

IMPORTANT

Return the duly completed form before April 30, 2024 to:

National Bank of Canada
3E-500 Place d'Armes
Office 4049-1 (CDIC)
Montreal, Quebec H2Y 2W2

To ensure that your deposits held in trust benefit from the full coverage provided by the CDIC for this category of deposit, please:

- **Complete all of the form's fields.**
- **Print any information you enter.**

If some of the information is missing, hard to read or entered in the wrong place, the form could be rejected.

TRUST ACCOUNT

Client No. _____

Account No. (complete ONE form PER trust account) _____

Transit _____

Name of the trust or company _____

Address of the trust or company (No., Street, Apartment, City, Province, Postal Code) _____

TRUSTEE(S)

Please indicate the names of ALL trustees associated with the Account No. indicated in the *Trust Account* section:

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

ONLY indicate the address of ONE of the trustees:

Address of one of the trustees (No., Street, Apartment, City, Province, Postal Code) _____

BENEFICIARY(IES)

Please identify ALL beneficiaries associated with the Account No. indicated in the *Trust Account* section:

Rights of the beneficiaries on the total deposit (must total 100%)

Tick this box if the total deposit must be distributed equally among all beneficiaries.

1. _____
Beneficiary's first and last name

Address (No., Street, Apartment, City, Province, Postal Code)

Phone No. _____

_____ %

2. _____
Beneficiary's first and last name

Address (No., Street, Apartment, City, Province, Postal Code)

Phone No. _____

_____ %

3. _____
Beneficiary's first and last name

Address (No., Street, Apartment, City, Province, Postal Code)

Phone No. _____

_____ %

Signature overleaf

<p>4.</p> <p>Beneficiary's first and last name _____</p> <p>Address (No., Street, Apartment, City, Province, Postal Code) _____</p> <p>Phone No. _____</p>	<p>_____ %</p>
<p>5.</p> <p>Beneficiary's first and last name _____</p> <p>Address (No., Street, Apartment, City, Province, Postal Code) _____</p> <p>Phone No. _____</p>	<p>_____ %</p>
<p>6.</p> <p>Beneficiary's first and last name _____</p> <p>Address (No., Street, Apartment, City, Province, Postal Code) _____</p> <p>Phone No. _____</p>	<p>_____ %</p>
<p>7.</p> <p>Beneficiary's first and last name _____</p> <p>Address (No., Street, Apartment, City, Province, Postal Code) _____</p> <p>Phone No. _____</p>	<p>_____ %</p>
<p>8.</p> <p>Beneficiary's first and last name _____</p> <p>Address (No., Street, Apartment, City, Province, Postal Code) _____</p> <p>Phone No. _____</p>	<p>_____ %</p>
<p>9.</p> <p>Beneficiary's first and last name _____</p> <p>Address (No., Street, Apartment, City, Province, Postal Code) _____</p> <p>Phone No. _____</p>	<p>_____ %</p>
<p>10.</p> <p>Beneficiary's first and last name _____</p> <p>Address (No., Street, Apartment, City, Province, Postal Code) _____</p> <p>Phone No. _____</p>	<p>_____ %</p>
<p>11.</p> <p>Beneficiary's first and last name _____</p> <p>Address (No., Street, Apartment, City, Province, Postal Code) _____</p> <p>Phone No. _____</p>	<p>_____ %</p>
<p>12.</p> <p>Beneficiary's first and last name _____</p> <p>Address (No., Street, Apartment, City, Province, Postal Code) _____</p> <p>Phone No. _____</p>	<p>_____ %</p>

If there are more than 12 beneficiaries, please attach another sheet. You can obtain additional copies of this form at nbc.ca/cdic > Trustees Other than Professional Trustees.

SIGNATURE

By signing this form, I confirm that the deposits in this account are held in trust and that the information provided is accurate.

Date (YYYY MM DD)

X _____
ONLY the signature of the trustee whose address is indicated in the *Trustee(s)* section