

NEW ACCOUNT APPLICATION FORM
ORDER-EXECUTION ONLY ACCOUNT

A. ACCOUNT OPENING AUTHORIZATION

Please note that only the authorized individual (s) ("Authorized Individual") named in a *Corporate Resolution Document*, can open and operate the account.

B. TYPE OF ACCOUNT REQUESTED

Please indicate the type(s) of the account(s) that you require.

Type	Options Trading		Short Trading		Currency (Select at least one currency)
	Yes (Check One)	No	Yes (Check One)	No	
<input type="checkbox"/> Cash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CAD <input type="checkbox"/> USD
<input type="checkbox"/> Margin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CAD <input type="checkbox"/> USD
<input type="checkbox"/> Formal Trust Cash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CAD <input type="checkbox"/> USD
<input type="checkbox"/> Formal Trust Margin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CAD <input type="checkbox"/> USD
<input type="checkbox"/> Charity Trust Cash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CAD <input type="checkbox"/> USD
<input type="checkbox"/> Charity Trust Margin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CAD <input type="checkbox"/> USD
<input type="checkbox"/> DAP (C.O.D.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CAD <input type="checkbox"/> USD

	Margin Account	Cash Account
What investment types are available?	Stocks, Mutual Funds, ETFs, and Options*	Stocks, Mutual Funds, ETFs, and Options*
Can you short sell?	Yes	No
Can you purchase securities using leverage?	Yes	No

*Options are only available if you check YES under Options Trading

Canadian Settlement Agent

Agent CUID

Account Number at Agent Institution

US Settlement Agent

Agent DTC

Account Number at Agent Institution

C. CORPORATION GENERAL INFORMATION

Corporation Name _____

Place of Incorporation _____
Province _____ Country _____

Tax Identification Number* _____

Phone Number () _____ Fax Number () _____

Legal Business Address

Street Number Street Name Apartment/Unit/Suite Number

City Province Postal Code Country

Mailing Address (If Different from the Business Address)

Street Number Street Name Apartment/Unit/Suite Number

City Province Postal Code Country

* For a Canadian corporation, provide your nine-digit Business Number (BN) issued by the Canada Revenue Agency (CRA). International corporations to provide the tax identification number of that jurisdiction.

D. AUTHORIZED INDIVIDUAL INFORMATION

Please complete for a maximum of three (3) individuals as named in the Corporate Resolution Document; the same individuals will be required to sign this form.

Authorized Individual 1

Authorized Individual 2 (if applicable)

First Name _____

First Name _____

Middle Name _____

Middle Name _____

Last Name(s) _____

Last Name(s) _____

Citizenship Canadian Other _____

Citizenship Canadian Other _____

Date of Birth
D D M M Y Y Y Y

Date of Birth
D D M M Y Y Y Y

Social Insurance Number

Social Insurance Number

Business Phone Number () _____

Business Phone Number () _____

Cell Phone Number () _____

Cell Phone Number () _____

Home Phone Number () _____

Home Phone Number () _____

E-mail Address _____

E-mail Address _____

Residential Address

Residential Address

Street Number Street Name Apartment/Unit/Suite Number

Street Number Street Name Apartment/Unit/Suite Number

City Province Postal Code Country

City Province Postal Code Country

Mailing Address (If Different from the Residential Address)

Mailing Address (If Different from the Residential Address)

Street Number Street Name Apartment/Unit/Suite Number

Street Number Street Name Apartment/Unit/Suite Number

City Province Postal Code Country

City Province Postal Code Country

D. AUTHORIZED INDIVIDUAL INFORMATION

Please complete for a maximum of three (3) individuals as named in the Corporate Resolution Document; the same individuals will be required to sign this form.

Authorized Individual 3 (if applicable)

First Name _____

Middle Name _____

Last Name(s) _____

Citizenship Canadian Other _____

Date of Birth
D D M M Y Y Y Y

Social Insurance Number

Business Phone Number () _____

Cell Phone Number () _____

Home Phone Number () _____

E-mail Address _____

Residential Address

Street Number Street Name Apartment/Unit/Suite Number

City Province Postal Code Country

Mailing Address (If Different from the Residential Address)

Street Number Street Name Apartment/Unit/Suite Number

City Province Postal Code Country

E. CORPORATION BENEFICIAL OWNERSHIP STRUCTURE

1. Please indicate the identity of any person who is the beneficial owner, directly or indirectly, of 25% or more of the corporation. Please also indicate the identity of any person who can exercise influence over the financial and operating decisions of the corporation.

