



CONSENT TO OBTAIN FINANCIAL INFORMATION

Date: _____

In order to assess its business risk, Canadian Western Bank collects information about each individual who applies to open a bank account, be it in his/her own name or in the name of an organization.

For the above purpose, the applicant below hereby provides Canadian Western Bank with a one-time consent to request financial information about him/her from any credits reporting agency, credit bureau or financial institution with whom he/she has had financial dealings.

Should the applicant and Canadian Western Bank establish a banking relationship, this consent shall have no force and the processing of personal information by Canadian Western Bank shall be governed by the agreements entered into by the parties and CWB Group's Privacy Statement, which can be found at: www.cwb.com/about-us/privacy

FULL LEGAL NAME: _____

SIN: _____ SIN not provided

You are under no obligation to provide your Social Insurance Number to Canadian Western Bank. However, providing Canadian Western Bank with your Social Insurance Number lessens the chance that credit reporting agencies will provide Canadian Western Bank with incorrect information about you.

#1 Type of ID: _____ ID #: _____ Place of Issue: _____

#2 Type of ID: _____ ID #: _____ Place of Issue: _____

Date of Birth: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Occupation: _____

Employer: _____

ID #1 expiry date _____

ID#2 expiry date _____

Cell phone # _____

Email address

Applicant Signature

BANK USE ONLY

iDecision waived or not required	<input type="checkbox"/> Recent iDecision and/or credit bureau report on file (6 months or newer) Date: _____ <input type="checkbox"/> Existing demand account that is operating satisfactorily (KYC) and no changes to ABM/POS limits, holds or overdrafts <input type="checkbox"/> Operating Estate Account <input type="checkbox"/> Client Refused Refer to <u>Qps A63</u> (Ensure a message is entered on the system not to issue a debit card, changes holds access or set up CWBdirect) <input type="checkbox"/> Staff <input type="checkbox"/> Youth <input type="checkbox"/> GIC, Registered Plan, Flex Notice <input type="checkbox"/> Prestige Account
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iDecision Report reviewed	Name: _____ Signature: _____ Date: _____
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