

1 Dealer Information

Client ID _____ Dealer Number 9181 Advisor Number _____ Advisor Name _____

Select (one only) ▶

- Individual
 Individual ITF
 Joint - JTIC
 Joint - JTWROS
 Joint ITF - JTWROS
 Corporation
 Sole Proprietor
 Estate
 Formal Trust

2 Applicant/Annuitant Information

Mr.
 Mrs.
 Miss
 Ms.
 Dr.
 Other
 Language Preference English French

Last Name _____ First Name _____ Initials _____

Address _____

Apt. _____ City _____ Province/Territory _____ Postal Code _____

Residence Phone _____ Business Phone _____ Social Insurance Number (Corp. No.) _____

Email Address _____ Date of Birth _____

Know Your Client

As required by current securities regulations, this information will be kept confidential

*Known Client Since DDMMYYYY or _____ Years

*Investor Citizenship _____ *Investor Occupation _____

Marital Status ▶ Single Married Common Law Separated Divorced Widow(er)
 Investor Employer _____

Employer Address _____

Number of Dependents _____ Business Type _____

Banking Information (only required if photo ID is not available)

Name of Financial Institution _____ Transit Number (5 digit only) _____ Account Number _____

Identification Information

*ID (First Instance) Passport Birth Certificate Driver's Licence Immigration Card Other
 *ID (Note GICs require second ID) Passport Birth Certificate Driver's Licence Immigration Card Other

*ID Number _____ *ID Number _____

* ID Issue Country/Province _____ * ID Issue Country/Province _____

Expiry Date DDMMYYYY Expiry Date DDMMYYYY

POLITICALLY EXPOSED FOREIGN PERSON

Are you or a member of your immediate family (spouse or common law partner; mother or father; child; brother, sister, half-brother or half-sister; or spouse's or common-law partner's mother or father) **a person who holds or has held one of the following offices or positions in or on behalf of a foreign country:** head of state or government; a member of the executive council of government or member of a legislature; a deputy minister (or equivalent); an ambassador or an ambassador's attaché or counsellor; a military general (or higher rank); a president of a state owned company or bank; a head of a government agency; a judge; or a leader or president of a political party in a legislature. Yes No

ADVISOR NOTE: If the answer is "Yes", please fill out the **Politically Exposed Foreign Person Advisor Note** section on page 4.

Client Name

Investment Characteristics

- Annual Income** ▶ Less than \$30,000 \$30,001 - \$50,000 \$50,001 - \$70,000 \$70,001 - \$100,000 More than \$100,000
- Net Worth** ▶ Less than \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$1,000,000 More than \$1,000,000
- Investment Knowledge** ▶ Sophisticated Good Fair Poor

KYC General Questions

- a. Will any other person or persons:
- | | YES | NO |
|---|--------------------------|--------------------------|
| i) Have trading authorization in this account(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| ii) Have financial interest in this account(s)? | <input type="checkbox"/> | <input type="checkbox"/> |

3 Co-Applicant Information (if applicable) — Joint

Mr. Mrs. Miss Ms. Dr. Other **Language Preference** English French

Last Name First Name Initials

Address

Apt. City Province/Territory Postal Code

Residence Phone Business Phone M A N D A T O R Y

Email Address Social Insurance Number (Corp. No.)

D D M M Y Y Y Y Y Y
Date of Birth

Know Your Client

As required by current securities regulations, this information will be kept confidential

<p>*Known Client Since D D M M Y Y Y Y or _____ Years</p> <p>*Investor Citizenship</p> <p>Marital Status ▶ <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)</p> <p>Number of Dependents</p>	<p>*Investor Occupation</p> <p>Investor Employer</p> <p>Employer Address</p> <p>Business Type</p>
--	---

Banking Information (only required if photo ID is not available)

Name of Financial Institution Transit Number (5 digit only) Account Number

Identification Information

<p>*ID (First Instance)</p> <p><input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Immigration Card <input type="checkbox"/> Other</p> <p>*ID Number</p> <p>* ID Issue Country/Province</p> <p>Expiry Date D D M M Y Y Y Y</p>	<p>*ID (Note GICs require second ID)</p> <p><input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Immigration Card <input type="checkbox"/> Other</p> <p>*ID Number</p> <p>* ID Issue Country/Province</p> <p>Expiry Date D D M M Y Y Y Y</p>
--	---

POLITICALLY EXPOSED FOREIGN PERSON

Are you or a member of your immediate family (spouse or common law partner; mother or father; child; brother, sister, half-brother or half-sister; or spouse's or common-law partner's mother or father) **a person who holds or has held one of the following offices or positions in or on behalf of a foreign country:** head of state or government; a member of the executive council of government or member of a legislature; a deputy minister (or equivalent); an ambassador or an ambassador's attaché or counsellor; a military general (or higher rank); a president of a state owned company or bank; a head of a government agency; a judge; or a leader or president of a political party in a legislature.