Name	_____
	First Middle Last
Percent Ownership	_____ %
Citizenship	<input type="checkbox"/> Canadian <input type="checkbox"/> Other _____
Date of Birth	DD <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> YY <input type="text"/> <input type="text"/>
Employer	_____
Occupation* (If "Retired", please provide previous occupation)	_____
Residential Address	_____

Name	_____
	First Middle Last
Percent Ownership	_____ %
Citizenship	<input type="checkbox"/> Canadian <input type="checkbox"/> Other _____
Date of Birth	DD <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> YY <input type="text"/> <input type="text"/>
Employer	_____
Occupation* (If "Retired", please provide previous occupation)	_____
Residential Address	_____

Name	_____
	First Middle Last
Percent Ownership	_____ %
Citizenship	<input type="checkbox"/> Canadian <input type="checkbox"/> Other _____
Date of Birth	DD <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> YY <input type="text"/> <input type="text"/>
Employer	_____
Occupation* (If "Retired", please provide previous occupation)	_____
Residential Address	_____

*Please note: Occupation must be specified, even if "Self-Employed".

2. Are any of the individuals listed above an Insider or Controlling Shareholder or a Significant Shareholder of a publicly traded company?

No Yes If yes, please provide specifics below. If more than three persons, please use a separate sheet.

Name	Name of Publicly Traded Company	Insider	Controlling	Significant	% Ownership
1. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

F. CORPORATION MANAGEMENT STRUCTURE

Please list the name of all the Senior Officers and Directors of the Corporation. If more than five persons, please use a separate sheet.

Name	Position	Occupation (If "Retired", please provide previous occupation)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

G. CORPORATION TRADING AUTHORIZATION

Please complete a Corporate Resolution Document naming the Authorized Individuals and Traders who have authority to give instructions in the account.

H. ELECTRONIC FUND TRANSFER (EFT)

A corporate cheque specimen or bank reference letter is required to open the account and effect electronic fund transfers.

I. CORPORATION REGULATORY PROFILE

1. Is the Corporation: For Profit Not for Profit

If NOT FOR PROFIT, is the corporation a charity registered with the Canadian Revenue Agency under the *Income Tax Act*?

No If no, does the Corporation solicit charitable financial donations from the public? No Yes

Yes If yes, please provide the Registration Number: _____

2. Does the Corporation, singly or as member of a group, own 10% or more shares of any publicly traded company?

No Yes If yes, please provide specifics below. If more than two companies, please use a separate sheet.

Name of the Company Exchange Symbol

Name of the Company Exchange Symbol

3. Is a beneficial owner (25% or more), officer, director or a member of his/her household a director, officer, employee or agent of a securities dealer, or of a stock exchange or the Investment Industry Regulatory Organization of Canada (IIROC)?

No Yes If yes, please provide specifics below. If more than two persons, please use a separate sheet.

Name of the Person	Relationship to the Applicant	Name of the Company/Organization	Position with Company
Name of the Person	Relationship to the Applicant	Name of the Company/Organization	Position with Company

4. What is the intended use of the account(s) at CI Investment Services Inc.?

Investment Other _____

5. Is any Beneficial Owner (25% or more) or person with authority over or connected to this account, or any of their Family Members¹:

- a) considered a Politically Exposed Foreign Person (PEFP)² Yes No
- b) considered a Politically Exposed Domestic Person (PEDP)³? Yes No
- c) considered a Head of an International Organization (HIO)⁴ Yes No
- d) Closely Associated (CA)⁵, for business or personal reasons, with a person deemed a PEP, PEDP and/or HIO? Yes No

¹ Family members include the person's children, parents, spouse or common-law partner and parents of the spouse or common-law partner and the children of the person's mother or father.

² A Politically Exposed Foreign Person (PEFP) is defined as a person who holds or has ever held any of the following offices or positions in or on behalf of a foreign state: Head of State or Government; Member of Executive Council of Government (including Minister), Deputy Minister or equivalent; Member of a Legislature; Ambassador or Ambassador's Attaché or Counselor; Military Officer with a rank of General or higher; President of a state-owned company or bank; Head of Government Agency; Judge; or a Leader or president of a political party in a legislature.

