

**FINANCIAL INSTITUTION INFORMATION**

<b>Financial Institution Name (the "Financial Institution") and Address</b>		<b>Account No. (the "Account")</b>
<b>BAY CREDIT UNION</b> <input type="checkbox"/> 142 S ALGOMA ST THUNDER BAY ON P7B 3B8 <input type="checkbox"/> 406 N CUMBERLAND ST THUNDER BAY ON P7A 4P8		<b>Phone</b> 807-345-7612 ALGOMA 807-345-8153 CUMBERLAND
<b>Email</b> info@baycreditunion.com	<b>Website</b> www.Baycreditunion.com	<b>Fax</b> 807-345-8939 ALGOMA 807-343-9271 CUMBERLAND

**DEPOSITOR 1 INFORMATION**

<b>Full Legal Name (the "Depositor 1")</b>		<b>Date of Birth</b>	
<b>Address</b>		<b>SIN</b>	
<b>Occupation / Nature of Principal Business</b>		<b>Citizenship/Residency</b>	
<b>Identification #1 (Must be Photo ID)</b>		<b>Identification #2</b>	
Type	Reference #	Type	Reference #
Expiry Date	Place and Country of Issue	Expiry Date	Place and Country of Issue
<b>Politically Exposed Person/HIO Declaration – Depositor 1</b> <input type="checkbox"/> I hereby declare that I am not a PEP/HIO as defined by the Bay Credit Union Terms & Conditions (section 8) <b>*If yes, please complete PEP/HIO form and submit to Compliance Officer for approval</b>			
<b>FATCA/CRS Declaration</b> By submitting this application, you certify that you have provided Bay Credit Union with a FATCA/CRS declaration in a form that is satisfactory to the BCU. You agree to inform BCU if your tax residency changes.			

**DEPOSITOR 2 INFORMATION**

<b>Full Legal Name (the "Depositor 2")</b>		<b>Date of Birth</b>	
<b>Address</b>		<b>SIN</b>	
<b>Occupation / Nature of Principal Business</b>		<b>Citizenship/Residency</b>	
<b>Identification #1 (Must be Photo ID)</b>		<b>Identification #2</b>	
Type	Reference #	Type	Reference #
Expiry Date	Place and Country of Issue	Expiry Date	Place and Country of Issue
<b>Politically Exposed Person/HIO Declaration – Depositor 2</b> <input type="checkbox"/> I hereby declare that I am not a PEP/HIO as defined by the Bay Credit Union Terms & Conditions (section 8) <b>*If yes, please complete PEP/HIO form and submit to Compliance Officer for approval</b>			
<b>FATCA/CRS Declaration</b> By submitting this application, you certify that you have provided Bay Credit Union with a FATCA/CRS declaration in a form that is satisfactory to the BCU. You agree to inform BCU if your tax residency changes.			

**INTENDED USE OF THE ACCOUNT**

Examples of intended uses:

- for general cheque services, payment of family and household expenses, to receive direct deposits (ex. Pension)
- to save for children's education, for retirement or a trip

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**THIRD PARTY DECLARATION**

For the purposes of this declaration, a "third party" is an individual or entity other than the Depositor.

The Depositor hereby certifies and declares:

- No, no third party is entitled to give instructions and/or direct Account activity, or  
 Yes, one or more third parties is entitled to give instructions and/or direct Account activity as described on the Third Party Declaration, attached.

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**DEPOSIT SERVICE APPLICATION**

The Depositor hereby applies for an Account and the following additional products and services:

<b>Depositor 1:</b>	<b>Debit Card</b>	Yes	No	<b>Online Banking</b>	Yes	No
<b>Depositor 2:</b>	<b>Debit Card</b>	Yes	No	<b>Online Banking</b>	Yes	No

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**STATEMENTS**

**Paper Statements** (additional charges apply) or **Electronic Statements**

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**AGREEMENT**

If this is a joint account, "Depositor" means each of the Depositors. The Depositor certifies that the information given in this Personal Contract Application is true and accurate in every respect. The Depositor agrees to be bound by the rules and/or bylaws of the Financial Institution and amendments to the rules and/or bylaws, and acknowledges having reviewed a copy of such rules and/or bylaws. The Depositor has reviewed and agrees to be bound by the attached Personal Contract Terms and Conditions and agrees to be bound by any other terms and conditions provided by the Financial Institution to the Depositor in connection with account services including (without limitation) debit card and online banking terms and conditions.

**X**

Depositor 1 Signature	Name	Date
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**X**

Witness Signature	Name	Date
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**X**

Depositor 2 Signature	Name	Date
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**X**

Witness Signature	Name	Date
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**FINANCIAL INSTITUTION APPROVAL**

**X**

Authorized Financial Institution Signatory	Date
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Name	Title
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**PURPOSE AND INTENDED NATURE OF THE BUSINESS RELATIONSHIP**

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The business relationship information should provide the employee with the anticipated transactions and activities of the member(s). A Business Relationship is a relationship that is established with an individual to conduct financial transaction or provide services to those transactions. For a new or existing member that has multiple deposit or demand accounts and loans, the business relationship includes all the transactions and activities relating to those accounts.