Yes No

ADVISOR NOTE: If the answer is "Yes", please fill out the **Politically Exposed Foreign Person Advisor Note** section on page 4.

Client Name

Investment Characteristics

- Annual Income** ▶ Less than \$30,000 \$30,001 - \$50,000 \$50,001 - \$70,000 \$70,001 - \$100,000 More than \$100,000
- Net Worth** ▶ Less than \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$1,000,000 More than \$1,000,000
- Investment Knowledge** ▶ Sophisticated Good Fair Poor

KYC General Questions

- a. Will any other person or persons:
- | | | |
|---|--------------------------|--------------------------|
| | YES | NO |
| i) Have trading authorization in this account(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| ii) Have financial interest in this account(s)? | <input type="checkbox"/> | <input type="checkbox"/> |

4

Other Account Holder Information — ITF Spousal Contributor for RSP/RIF

Mr. Mrs. Miss Ms. Dr. Other **Language Preference** English French

Last Name _____ First Name _____ Initials _____

Relationship _____

M A N D A T O R Y
Social Insurance Number (Corp. No.)

D D M M Y Y Y Y
Date of Birth

5

Plan Information

I wish to open the following plan(s):

<p>Description _____</p> <p style="text-align: center;">PLAN/ACCOUNT TYPE</p> <p><input type="checkbox"/> RSP <input type="checkbox"/> LIF</p> <p><input type="checkbox"/> SP RSP <input type="checkbox"/> PRIF</p> <p><input type="checkbox"/> RIF <input type="checkbox"/> Group RSP</p> <p><input type="checkbox"/> SP RIF <input type="checkbox"/> Non-Registered</p> <p><input type="checkbox"/> LIRA <input type="checkbox"/> Individual RESP</p> <p><input type="checkbox"/> LRIF <input type="checkbox"/> Family RESP</p> <p><input type="checkbox"/> LRSP</p>	<p>Description _____</p> <p style="text-align: center;">PLAN/ACCOUNT TYPE</p> <p><input type="checkbox"/> RSP <input type="checkbox"/> LIF</p> <p><input type="checkbox"/> SP RSP <input type="checkbox"/> PRIF</p> <p><input type="checkbox"/> RIF <input type="checkbox"/> Group RSP</p> <p><input type="checkbox"/> SP RIF <input type="checkbox"/> Non-Registered</p> <p><input type="checkbox"/> LIRA <input type="checkbox"/> Individual RESP</p> <p><input type="checkbox"/> LRIF <input type="checkbox"/> Family RESP</p> <p><input type="checkbox"/> LRSP</p>	<p>Description _____</p> <p style="text-align: center;">PLAN/ACCOUNT TYPE</p> <p><input type="checkbox"/> RSP <input type="checkbox"/> LIF</p> <p><input type="checkbox"/> SP RSP <input type="checkbox"/> PRIF</p> <p><input type="checkbox"/> RIF <input type="checkbox"/> Group RSP</p> <p><input type="checkbox"/> SP RIF <input type="checkbox"/> Non-Registered</p> <p><input type="checkbox"/> LIRA <input type="checkbox"/> Individual RESP</p> <p><input type="checkbox"/> LRIF <input type="checkbox"/> Family RESP</p> <p><input type="checkbox"/> LRSP</p>
<p style="text-align: center;">A. INVESTMENT OBJECTIVE</p> <p>Income _____ %</p> <p>Growth _____ %</p> <p style="text-align: right;">Total 100 %</p> <p style="text-align: center;">RISK TOLERANCE</p> <p>Low _____ %</p> <p>Low-Medium _____ %</p> <p>Medium _____ %</p> <p>Medium-High _____ %</p> <p>High _____ %</p> <p style="text-align: right;">Total 100 %</p> <p>Time Horizon _____ year</p>	<p style="text-align: center;">B. INVESTMENT OBJECTIVE</p> <p>Income _____ %</p> <p>Growth _____ %</p> <p style="text-align: right;">Total 100 %</p> <p style="text-align: center;">RISK TOLERANCE</p> <p>Low _____ %</p> <p>Low-Medium _____ %</p> <p>Medium _____ %</p> <p>Medium-High _____ %</p> <p>High _____ %</p> <p style="text-align: right;">Total 100 %</p> <p>Time Horizon _____ year</p>	<p style="text-align: center;">C. INVESTMENT OBJECTIVE</p> <p>Income _____ %</p> <p>Growth _____ %</p> <p style="text-align: right;">Total 100 %</p> <p style="text-align: center;">RISK TOLERANCE</p> <p>Low _____ %</p> <p>Low-Medium _____ %</p> <p>Medium _____ %</p> <p>Medium-High _____ %</p> <p>High _____ %</p> <p style="text-align: right;">Total 100 %</p> <p>Time Horizon _____ year</p>

Investment Objectives *See Worldsource Financial Management Inc. Client Agreement and Disclosure Brochure on page 1.

Risk Tolerance *See Worldsource Financial Management Inc. Client Agreement and Disclosure Brochure on page 1.