³ Politically Exposed Domestic Person (PEDP) is defined as a person who holds, has ever held or is considered a Family Member¹ of one of the following offices or positions: Governor General, lieutenant governor or head of government; Member of the Senate or House of Commons or member of a legislature; Deputy Minister or equivalent rank; Ambassador, or attaché or counsellor of an ambassador; Military officer with a rank of general or above; President of a corporation that is wholly owned directly by Her Majesty in right of Canada or a province; Head of a government agency; Judge of an appellate court in a province, the Federal Court of Appeal or the Supreme Court of Canada; Leader or president of a political party represented in legislature; or Mayor*. A person ceases to be a Domestic PEP 5 years after they have left office.

*In line with Canadian legislation, municipal governments include cities, towns, villages, and rural or metropolitan municipalities. A mayor is the head of a city, town, village or rural or metropolitan municipality, regardless of the size or population.

⁴ A Head of an International Organization (HIO) means the head of an organization, or their Family Member¹, that is established by the government of states or the head of an institution established by an international organization. Examples of International Organizations are NATO, the United Nations, European Space Agency, Asian Development Bank etc. A more comprehensive listing can be viewed on FINTRAC's website.

⁵ Close Associates (CA) are individuals who are closely connected for personal or business reasons to a PEP or HIO. Examples of Close Associates may include: business partners; are in a romantic relationship with; involved in financial transactions; prominent member of the same political party or union; serve on the same board or closely carry out the same charitable work.

6. Will any other person(s) or corporation(s) have any financial interest in this account or will any trades be conducted in this account for any other person or corporation?

No Yes If yes, please provide specifics below. If more parties, please use a separate sheet.

If Person:

Name of Person			
Date of Birth	Citizenship		
Main Occupation	Relationship to You		
Residential Address			
Street Number	Street Name	Apartment/Unit/Suite Number	
City	Province	Postal Code	Country

If Corporation:

Name of Corporation	
Corporation Number	Place of Incorporation
Date of Incorporation	Main Type of Business
Relationship to You	

K. NATIONAL INSTRUMENT 54-101: COMMUNICATION WITH BENEFICIAL OWNERS OF SECURITIES OF A REPORTING ISSUER**Part 1 - Disclosure of Beneficial Ownership Information**

Please indicate whether you do or do not object to us disclosing your name, address, electronic mail address, securities holdings and preferred language of communication (English or French) to issuers of securities you hold with us and to other persons or companies in accordance with securities law.

- I / We **DO NOT OBJECT** to you disclosing the information described above.
- I / We **DO OBJECT** to you disclosing the information described above.

Please note that if you **DO OBJECT**, securities regulations dictate that you will be responsible for costs incurred by Canadian reporting issuers for delivering mandatory security-holder materials to you.

Part 2 - Receiving Security-holder Materials

As beneficial owner(s) of securities of Canadian reporting issuers you have the right to receive all of the following security-holder materials: a) proxy-related materials for annual and special meeting b) financial statements and annual reports that are not part of proxy-related materials; and c) materials sent to shareholders that are not required by corporate or securities law to be sent.

Please indicate your choice of materials that you wish to receive:

- I / We **WANT** to receive **ALL** security holder materials sent to beneficial owners of securities.
- I / We **WANT** to receive **ONLY** proxy-related materials that are sent in connection with a special meeting.
- I / We **DECLINE** to receive **ALL** security holder materials sent to beneficial owners of securities. Even if I/we decline to receive these types of materials, I/we understand that a reporting issuer or other person or company may send these materials to us at its own expense.

Please Note: These instructions do not apply to any specific request you give or may have given to a reporting issuer concerning the sending of interim financial statements of the reporting issuer. In addition, in some circumstances, the instructions you give in this client response form will not apply to annual reports or financial statements of an investment fund that are not part of proxy-related materials. An investment fund is also entitled to obtain specific instructions from you on whether you wish to receive its annual report or financial statements, and where you provide specific instructions, the instructions in this form with respect to financial statements will not apply.

Part 3 - Preferred Language of Communication

Please indicate your preferred language of communication. I/We understand that the materials I / we receive will be in my/our preferred language of communication, if the materials are available in that language.

