

Authorized Person Form

Internal Use Only: Account ID _____

1. AUTHORIZED PERSON INFORMATION

Mr. Mrs. Ms.

Miss. Dr. _____
Authorized Person (First, Initial, Last) SIN _____

Address (PO Box & General delivery not acceptable) must include city, province and postal code. Home Phone _____

Mailing Address (If different from above) must include city, province and postal code. Business Phone _____

Citizenship (List all countries) _____
Email Address Cellular Phone _____

1. Primary Identification: An Authorized Person must include a legible photocopy of valid government issued photo ID and select from the Verified Identification Methods below:

Passport Driver's License (front & back)

2. Supporting Identification: An Authorized Person must include a legible copy of a valid ID issued by a financial or government entity and select from the Verified Identification Methods below:

Credit Card (front & back) Health Card (front & back) Other ID Type & Number

(Acceptable ID must have Unique identifier, Signature and Expiry Date) and be issued by a Government or Financial Institution.)

** If Passport was selected for Primary, you may select Driver's License as the Supporting piece.

3. A recent utility or bank statement that is a direct download (PDF or XLS format) no older than 3 months.

I represent and warrant that the information provided herein is accurate and complete and that I have read and understood the terms and conditions of Einstein's User Agreement governing the Entity's account.

I consent I do not consent

x _____
Authorized Person Signature

Date (dd/mm/yyyy)

x _____
Signing Authority Signature

Date (dd/mm/yyyy)