

**INDIVIDUAL / JOINT  
NEW ACCOUNT APPLICATION FORM  
ORDER-EXECUTION ONLY ACCOUNT**

**A. ACCOUNT INFORMATION**

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

Ownership

- Individual
  Joint (WITH Right of Survivorship)
  Joint (NO Right of Survivorship)

**1. Non-Registered Accounts**

Type	Options Trading Yes No (Check One)	Short Trading Yes No (Check One)	Currency (Select at least one currency)
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- |  |   |   |   |
|--|---|---|---|
| <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"/> In-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"/> In-Trust Margin | <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

**2. Registered Accounts**

Type	Options Trading Yes No (Check One)	Currency (Select at least one currency)	Additional Required Form
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- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Individual RRSP | <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> CAD <input type="checkbox"/> USD | RRSP   |
| <input type="checkbox"/> Spousal RRSP    | <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> CAD <input type="checkbox"/> USD | RRSP   |
| <input type="checkbox"/> TFSA            | <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> CAD <input type="checkbox"/> USD | TFSA   |
| <input type="checkbox"/> RESP            | <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> CAD <input type="checkbox"/> USD | RESP (1. Single Plan OR Family Plan, 2. Education Savings Grant Application) |
| <input type="checkbox"/> RIF             | <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> CAD <input type="checkbox"/> USD | RIF  |
| <input type="checkbox"/> Group TFSA      | <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> CAD <input type="checkbox"/> USD | Group TFSA   |
| <input type="checkbox"/> Group RRSP      | <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> CAD <input type="checkbox"/> USD | Group TFSA   |

**B. APPLICANT PERSONAL INFORMATION**

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Gender  M  F

Citizenship  Canadian  Other \_\_\_\_\_

Date of Birth DD   MM   YYYY

Social Insurance Number (Tax ID for international clients) \_\_\_\_\_

Marital Status  Single  Married  Common Law  Divorced  Separated  Widowed

Residential Address

Street Number \_\_\_\_\_ Street Name \_\_\_\_\_ Apartment/Unit/Suite Number \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Home Phone Number ( ) \_\_\_\_\_ Business Phone Number ( ) \_\_\_\_\_  
 Cell Phone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

Mailing Address (If Different from the Residential Address)

Street Number Street Name Apartment/Unit/Suite Number

City Province Postal Code Country

Employment Status  Employed  Self-Employed  Retired  Unemployed

Employer \_\_\_\_\_

**Please note: If you indicated "Employed" or "Self-Employed", "Occupation" and "Employment Address" must be specified.**

Occupation (If you indicated "Retired", please provide previous Occupation) \_\_\_\_\_

Employment Address  As Specified Below  Same as Residential Address  Same as Mailing Address

Street Number Street Name Apartment/Unit/Suite Number

City Province Postal Code Country

**C. APPLICANT SPOUSE INFORMATION**

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Gender  M  F

Citizenship  Canadian  Other \_\_\_\_\_

Date of Birth DD   MM   YYYY

Social Insurance Number (Tax ID for international clients) \_\_\_\_\_

Residential Address (If Different from Applicant Address)

Street Number Street Name Apartment/Unit/Suite Number

City Province Postal Code Country

Home Phone Number ( ) \_\_\_\_\_ Business Phone Number ( ) \_\_\_\_\_

Cell Phone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Employment Status  Employed  Self-Employed  Retired  Unemployed

Employer \_\_\_\_\_

**Please note: If you indicated "Employed" or "Self-Employed", "Occupation" and "Employment Address" must be specified.**

Occupation (If you indicated "Retired", please provide previous Occupation)

Employment Address  As Specified Below  Same as Residential Address  Same as Mailing Address

Street Number	Street Name	Apartment/Unit/Suite Number	
City	Province	Postal Code	Country

**D. JOINT APPLICANT PERSONAL INFORMATION (JOINT ACCOUNT TYPE ONLY)**

**Is the spouse the Joint Applicant?**

Yes  No

**If Yes (i.e. Spouse is Joint Applicant), please skip to section F.**

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name(s) \_\_\_\_\_

Gender  M  F

Citizenship  Canadian  Other \_\_\_\_\_

Marital Status  Single  Married  Common Law  Divorced  Separated  Widowed

Date of Birth DD   MM   YYYY

Social Insurance Number (Tax ID for international clients) \_\_\_\_\_

Residential Address

Street Number	Street Name	Apartment/Unit/Suite Number	
City	Province	Postal Code	Country

Home Phone Number ( ) \_\_\_\_\_ Business Phone Number ( ) \_\_\_\_\_

Cell Phone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Mailing Address (If Different from the Residential Address)

Street Number	Street Name	Apartment/Unit/Suite Number	
City	Province	Postal Code	Country