- English French

Part 4 - Agreement Governing Electronic Delivery of Documents

In accordance with securities law, only upon your agreement we can deliver certain documents by electronic means. Please indicate whether or not you wish to receive these documents electronically:

- I / We **OBJECT** to the Broker delivering electronically to us the documents mentioned in Part 2.
- I / We **DO NOT OBJECT** to the Broker delivering electronically to me/us the documents mentioned in Part 2 in respect with the following terms and conditions:

The Client(s) certify(ies) that he/she/they have the capacity and the technical equipment (computer, telephone or other necessary equipment) enabling them to receive from the Broker the document mentioned above by electronic means, particularly but not exclusively via the Internet, to access the said documents and to read it. The Client(s) agree(s) that all documents received by electronic means have the same legal validity and shall be binding toward the Broker and the Client(s) in the same manner as if they were received in a paper form. The paper version of the document above mentioned is available at the request of the Client(s), either verbal or written. A paper version of the document will also be sent automatically to the Client(s) every time the electronic delivery is impossible for any reason. It is understood that the Broker shall not be liable for losses, directly or indirectly incurred by the Client(s), with respect to any electronic delivery of documents. Without limiting the generality of the previous, the Broker shall not be liable in the event of a breakdown of the Client(s) equipment nor for the interruption of any electronic delivery of documents. The Broker has taken all reasonable measures at its disposal to ensure the confidentiality of all electronic delivery of documents and the Client(s) personal information. However, the Broker shall not be liable for losses directly or indirectly incurred by the Client(s) if an unauthorized third party succeeds in penetrating the security systems adopted by the Broker or the security system protecting the Client(s) own equipment. The Client(s) accept(s) the risks inherent in the communication and delivery of documents by electronic means, notably via the Internet. The Client(s) undertake(s) to inform the Broker of any change with respect to their electronic mail address.

Part 5 - Modification of Instructions

I / We understand that these instructions may be changed at any time by giving written notice to the Broker and that will be made as soon as possible.

- I / We have read and understand the explanation that you have provided to me/us in connection with National Instrument 54-101, "Communication with Beneficial Owner of Securities of a Reporting Issuer". The choices I /we have indicated above apply to all of the securities held in my /our account(s).

L. GENERAL DISCLOSURES & AGREEMENTS

1. Consent to Electronic Delivery

I/We, the undersigned, CONSENT to receive all communications, notices and documents that CI Investment Services Inc. ("CIIS") elects to send me/us by electronic delivery, including Trade Confirmations, Account Statements, Prospectuses, Canadian Investor Protection Fund Brochure, Investor Protection for Clients of IIROC Member Firms Brochure, and CIIS Customer Agreements & Disclosures Booklet.

Authorized Individual 1 Signature

Date (DD/MM/YYYY)

Authorized Individual 2 Signature *(if applicable)*

Date (DD/MM/YYYY)

2. Other Disclosures and Agreements Summary

In addition to above disclosures and agreements, I/we, the undersigned, acknowledge that I/we have read, understand and AGREE to all the following disclosures and agreements as found in CI Investment Services Inc. Disclosures & Customer Agreements.

- Relationship Disclosure
- Privacy and Use of Client Personal Information
- Financing of Securities Transactions and Leverage Risk
- Short Selling of Securities
- Subscription to New Issue Offerings
- Leveraged and Derivative-based Exchange-traded Instruments
- Transfer of Funds and Securities
- Trading Authorization Agreement
- Joint Account Agreements (Joint Accounts only)
- Margin Agreement
- Risk Disclosure Statement for Options
- Option Trading Agreement
- Trading Platform Agreement(s)
- Investor Protection for Clients of IIROC Regulated Firms
- Canadian Investor Protection Fund (CIPF)

Authorized Individual 1 Signature

Date (DD/MM/YYYY)

Authorized Individual 2 Signature *(if applicable)*

Date (DD/MM/YYYY)

APPLICANT CERTIFICATION (TO BE SIGNED BY THE NUMBER OF AUTHORIZED INDIVIDUALS REQUIRED UNDER THE CORPORATION BY-LAWS)

I/we, the undersigned, CERTIFY that (i) I/we am/are authorized and empowered by the Corporation to open and operate this account, (ii) the information provided in this application and related documents is true, accurate and complete and it may be relied upon by CI Investment Services Inc. until the Corporation sends a written notice signed by an Authorized Individual informing CI Investment Services Inc. of any changes, and (iii) I/we have read, understand and AGREE with all disclosures and agreements in this document and CI Investment Services Inc. Disclosures & Customer Agreements Booklet. I/we understand that the Corporation is bound by all agreements and contractual obligations specified in this document and all other agreements in CI Investment Services Inc. Disclosures & Customer Agreements Booklet that pertain to the account type(s).

I/we authorize CI Investment Services Inc. to verify all information provided here and conduct identity, employment, credit and financial checks as it deems appropriate with regard to approving this application and maintaining this account.

