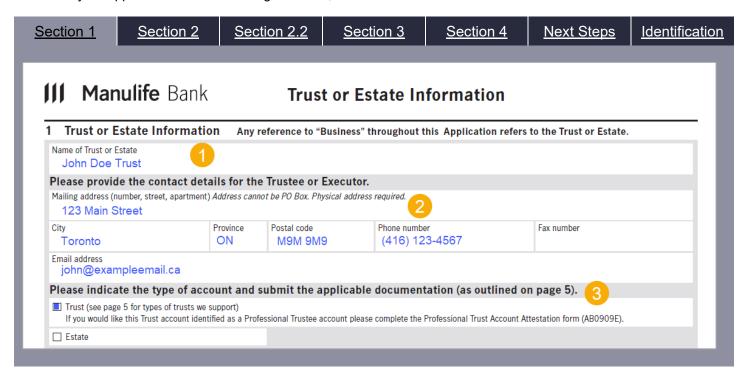
#### Completing the Deposit Account Application for Trusts and Estates

When a Trustee or Executor is applying for a Business Advantage Account, complete the <u>Deposit Account Application for Trusts and Estates (Form AB0908E)</u>.

For all other entities, please review Completing the Business Advantage Account application.

To ensure your application is submitted in good order, select a section to review below:



- Please provide the full name of the Trust or Estate.
- Ensure the Trustee or Executor's physical address is provided. The address cannot be a PO box.
- Indicate the type of account and ensure the applicable documentation outlined at the end of the application is included. For a Trust account to be identified as a professional trustee account, please complete the Professional Trust Account Attestation form (AB0909E).

To ensure your application is submitted in good order, select a section to review below:

ection 1	Section 2	Section 2.2	Section 3	Section 4	Next Steps	Identification
	17 01 15					
2 Internati	onal Tax Classifica	ation				
For more inform	ation, please visit www.cana	ada.ca for the definitions of	the terms used in this section	n and to help classify the e	ntity.	
2.1 Declaration	on of Tax Residence					
What is the tax	residence(s) of this entity:	? Answer all questions in th	is section.			
	ax resident of Canada? Trust Account number in Ca	□ No ■ Yes  Trust Account num  T12345678	ber 1			
Is the entity a U	.S. person?	■ No □ Yes 🥖				
If yes, is the entity	y a specified U.S. person?	□ No □ Yes	4			
If yes, prov	ide Employer Identification N	lumber (EIN).				
		on(s) other than Canada or each jurisdiction. If you need r		-3		
Jurisdiction of tax	residence			Taxpayer Identification	Number (TIN)	
Reasons for not p	roviding a TIN: \( \square\) A \( [	□ B □ C specify:				
Jurisdiction of tax	residence			Taxpayer Identification	Number (TIN)	
Reasons for not p	roviding a TIN:	□ B □ C specify:		'		
A: The Business	s's jurisdiction of tax resident	a TIN but has not yet receive te does not issue TINs to its re				

- If the entity is a tax resident of Canada, select the appropriate response and provide the Trust Account number in Canada.
- If the entity is a U.S. person, select the appropriate response.

  If the entity that is a U.S. person is a specified U.S. person, select the appropriate response and provide the Employer Identification Number (EIN).
- If the entity is a tax resident of a jurisdiction(s) other than Canada or the U.S., select the appropriate response for each question and provide the following for each jurisdiction:
  - Jurisdiction of tax residence
  - Taxpayer Identification Number (TIN)
    - If the entity does not provide the TIN, they will need to provide a reason by selecting the appropriate response provided on the form (A, B, or C.)

To ensure your application is submitted in good order, select a section to review below:

Section 1	Section 2	Section 2.2	Section 3	Section 4	Next Steps	Identification
Select the option tha  The trust or estate income, other than the trust or estate The trust or estate DPSP, or TFSA.  The trust or estate	t best describes the to e is an entity whose inter- e is engaged in an active n a trust or estate descri- e is a government, a cent e is a Canadian registere	ests are regularly traded on a trade or business – less thar bed in the previous option. ral bank or an international of d plan identified as a non-rep al trust or estate other than o	an established securities mar n 50% of its gross income is p organization (or an agency of	assive income and less than one). the <i>Income Tax Act</i> (Canada)	elated to such an entity. 50% of its assets produce pa ), for example an RPP, RRSP, I	

1

Review the options and select the one that best describes the trust or estate.

To ensure your application is submitted in good order, select a section to review below:

ection 1	Section 2	Section 2.2	Section 3	Section 4	4 Ne	ext Steps	Identification	
	al Information							
If the Trust or	Estate is owned by anothe	r business, complete the Busine	ss Information Stateme	ent (AB0462E).				
Individual #	e Individual's relations	hip to the account. (Note: m	ore than one may ap	ply)				
<u> </u>	l a signing officer for th	,	d below.					
Name (last, first	and middle initial)			e of birth (mmm/dd/yyyy) lar/18/1972	Occupation Dentist			
Home address (n 456 Main S	,	Address cannot be PO Box. Phy	sical address required.	City Toronto		Province ON	Postal code M9M 9M9	
Email address jane@exa	mpleemail.ca		Home phone number	Mobile phone number (416) 123-555				
Is Individual #1	<b>a tax resident of Canad</b> es	a?						
Is Individual #1		sident for U.S. tax purposes I security number (SSN) or indvi		ation number (ITIN)		SSN or ITIN		
Is Individual #1	•	diction(s) other than Canada ete the International Tax Report		804E)				
Complete for be % Ownership/Inte	eneficiaries only rest							
For verifying iden	dentification informatio tification, please provide o and Signature Card (AB04	n below if individual #1 is a series valid Canadian government i .87E).	signing officer. ssued photo ID verified	in person. If photo ID is not	t provided, plea	se complete the Ide	ntification	
Canadian Dri	ver's Licence Can an photo ID (specify)	adian Passport Canad	an Provincial or Territo	rial Identification C	anadian Citizen	nship (issued prior to	2012)	
Document number	er Issuin	g Jurisdiction (Province)	Issuing Country  Canada	Expiry date (mmm/dd/yyy		e verification was mad	de (mmm/dd/yyyy)	

