



Please complete this Agreement by selecting the services that you would like to access. Please ensure the Agreement is signed and dated before returning it to Citibank by mail or fax.

Citibank Canada
Retail Banking Administration Centre
P.O. Box 4436, Station A
Toronto, Ontario M5W 3Z1

Fax: 1-800-226-7705 toll-free across Canada and the U.S.
Fax: 416-947-5498 in Toronto

If you have any questions, please call CitiPhone® Banking Centre at 1-800-387-9292 (toll free across Canada and the U.S.) or at 416-947-4100 in Toronto.

1. Account Holder Information (please print first and last names)

NAME _____

HOME PHONE NUMBER _____

BUSINESS PHONE NUMBER _____

2. Citibank® Banking Card - If you have a joint account, each Account Holder must complete a separate Agreement if he/she wishes to enrol in this service.

With a Citibank Banking Card you have convenient access to your Canadian dollar Citibank accounts using Automated Banking Machines (ABMs). And, you can pay for your purchases at most retail outlets in Canada and many worldwide.

I would like to access these Citibank accounts using my Citibank Banking Card:

- CITIBANK CHEQUING ACCOUNT
- CITIBANK INTEREST CHEQUING ACCOUNT
- PHYSICIAN'S PREMIUM ACCOUNT
- CITIBANK LINE OF CREDIT

You may choose the services you would like to have linked to your Citibank Banking Card:

I WOULD LIKE TO USE ABMS FOR MY TRANSACTIONS: YES NO

I WOULD LIKE TO PAY FOR MY PURCHASES AT RETAIL OUTLETS: YES NO

The Citibank Banking Card automatically gives you access to your chequing account and line of credit (if you hold these accounts). Your first chequing account will be accessed through the chequing option found on most ABMs and point-of-sale terminals. Your first line of credit will be accessed through the savings option. You may change these settings for your Canadian dollar accounts by indicating your preferences below.

Please indicate the account you would like to have linked to the CHEQUING Option (check one only):

- CITIBANK CHEQUING ACCOUNT NUMBER _____
- CITIBANK INTEREST CHEQUING ACCOUNT NUMBER _____
- PHYSICIAN'S PREMIUM ACCOUNT NUMBER _____
- CITIBANK LINE OF CREDIT ACCOUNT NUMBER _____



Please indicate the account you would like to have linked to the SAVINGS Option (check one only):

- CITIBANK CHEQUING ACCOUNT NUMBER _____
- CITIBANK INTEREST CHEQUING ACCOUNT NUMBER _____
- PHYSICIAN'S PREMIUM ACCOUNT NUMBER _____
- CITIBANK LINE OF CREDIT ACCOUNT NUMBER _____

3. Overdraft Transfer Service

When your chequing account has insufficient funds to cover a cheque or a pre-authorized debit transaction, Citibank can automatically transfer funds¹ from your other Citibank account(s) to your chequing account. There is a fee for this service; please refer to "Citibank Canada Banking Services Fees" for details.

I WOULD LIKE TO ENROL IN THE OVERDRAFT TRANSFER SERVICE: YES NO

If yes, please complete the following information:

Deposit funds to my:

CHEQUING ACCOUNT NUMBER:

Withdraw funds, in order of preference, from my:

(Number your selection(s) in order of preference; account number required only if available.)

- CITIBANK LINE OF CREDIT ACCOUNT NUMBER _____
- CITIBANK CHEQUING ACCOUNT NUMBER _____
- CITIBANK INTEREST CHEQUING ACCOUNT NUMBER _____
- PHYSICIAN'S PREMIUM ACCOUNT NUMBER _____
- CITIBANK SAVINGS ACCOUNT NUMBER _____

CHEQUING ACCOUNT NUMBER:

- CITIBANK LINE OF CREDIT ACCOUNT NUMBER _____
- CITIBANK CHEQUING ACCOUNT NUMBER _____
- CITIBANK INTEREST CHEQUING ACCOUNT NUMBER _____
- PHYSICIAN'S PREMIUM ACCOUNT NUMBER _____
- CITIBANK SAVINGS ACCOUNT NUMBER _____

¹ Transfers will only be completed if there are sufficient funds available in one account to cover the entire transaction plus the service fee. Citibank will not make partial transfers from several accounts.

4. Funds Transfers

Citibank offers you the option of transferring funds between your Citibank account(s) and your account(s) at other Canadian financial institutions. To transfer funds between accounts, your bank account(s) at the other financial institutions must be held in the same name(s) as your Citibank account(s).

I WOULD LIKE TO ENROL IN THIS SERVICE: YES NO

If yes, please attach a personal cheque marked "void" for each external chequing account listed below in the same name(s) as the Citibank Account Holder(s).



ACCOUNT HOLDER'S NAME

BANK/TRUST NAME

ACCOUNT NUMBER

ACCOUNT HOLDER'S NAME

BANK/TRUST NAME

ACCOUNT NUMBER

Declaration and Signature

I hereby,

- understand that the terms and conditions of this Citibank Canada Services Agreement are governed by the Citibank Canada Banking Terms and Conditions and Citibank Canada Privacy of Personal Information Statement, which I have received from Citibank Canada ("Citibank");
- understand and agree that the Funds Transfers service provided by Citibank under this Citibank Canada Services Agreement is subject to the terms and conditions governing my bank accounts at my other financial institution(s);
- authorize Citibank to accept and act on a fax copy of this Agreement as if such copy were an original;
- authorize Citibank to accept my telephone and fax instructions regarding the operation of my Account(s) and indemnify Citibank from any loss or damage sustained as a result of accepting my instructions in such a manner;
- understand and agree that the signature, telephone and fax instructions of one Joint Account Holder is binding and enforceable on all Account Holders; and
- wish that this Agreement and all related documents be drawn up and executed in English. Il est ma volonté expresse que cette convention et tous les documents s'y rattachant soient rédigés et signés en anglais.

ACCOUNT HOLDER'S SIGNATURE

DATE