It is the express wish of the parties that this Document and all agreements, notices and other communications relating to the operation of the Account be drawn up in English only. *Il est de la volonté expresse des parties que ce contrat et tous les documents avis et autres communications qui concernent l'opération des Comptes conjoints soient rédigés en langue anglaise seulement.*

Authorized Individual 1 Name	Signature	Date (DD/MM/YYYY)
Authorized Individual 2 Name <i>(if applicable)</i>	Signature	Date (DD/MM/YYYY)
Other Authorized Individual Name <i>(if applicable)</i>	Signature	Date (DD/MM/YYYY)

COMMISSION-FREE TRADING ACCOUNT AGREEMENT

(For Commission-Free Account ONLY)

Client Name: _____

Account Number: _____
Internal Use Only (To be completed by CIIS)

CLIENT CONSENT

In addition to CI Investment Services Inc. "[Relationship Disclosure](#)", I/we, the undersigned, acknowledge that I/we have read, understood and AGREED to the additional [Terms and Conditions](#), [Platform & Data Fees](#), [Administrative Fees](#) and any other related charges for having a "Commission-Free" trading account, all detailed on www.virtualbrokers.com.

Applicant Name

Applicant Signature

Date (DD/MM/YYYY)

Joint Applicant Name (If applicable)

Joint Applicant Signature (If applicable)

Date (DD/MM/YYYY)

TRADING PLATFORM SELECTION

Please select your [application-based trading platform](#) from the following list. If you wish to switch your trading platform, please contact us at 1.877.310.1088 for assistance.

PLATFORM OPTIONS	FEE PER MONTH [†]
<input type="checkbox"/> PowerTrader Pro	\$250 USD
<input type="checkbox"/> RealTick	from \$400 USD ^{††}
<input type="checkbox"/> ITS TraderLite	from \$580 USD ^{††}
<input type="checkbox"/> IRESS	from \$1120 USD ^{††}

[†] Platform fee is subject to change without advanced notice. To see most updated platform fees please visit www.virtualbrokers.com.

^{††} Note: A 20% platform handling fee markup (minimum \$150 USD/month) will be added to the market price for this platform. Please contact us at 1.877.310.1088 for details on fees and eligibility.

APPLICATION CHECKLIST

1. New Account Application Form (signed and dated original copy)
2. If a Commission-Free All-in-One account: Commission-Free Trading Account Agreement
3. Corporate Resolution Document
4. Guarantee Agreement
5. W-8BENE Form
6. W9 Form (*For each Beneficial Owner who is a U.S. Citizen*)
7. Articles of Incorporation or Equivalent
8. Waiver of Confidentiality Form (*For each Beneficial Owner who is a U.S. Citizen*)
9. A void corporation cheque or a bank reference letter
10. A personal cheque for the amount of \$1.00 CAD drawn on a Canadian bank, trust company, credit union, caisse populaire or Government savings office from all beneficial owners (25% or more), and all authorized individuals and traders payable to *CI Investment Services Inc.*
11. A Copy of Driver's License or Passport for all beneficial owners (25% or more), authorized individuals and traders
12. If transferring account(s) to CI Investment Services Inc., signed and dated Non-Registered Transfer Authorization Form

* Pursuant to the Canada's Proceeds of Crime (Money Laundering) and Terrorist Financing Act, CI Investment Services Inc. is obligated to verify the identity of at least three (3) beneficial owners and all authorized individuals and traders by clearing a personal cheque through a recognized Canadian deposit-taking financial institution. If the cheque clears, the amount will be credited to the corporation account. In rare cases, CI Investment Services Inc. may be required to take additional measures to verify identity

APPLICATION SUBMISSION INSTRUCTIONS

1. Please fax or scan and email your completed, signed and dated application documents to CI Investment Services Inc. for pre-screening.
2. CI Investment Services Inc. will then screen your application documents and notify you via email of any deficiencies or, alternatively, confirm that your application was completed properly. Once you have received clearance from CI Investment Services Inc. as to the completeness of your application, please mail the signed original application and supporting documentation to CI Investment Services Inc.

Fax: 416.288.8611

Email: transfer_ciis@ci.com

Mailing Address CI Investment Services Inc.
15 York Street, Toronto, Ontario M5J 0A3 Canada
ATTN: New Accounts

In-Person 1.877.310.1088 or 416.288.8028

(By Appointment Only)

Once your account is opened, you will receive, via email, a Welcome Message with your account number and access information.