- Identify the individual's relationship to the account. Indicate multiple options if applicable.
- If the individual is a signing officer, provide the Identification information. For more information, please see the Identification tab. If photo ID is NOT provided, please complete the Identification Verification Form and Signature Card (AB0487E).

To ensure your application is submitted in good order, select a section to review below:

Section 1	Section 2	Section 2.2	Section 3	Section 4	Next Steps	Identification				
4 Represe	ntative Information	and Assertion	s							
I confirm that I attached the Ti behalf of or for the benefit of a Guide - Busine: Saskatchewa	I confirm that I have seen the authentic, valid and current identity verification documentation presented by the Signing Officers. I have completed and attached the Third Party Identification form (AB0321E), if I have reasonable grounds to suspect the Trust or Estate is opening the Account/Investment on behalf of or for the benefit of a third party. I also undertake to inform Manulife Bank if I become aware that the Account/Investment is being operated for the benefit of a third party. I confirm that I have delivered to the Trust or Estate the Account Operating Agreement and the Manulife Bank Services and Fees Guide - Business Accounts (AB0855E) which sets out the charges applicable to the Account.  Saskatchewan Deposit Agents Only: I confirm that I am a Deposit Agent for Guaranteed Investment Certificates for Manulife Bank in the Province of Saskatchewan. I hereby declare that I hold in trust all funds or certificates delivered or issued under this Application for the Trust or Estate signing.									
	ual(s) initiate a new relatio ividual(s) referred by some		e purpose of opening this acc ndividual(s) came to me direc		Yes 1					
Advisor 🔁				Manulife Bank Rep	resentative					
Agent name (last Advisor, T	,		Representative code 123456	Representative name (last	and first)	Sales code				
	Telephone number Ext. Fax number (416) 555-1234			Signature		Date (mmm/dd/yyyy)				
Email address test.adviso	Email address test.advisor@email.ca									
Signature Tes	rt Adviser		Date (mmm/dd/yyyy) juin/2/2022							

- Confirm if this is a new relationship with the client(s). If you select **yes**, also indicate if that client was referred to you.
- 2 Indicate your agent information, sign, and date the application. A valid selling code is required.

To ensure your application is submitted in good order, select a section to review below:

Se	ction 1	Section 2	Section 2.2	Section 3	Section 4	Next Steps	Identification
	Next steps	<u> </u>					
1 2	2. Follow the a a. Funds 1 NOTE: 1	appropriate instructions I Fransfer: Fax the comple The cheque must be prep	nd the Business Operating below for the method of the sted application and a cop- trinted with the Trust or Est completed and stamped	he initial deposit: by of the personalized VO state's full name. If a pre	ID cheque to the fax nun printed cheque is not av		rized Debit form or
		rea Banking: Fax the co	olication and the Trust or longitudent on the completed application, star	•	•		the fax number on
3			g documentation below <u>a</u>	nd any supplementary fo	orms required as indicate	ed throughout this applic	ation.

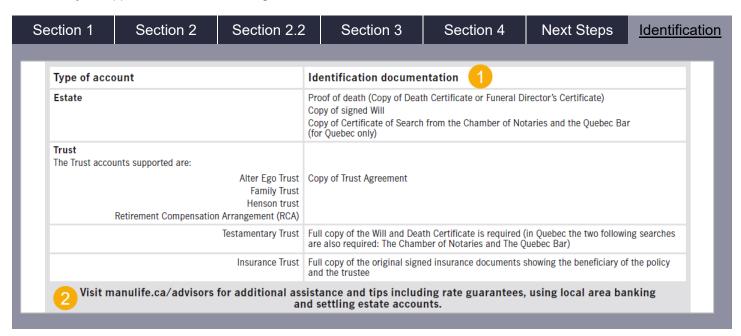
- A copy of this application, as well as the Business Operating Agreement must be provided to the Trust or Estate.
- Review options a,b,c and follow the applicable instructions. Mail or fax the application to Manulife:

#### Manulife Bank of Canada

500 King Street North Waterloo ON N2J 4C6 Fax: 1-866-840-6425

- Ensure you include any supplementary forms. Throughout this application, there are instructions to provide additional forms when applicable. Some examples are:
  - If you would like the Trust account identified as a Professional Trustee account, please complete the Professional Trust Account Attestation form (AB0909E).
  - If the Trust or Estate is owned by another business, complete the Business Information Statement (AB0462E).
  - If an individual is a tax resident of a jurisdiction other than Canada or the U.S., please complete the International Tax Reporting for Individuals (AB0804E).
  - If photo ID is not provided, please complete the Identification Verification Form and Signature Card (AB0487E).

To ensure your application is submitted in good order, select a section to review below:



- Review the list of Identification documentation required for each type of account. Ensure this information is submitted with your application.
- Additional information can be found on Manulife.ca/advisors.

  Additional training can be found within the <a href="Bank Training Corner">Bank Training Corner</a> on Advisor Portal (login required).