

PERSONAL REPRESENTATIVE IDENTIFICATION FORM

This form is to be used to record information about a Personal Representative authorized to administer the Estate of a Bridgewater Bank customer.

DECEASED CUSTOMER INFORMATION				
Customer Name:				
Joint Customer Name (if applica	First Name able):	Middle Initial	Last Name	
	First Name	Middle Initial	Last Name	
Telephone Number:				
Type of product:	gage Account Number: rt eSavings Account Numbe Account Number:	er:		
PERSONAL REPRESENTATIVE INFORMATION				
Contact Address: First Name		Middle Initial	Last Name	
Date of Birth: Relationship to the Deceased Customer:				
Government Issued Photo Identification				
ID Type: ID		ID Number:	D Number:	
Issuing Province / State:		Issuing Country:		
Expiry Date:		Date ID Verified:		
Does the Personal Representative have a product with Bridgewater Bank? ☐ Yes ☐ NO				
If yes, Account Number:				
Signature of Personal Representative:		Date:		
CERTIFICATE OF SIGNATURE AND IDENTITY VERIFICATION				
(To be completed by Solicitor/Notary or Deposit Broker acting for or on behalf of Bridgewater Bank)				
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Name of I	ndividual	Po	sition	
withName of Law Firm/	Brokerage of	Addres	2	
	Diokerage			
in , do hereby certify that the signature appearing above is the City, Province				
signature of the individual named above and was subscribed to this form in my presence; that on behalf of Bridgewater Bank I personally ascertained the identity of the individual's original identification as recorded above.				
Signature:			Date:	

Please print, sign and send the completed document back to us by one of the following methods:

- Scan, then email to <u>customer.experience@bridgewaterbank.ca</u>,
- Fax to: 1.866.841.3537
- Mail to: Bridgewater Bank, Suite 150, 926 5th Ave SW, Calgary, Alberta T2P 0N7.

If you have any questions or wish to obtain further information regarding this agreement, please contact us toll free at 1.866.243.4301 or email us at customer.experience@bridgewaterbank.ca.