**INSTRUCTIONS**

Each Depositor must sign a consent form.

I can withdraw any consent I give below for the collection, use, and disclosure of my personal information at any time by contacting the Financial Institution. I may be asked to provide a request in writing. If I withdraw my consent, I understand that the Financial Institution may no longer be able to provide me, or the third party for whom I am acting, with products and/or services.

The Financial Institution’s privacy policy can be obtained by contacting a Financial Institution representative.

**Full Personal Credit Report Consent**

I consent to the Financial Institution obtaining my full personal credit report from credit reporting agencies from time to time for the purposes of assessing my current and ongoing creditworthiness, to update my personal information, and for risk assessment purposes. This consent shall be effective as of the date of this consent and shall be valid so long as I am an account holder. The Financial Institution may provide information about my credit history and other personal information to other financial institutions and credit reporting agencies to update my credit information and maintain the integrity of the credit reporting system.

- I consent.
- I do not consent. I understand that refusal to consent may mean the Financial Institution is unable to provide me, or the third party for whom I am acting with products or services that involve provisional credit, such as a credit product or reduced deposit hold period.

**Marketing Consent**

The Financial Institution and its agents and representatives may use and/or disclose my personal information to determine my suitability and eligibility for products, services, and community events and to market such products, services, and community activities to me, or the third party for whom I am acting, by providing information by any means including mail, electronic message, or in person. The Financial Institution and its agents and representatives may disclose my information to market research firms for the purposes of analysis and/or conducting surveys.

- I consent.
- I do not consent. I understand that my refusal to consent means the Financial Institution is unable to include me in its marketing activities, including providing me with information about its products and services, and/or community activities that may be of interest to me, or the third party for whom I am acting.

**Personal Information Consent**

I consent to the Financial Institution and its agents and representatives collecting, using, and disclosing my personal information to

- a) verify my identity and maintain records of my personal information, in accordance with the Financial Institution’s requirements to manage its risk arising from its operations or as otherwise required by law, including money laundering laws and regulations, which may include checking my identity against watch lists;
- b) facilitate the collection of debts owing by me, or for which I am financially responsible, to the Financial Institution;
- c) protect me, the third party for whom I am acting, or the Financial Institution from error and fraud, such as identity theft;
- d) process this Personal Contract and set up, manage, administer, and maintain, as applicable, my membership and Account; and
- e) keep my records separate from others with the same name.

I consent to the Financial Institution communicating with me, or the third party for whom I am acting, by any means, including mail, in person, email, or otherwise for administrative purposes related to products and services which I currently have or may request in the future.

I understand that my social insurance number (SIN) will be collected, used, and disclosed as required by law for income tax reporting purposes. Providing my SIN for purposes not required by law is optional. The Financial Institution and its agents and representatives may use my SIN to keep my records separate from other individuals with the same name and to identify me (including for credit reporting purposes, as applicable). I understand that my consent to these additional uses is optional and may be withdrawn at any time by contacting the Financial Institution.

I understand that my personal information may be transferred to service providers located in other countries, and that in such case my personal information may be accessible by law enforcement and national security agents in those countries.

**X**  
Depositor 1 Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

**X**  
Witness Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

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I consent.

I do not consent. I understand that refusal to consent may mean the Financial Institution is unable to provide me, or the third party for whom I am acting with products or services that involve provisional credit, such as a credit product or reduced deposit hold period.

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I consent.

I do not consent. I understand that my refusal to consent means the Financial Institution is unable to include me in its marketing activities, including providing me with information about its products and services, and/or community activities that may be of interest to me, or the third party for whom I am acting.

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- b) facilitate the collection of debts owing by me, or for which I am financially responsible, to the Financial Institution;
- c) protect me, the third party for whom I am acting, or the Financial Institution from error and fraud, such as identity theft;
- d) process this Personal Contract and set up, manage, administer, and maintain, as applicable, my membership and Account; and
- e) keep my records separate from others with the same name.

I consent to the Financial Institution communicating with me, or the third party for whom I am acting, by any means, including mail, in person, email, or otherwise for administrative purposes related to products and services which I currently have or may request in the future.

I understand that my social insurance number (SIN) will be collected, used, and disclosed as required by law for income tax reporting purposes. Providing my SIN for purposes not required by law is optional. The Financial Institution and its agents and representatives may use my SIN to keep my records separate from other individuals with the same name and to identify me (including for credit reporting purposes, as applicable). I understand that my consent to these additional uses is optional and may be withdrawn at any time by contacting the Financial Institution.

I understand that my personal information may be transferred to service providers located in other countries, and that in such case my personal information may be accessible by law enforcement and national security agents in those countries.

**X**

Depositor 2 Signature

Name

Date

**X**

Witness Signature

Name

Date