

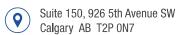
PERSONAL REPRESENTATIVE IDENTIFICATION FORM

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

DECEASED CUSTOM	ER INFORMATI	ON		
Customer Name:				
Joint Customer Name ((if applicable):	First Name	Middle Initial	Last Name
		First Name	Middle Initial	Last Name
Address:				
Telephone Number:				
Type of product:	☐ Mortgage	Account Number:		
		avings Account Number: unt Number:		
	_			
PERSONAL REPRES	ENTATIVE INFO	RMATION		
Full Name:				
Contact Address:	First Name		Middle Initial	Last Name
Telephone Number:				
·				
Date of Birth:		Relationship	to the Deceased Customer:	
Government Issued P			ID Normalis and	
ID Type:			ID Number:	
Issuing Province / State	e:		Issuing Country:	
Expiry Date:		Date	e ID Verified:	
Does the Personal Rep	oresentative have	e a product with Bridgewa	ter Bank? Yes NO	
If yes, Account Number	r:			
Signature of Personal				
Representative:			Date:	
Continued on next page	9			

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	TIFICATE OF SIGNATURE AND IDENTITY VERIFICA e completed by Solicitor/Notary or Deposit Broker actin	
I,	Name of Individual	, a Position
with	of Name of Law Firm/ Brokerage	Address
in		'
		is the signature of the individual named above and was subscribed to this Bank I personally ascertained the identity of the individual's original
	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.

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