

PERSONAL CONTRACT Update

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NEW MEMBER NUMBER(s)**CURRENT NUMBER(s)****Full Legal Name*** First Name _____ Last Name _____**Phone Number*** _____ *email* _____**Citizenship*** _____ **Declaration of Tax Residence*** _____**Occupation*** _____ **Employer*** _____
*Nature of Business***Community support?*** **Estonian** **Latvian** **Other** _____**INTENDED USE OF THE ACCOUNT/ PURPOSE AND INTENDED NATURE OF THE BUSINESS RELATIONSHIP****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.

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 all the products or services that involve provisional credit, such as a credit product or reduced deposit hold period. **No chequing account nor online services are allowed, no debit cards will be issued.**

FATCA/CRS DECLARATION

By submitting this Application, you certify that you have provided the Financial Institution with a FATCA/CRS declaration in a form that is satisfactory to the Financial Institution. You agree to inform the Financial Institution if your tax residency changes.

MARKETING CONSENT

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, using the information above. 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 and be obtained by contacting a Financial Institution representative.

- 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.

AGREEMENT

The Depositor certifies that the information given in this Personal Contract form 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 (provided by the credit union when requested). The Depositor 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.

TRANSFER OF ACCOUNTS

I am aware that all my current products will be transferred to a new system and that my member number and account number(s) will change.

PERSONAL CONTRACT Update

NEW MEMBER NUMBER(s)

CURRENT NUMBER(s)

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 record separate from others with the same name.

I understand that if provided, my social insurance number will be used to keep my records with the Financial Institution separate from other individuals with the same name and to identify me (including for credit reporting purposes, as applicable). 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.

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.

POLITICALLY EXPOSED PERSON (PEP) DECLARATION

I AM NOT a PEP. This means that:

- I am not and have never been employed as a senior official in a foreign state ("Foreign PEP"),
- I am not employed as a head of an international organization or the head of an institution established by an international organization ("HIO")
- I am not and have not been employed during the past five years as a senior official in Canada ("Domestic PEP"),
- I am not a family member or close associate of a Foreign PEP, HIO, or Domestic PEP.

I AM a PEP. The basis upon which I believe I am a PEP is as described below.

1 Senior official in respect of a Foreign PEP means:

Head of foreign state or government; Member of the executive council of government or member of a legislature of a foreign government; Deputy minister or equivalent rank; Ambassador of attaché or counsellor 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 of a foreign supreme court, constitutional court, or other court of last resort; or Leader or president of a political party represented in a foreign legislature.

2 International organization means an organization established by the governments of more than one country by means of a formally signed agreement of more than one country.

3 Senior official in respect of a Domestic PEP means:

Governor General, lieutenant governor, or head of government; Member of the Senate or House of Commons or member of a legislature; Deputy minister or equivalent rank; Ambassador, or attaché or counsellor of an ambassador; Military officer with a rank of general or above; President of a corporation that is wholly owned directly by Her Majesty in right of Canada or a province; Head of a government agency; Judge of an appellate court in a province, the Federal Court of Appeal or the Supreme Court of Canada; Leader or president of a political party represented in a legislature; The office or position of mayor or the elected head of a city, town, village, or municipality that leads council in making financial decisions for them.

4 Family members means a senior official's or an HIO's:

Child, parent, parent's child, spouse or common-law partner, spouse or common-law partner's parent

5 Close associate means a person closely connected to a senior official or an HIO for personal (social) or business (professional) reasons.

Depositor Signature

Name

Date

For NBCU use

Address

Phone Number/email

Personal ID (#, date/place of issue)

Member DOB/ SIN or TIN

Member Contacted

Date

NBCU Member Service Representative Signature

Name

Date