

In consideration of Habib Canadian Bank ("HCB") dealing or continuing to deal with you in connection with your banking business with HCB, you agree with HCB as set out in this Agreement.

You acknowledge receipt of the Account Opening Package (Client Agreement, Privacy Notice, HCB Online Banking Terms of Use, if applicable, and the Complaint Handling Procedure and Brochure) and subsequent to having read and understood it, you agree to be bound by all terms and conditions set out in these agreements and any amendments to or replacements of such agreements made by HCB from time to time. You also acknowledge having received a copy of the Personal Account Schedule of Charges and subsequent to having read and understood it, you agree to be bound by the terms of such schedule and any changes to or replacements of it made by HCB from time to time. If you choose not to agree with the terms and conditions contained in any document in the aforementioned Account Opening Package, you have the right to cancel the agreement by providing notice of the cancellation within 14 business days after the day on which the retail deposit account is opened as a result of which the Bank will close the account.

If you do not make arrangements with HCB regarding overdrafts (in writing or otherwise) the following applies in addition to the Client Agreement: HCB may if it wishes allow an overdraft in your account. You agree to repay the overdraft amount immediately plus any applicable fees or charges and interest on the amount you owe HCB at the rates and in the manner specified in the Personal Account Schedule of charges as revised from time to time.

For Quebec Residents Only. It is the express wish of the parties that this document and any related documents be drawn up in English. Les parties aux présentes ont expressément demandé que document et tous les documents s'y rattachant soient rédigés en anglais.

E-Banking WEB Login

Would you like to register for HCB E-Banking Web login? No Yes

Would you like to opt-in for e-Statements rather than paper statements? No Yes

Would you like to opt-in for SMS notifications? No Yes

Understanding Barriers to Accessibility

Please help us improve accessibility and prevent barriers for people with disabilities by checking if any of the following applies to you:

- Physical Mental health Intellectual Cognitive Sensory
 Learning Communication Other (please specify) _____

Signature of POA

Date _____ dd/mm/yyyy

