

OCP Declaration Form

Following changes made to the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act (Canada)* on June 23, 2008, the information requested on this form is required from all Optional Cash Payment participants before their next and future payment(s) will be invested in additional trust units and any time that this information changes. **Please see the reverse for further requirements and our Privacy Notice.**

Registered Holder (Plan Participant) Information		
PLAN SPONSOR/ISSUER OF SECURITIES		
REGISTERED HOLDER'S LEGAL NAME	2 ND HOLDER'S LEGAL NAME (IF REGISTERED JOINTLY)	
ADDRESS		
2 ND HOLDER'S ADDRESS (OR CHECK HERE IF IT IS THE SAME AS REGISTERED HOLDER'S ADDRESS <input type="checkbox"/>)		
DATE OF BIRTH (DD/MM/YYYY)	DATE OF BIRTH OF 2 ND HOLDER (DD/MM/YYYY)	
PRINCIPAL BUSINESS OR OCCUPATION OF REGISTERED HOLDER	PRINCIPAL BUSINESS OR OCCUPATION OF 2 ND HOLDER	
Please answer the following questions.		
1. Politically Exposed Foreign Persons. Please see the reverse of this form for the definition of a Politically Exposed Foreign Person. <input type="checkbox"/> No, I/we am/are NOT a "Politically Exposed Foreign Person" <input type="checkbox"/> Yes, I/we am/are a "Politically Exposed Foreign Person" If Yes, please see the reverse of this form for further information.		
2. Is the participant a corporation, partnership, trust or other entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please complete 3 and 4 and provide the requirements for corporations, partnerships trusts or other entities as listed on the reverse.		
3. Is the participant a not-for-profit entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide Canada Revenue Agency registration number _____		
4. Does any person own or control 25% or more of the entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide the information requested in the boxes below. Attach additional sheets if there are more than two such beneficial owners of 25% or more.		
BENEFICIAL OWNER'S NAME	BENEFICIAL OWNER'S NAME	
BENEFICIAL OWNER'S ADDRESS	BENEFICIAL OWNER'S ADDRESS	
BENEFICIAL OWNER'S PRINCIPAL OCCUPATION OR BUSINESS	BENEFICIAL OWNER'S PRINCIPAL OCCUPATION OR BUSINESS	
PERCENTAGE OWNED BY BENEFICIAL OWNER _____%	PERCENTAGE OWNED BY BENEFICIAL OWNER _____%	
5. Will this account be used by or on behalf of a third party? Please see the reverse for the definition of a third party. <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide the information requested in the boxes below.		
THIRD PARTY'S NAME	THIRD PARTY'S ADDRESS	
THIRD PARTY'S PRINCIPAL BUSINESS OR OCCUPATION	DATE OF BIRTH OF THIRD PARTY (DD/MM/YYYY)	
IF THIRD PARTY IS A CORPORATION, PROVIDE INCORPORATION NUMBER AND PLACE OF ISSUE		
DESCRIBE THE NATURE OF THE RELATIONSHIP BETWEEN THE PARTICIPANT AND THE THIRD PARTY		
Certification		
I/we agree to inform Valiant Trust Company if the above information changes. I/we understand that by signing below, Valiant Trust Company may confirm my/our identity by verifying my/our personal information with a third party vendor.		
SIGNATURE OF REGISTERED HOLDER OR AUTHORIZED INDIVIDUAL	SIGNATURE OF 2ND REGISTERED HOLDER OR AUTHORIZED INDIVIDUAL	DATE (DD/MM/YYYY)

Instructions

Registered Holder (Plan Participant) Information

Valiant Trust Company is required by *The Proceeds of Crime (Money Laundering) and Terrorist Financing Act (Canada)* to collect and record certain information relating to accounts it maintains for individuals or entities under a plan. These requirements apply to registered unit holders that are making **optional cash payments** to their plan. If you have not previously completed and submitted an OCP Declaration Form for this plan or the information on the original form has changed, you **must** complete this form. Without a valid OCP Declaration Form, Valiant Trust Company cannot process your optional cash payments and will return them to you.

Valiant Trust Company must further **confirm the identity** of the registered holder (plan participant(s)) and/or their representatives or authorized individuals. The simplest way to do that is to confirm the registered holder's and/or their representative's or authorized individuals' information with a third party vendor AND to obtain a **personal cheque** payable to Valiant Trust Company drawn on a Canadian financial institution (or a foreign bank authorized in Canada under *The Bank Act (Canada)*).

