



CLIENT INFORMATION AND CONSENT FORM

RDBA Broker Code

RDBA Rep Code

PRIMARY OWNER INFORMATION (FOR THE PURPOSE OF OPENING AN INVESTMENT ACCOUNT)

SURNAME _____ FIRST NAME _____ INITIAL _____ HOME PHONE _____
 CIVIC ADDRESS _____ BUS PHONE _____
 DATE OF BIRTH _____ SIN _____ OCCUPATION / PRINCIPAL BUSINESS _____
 EMPLOYER'S NAME AND ADDRESS _____
 RESIDENCY INFORMATION FOR TAXATION PURPOSES
 COUNTRY & PROVINCE OF RESIDENCE _____ CITIZENSHIP _____ ARE YOU A UNITED STATES PERSON YES NO
PROCEEDS OF CRIME (MONEY LAUNDERING) and TERRORIST FINANCING ACT (PCMLTFA) REQUIRES THE VERIFICATION OF IDENTIFICATION ISSUED BY A CANADIAN GOVERNMENT AGENCY
 TYPE OF ID _____ REFERENCE # _____ PLACE OF ISSUE _____
 TYPE OF ID _____ REFERENCE # _____ PLACE OF ISSUE _____

CO-OWNER INFORMATION

SURNAME _____ FIRST NAME _____ INITIAL _____ HOME PHONE _____
 CIVIC ADDRESS _____ BUS PHONE _____
 DATE OF BIRTH _____ SIN _____ OCCUPATION / PRINCIPAL BUSINESS _____
 EMPLOYER'S NAME AND ADDRESS _____
 RESIDENCY INFORMATION FOR TAXATION PURPOSES
 COUNTRY & PROVINCE OF RESIDENCE _____ CITIZENSHIP _____ ARE YOU A UNITED STATES PERSON YES NO
PROCEEDS OF CRIME (MONEY LAUNDERING) and TERRORIST FINANCING ACT (PCMLTFA) REQUIRES THE VERIFICATION OF IDENTIFICATION ISSUED BY A CANADIAN GOVERNMENT AGENCY
 TYPE OF ID _____ REFERENCE # _____ PLACE OF ISSUE _____
 TYPE OF ID _____ REFERENCE # _____ PLACE OF ISSUE _____

CONSENT TO THE COLLECTION, USE AND DISCLOSURE OF INFORMATION

BY SIGNING THIS CLIENT INFORMATION AND CONSENT FORM BELOW, I/ WE CONSENT TO THE DEPOSIT BROKER COLLECTING MY/ OUR PERSONAL INFORMATION CONTAINED IN THIS FORM AND FROM TIME TO TIME PROVIDING THIS INFORMATION TO ONE OR MORE FINANCIAL INSTITUTIONS FOR THE SOLE PURPOSE OF TRANSACTING DEPOSIT BUSINESS ON OUR BEHALF. I/ WE ALSO CONSENT TO THE USE, RETENTION AND DISCLOSURE OF MY/ OUR PERSONAL INFORMATION BY SUCH FINANCIAL INSTITUTIONS, AS IS REASONABLY REQUIRED BY THEM IN CONNECTION WITH THE ESTABLISHMENT AND MAINTENANCE OF AN ACCOUNT IN MY/ OUR NAME, TO MEET LEGAL AND REGULATORY AND FOR STATISTICAL, AUDIT AND SECURITY PURPOSES.

I/WE HAVE READ THE ABOVE PARAGRAPH AND HEREBY GIVE MY/ OUR CONSENT TO THE COLLECTION USE AND DISCLOSURE OF THE PERSONAL INFORMATION CONTAINED HEREIN. I/WE CONFIRM THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE AND I/ WE AGREE TO MAKE THE DEPOSIT BROKER AWARE OF CHANGES TO ANY OF THE PERSONAL INFORMATION CONTAINED IN THIS FORM. I/WE ACKNOWLEDGE THAT AT OR BEFORE ENTERING INTO SUBSEQUENT INVESTMENTS, THE DEPOSIT BROKER WILL PROVIDE ME/ US WITH THE TERMS AND CONDITIONS APPLICABLE TO EACH SUCH INVESTMENT AND ANY REGULATORY DISCLOSURE REQUIRED.

I/ WE CONFIRM THAT THE USE OF THIS ACCOUNT IS FOR THE BENEFIT OF THE INDIVIDUAL(S) NAMED ABOVE AND THAT NO TRANSACTION, APPLICATION OR THE OPENING OF ANY ACCOUNT WILL BE USED BY, ON OR FOR THE BENEFIT OF SOMEONE OTHER THAN THE REGISTERED OWNER(S).

THIS ACCOUNT IS FOR THE BENEFIT OF A THIRD PARTY OTHER THAN THE INDIVIDUAL(S) NAMED ABOVE, THE DETAILS OF THE THIRD PARTY ARE INCLUDED IN THE ATTACHED 'THIRD PARTY DECLARATION AND INFORMATION FORM'.

No I/WE, MY SPOUSE, PARENTS, CHILDREN, BROTHERS OR SISTERS OR MY SPOUSE'S MOTHER OR FATHER HAS BEEN ONE OF THE FOLLOWING FOR A COUNTRY OTHER THAN CANADA: A HEAD OF STATE OR GOVERNMENT, A MEMBER OF THE EXECUTIVE COUNCIL OF FOREIGN GOVERNMENT OR A MEMBER OF A LEGISLATURE; A DEPUTY MINISTER OR EQUIVALENT; AN AMBASSADOR; AN AMBASSADOR'S ATTACHE' OR COUNCILOR; OBTAINED THE RANK OF GENERAL OR HIGHER IN FOREIGN MILITARY; 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. IF "YES" PLEASE PROVIDE THE SPECIFIC DETAILS.

Yes

I/ WE FURTHER CONFIRM THAT THE DEPOSIT BROKER NAMED BELOW IS AUTHORIZED TO ACCEPT MY/OUR VERBAL INSTRUCTIONS WITH RESPECT TO THE INVESTMENT IN AND/ OR THE RENEWAL OF GIC INVESTMENTS.

WHERE INVESTMENTS ARE REGISTERED TO TWO OR MORE PERSONS AND THE WORDS "AND/OR", "& OR" OR "OR" APPEAR BETWEEN THE NAMES OF THE REGISTERED OWNERS, INTEREST AND PRINCIPAL MAY BE PAID TO OR TO THE ORDER OF ANY ONE OF THEM AND THE RECEIPT OF SUCH PAYMENT SHALL BE A VALID DISCHARGE. THE DEPOSIT BROKER OR THE FINANCIAL INSTITUTION MAY TAKE INSTRUCTIONS FROM OR DEAL WITH, ANY JOINT OWNER ON ALL MATTERS CONCERNING THE INVESTMENT.

PRIMARY OWNER'S SIGNATURE

CO-OWNER'S SIGNATURE

DATE MMM DD, YYYY

BROKER DECLARATION

I, AS AN AUTHORIZED REPRESENTATIVE OF THE DEPOSIT BROKER, CERTIFY THAT (I) I HAVE PERSONALLY MET WITH THE AUTHORIZED SIGNATORIES LISTED ABOVE, (II) I HAVE SEEN THE ORIGINAL IDENTIFICATION RECORDS LISTED ABOVE, (III) THE IDENTIFICATION DOCUMENTS WERE VALID AND NOT EXPIRED, (IV) HAVING MADE REASONABLE INQUIRIES, I HAVE NO REASON TO BELIEVE THAT THE CLIENT IS ACTING ON BEHALF OF A THIRD PARTY OR IF SO, HAVE PROVIDED THE REQUIRED INFORMATION ON THE ATTACHED 'THIRD PARTY DECLARATION INFORMATION FORM', (V) HAVE WITNESSED THE INDIVIDUALS SIGN THIS DOCUMENT.

DEPOSIT BROKER NAME

REPRESENTATIVE NAME

SIGNATURE

DATE MMM DD, YYYY