To do so, the registered unit holder and/or their representative(s) or authorized individual(s) must provide his or her **NAME, ADDRESS, DATE OF BIRTH and PRINCIPAL BUSINESS OR OCCUPATION**. Individual registered unit holders must also provide a **CERTIFIED PERSONAL CHEQUE** payable to Valiant Trust Company for their next optional cash payment contribution and sign and date this form. **Bank drafts, money orders and wire transfers will not be accepted for payment from individual unit holders.** A corporation, trust, partnership or other entity may pay by any one of these methods, but must refer to Question 2 for other specific requirements of its authorized individuals including a personal cheque for \$1.

If the units are **registered in more than one name**, each individual joint holder must provide their NAME, ADDRESS, DATE OF BIRTH and PRINCIPAL BUSINESS OR OCCUPATION. Each individual must also provide their **personal certified cheque** payable to Valiant Trust Company for part of the optional cash payment unless both the plan and bank accounts are joint accounts in the same names. Each individual must also sign this form. This form provides for a maximum of two holders. If the plan is in the name of three or more joint holders, please photocopy or request another copy of this form to provide information for the additional holders.

Question 1

Question 1 must be completed by all applicants where the registered unit holder is **one or more individuals**. The *Proceeds of Crime (Money Laundering) and Terrorist Financing Act (Canada)* defines a "politically exposed foreign person" as a person who holds, has held, or has a prescribed family member* who holds or has held one of the following offices or positions in or on behalf of a foreign state:

- head of state or head of government;
- member of the executive council of government or member of a legislature;
- deputy minister or equivalent rank;
- ambassador or attaché or counselor of an ambassador;
- military officer with a rank of general or above;
- president of a state-owned company or a state-owned bank;
- head of a government agency;
- judge;
- leader or president of a political party represented in a legislature; or
- holder of any prescribed office or position.

* Family includes your mother or father, child, spouse or common law partner, spouse's or common law partner's mother or father, or your brother, sister, half-brother or half-sister (that is, any other child of your mother or father).

If the registered unit holder holds or has held one of the positions listed above, the following must be provided: (i) position held; (ii) country position held in or on behalf of; (iii) source of funds to be deposited (e.g. from savings, sale of house, etc.); (iv) length of time position held; and (v) relationship to registered unit holder.

Question 2

Question 2 must be completed by all applicants where the registered unit holder is **NOT an individual** or individuals.

1. If the registered holder is a corporation, partnership, trust or other entity, **all individuals authorized** by the corporation, partnership, trust or other entity to have signing authority over the account and give instructions with respect of the account (**up to a maximum of three**) **must provide**: (i) their NAME, ADDRESS and DATE OF BIRTH on this form; (ii) a **personal cheque** payable to Valiant Trust Company for one dollar (please note that the dollar is non-refundable); (iii) their signature on this form — this form provides spaces for two authorized individuals (use the registered holder spaces), and their information will be confirmed with a third party vendor. If there are more than two authorized individuals, please photocopy or download another copy of this form for the additional authorized officers.
2. A corporation, partnership, trust or other entity must provide their **certificate of incumbency** with specimen signatures for authorized individuals. If the registered unit holder is a corporation, partnership, trust or other entity, they must also respond to questions 3 and 4.
3. A corporation must additionally provide: (i) a description of its principal business; (ii) a copy of corporate authority to operate the account (e.g. excerpts from articles, by-laws or board resolutions); (iii) either a certificate of corporate status or any other record that confirms its existence; and (iv) a list of its directors which includes their full name and occupation.
4. A partnership, trust or other entity must additionally provide (i) a description of its principal business; (ii) a copy of their partnership agreement, trust agreement, articles of association or other document that confirms the entity's existence; and (iii) a list of its partners which includes their full name and occupation, or a list of the beneficiaries of the trust.

Question 5: Question 5 is mandatory for **all** applications. A third party is an individual or entity other than the registered holder or those authorized to give instructions for the registered holder, who directs what happens with the account. A third party may include a spouse, relative, affiliate etc.

Please return the completed form to:

Valiant Trust Company
Suite 310, 606 - 4th Street S.W.,
Calgary, AB T2P 1T1

If you have questions, please contact our office at 1-866-313-1872 or 403-233-2801.

Privacy Notice: Valiant Trust Company will only collect, use, and disclose your personal information to the extent that you have consented or otherwise as required or permitted by law. For further information about Valiant's privacy policies and practices, please contact Valiant's Relationship Management Team in Calgary at 403-233-2801 or toll free at 1-866-313-1872. You may also contact the Canadian Western Bank Group's Chief Privacy Officer by telephone at 780-423-8888 or e-mail concerns@cwbank.com.