Employment Status  Employed  Self-Employed  Retired  Unemployed

Employer \_\_\_\_\_

**Please note: If you indicated "Employed" or "Self-Employed", "Occupation" and "Employment Address" must be specified.**

Occupation (If you indicated "Retired", please provide previous Occupation)

Employment Address  As Specified Below  Same as Residential Address  Same as Mailing Address

Street Number	Street Name	Apartment/Unit/Suite Number	
City	Province	Postal Code	Country

**E. JOINT APPLICANT SPOUSE INFORMATION (JOINT ACCOUNT TYPE ONLY)**

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name(s) \_\_\_\_\_

Gender  M  F

Citizenship  Canadian  Other \_\_\_\_\_

Date of Birth DD   MM   YYYY

Social Insurance Number (Tax ID for international clients) \_\_\_\_\_

Residential Address (If Different from Joint Applicant Address)

Street Number	Street Name	Apartment/Unit/Suite Number	
City	Province	Postal Code	Country

Home Phone Number ( ) \_\_\_\_\_ Business Phone Number ( ) \_\_\_\_\_

Cell Phone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Employment Status  Employed  Self-Employed  Retired  Unemployed

Employer \_\_\_\_\_

**Please note: If you indicated "Employed" or "Self-Employed", "Occupation" and "Employment Address" must be specified.**

Occupation (If you indicated "Retired", please provide previous Occupation) \_\_\_\_\_

Employment Address  As Specified Below  Same as Residential Address  Same as Mailing Address

Street Number	Street Name	Apartment/Unit/Suite Number	
City	Province	Postal Code	Country

**F. ELECTRONIC FUND TRANSFER (EFT)**

**Do you wish to have the ability to transfer funds electronically FROM your brokerage account TO your bank account?**

Yes  No

If yes, the information on the personal cheque that you provide for identity verification will be used to set up this feature.

**G. APPLICANT(S) REGULATORY PROFILE**

**1. Are you or is your spouse or any member of your household, an Officer or Director or Insider of a publicly traded company?**

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

**Applicant**

Name of the Person	Relationship to the Applicant	Name of the Company, Exchange Symbol	Position with the Company
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**Joint Applicant (If applicable)**

Name of the Person	Relationship to the Applicant	Name of the Company, Exchange Symbol	Position with the Company
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**2. Do you or does your spouse or any member of your household, individually or as member of a group, own 10% or more of the outstanding shares of any publicly traded company?**

No  Yes If yes, please provide specifics below. If more than one person or company, please use a separate sheet.

**Applicant**

Name of the Person	Relationship to the Applicant	Name of the Company, Exchange Symbol	Position with the Company
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**Joint Applicant (If applicable)**

Name of the Person	Relationship to the Applicant	Name of the Company, Exchange Symbol	Position with the Company
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**3. Are you or is your spouse or any member of your household a director, partner, officer, employee or agent of a securities dealer, or of a stock exchange or the Investment Industry Regulatory Organization of Canada?**

No  Yes If yes, please provide specifics below. If more than one person or company/organization, please use a separate sheet.

**Applicant**

Name of the Person	Relationship to the Applicant	Name of the Company/Organization	Position with the Company /Organization
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**Joint Applicant (If applicable)**

Name of the Person	Relationship to the Applicant	Name of the Company/Organization	Position with the Company /Organization
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**4. What is your intended use of the account(s) at CIIS?**

**Applicant**

Investment  Other \_\_\_\_\_

**Joint Applicant (If applicable)**

Investment  Other \_\_\_\_\_

**1. Are you or is any authorized individual or beneficial owner of this account or your/their Family Members<sup>1</sup>:**

**a) considered a Politically Exposed Foreign Person (PEFP)<sup>2</sup>?** Applicant  Yes  No Joint Applicant (If applicable)  Yes  No

**b) considered a Politically Exposed Domestic Person (PEDP)<sup>3</sup>?** Applicant  Yes  No Joint Applicant (If applicable)  Yes  No

**c) considered a Head of an International Organization (HIO)<sup>4</sup>?** Applicant  Yes  No Joint Applicant (If applicable)  Yes  No

**d) a Closely Associated (CA)<sup>5</sup>, for business or personal reasons, with a person deemed a PEFP, PEDP and/or HIO?**

Applicant  Yes  No Joint Applicant (If applicable)  Yes  No

If the answer is "Yes" to any of the above noted questions, please fill out a PEP Form for each person.

<sup>1</sup> 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.  
<sup>2</sup> 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.  
<sup>3</sup> Politically Exposed Domestic Person (PEDP) is defined as a person who holds, has ever held or is considered a Family Member<sup>1</sup> 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.  
<sup>4</sup> A Head of an International Organization (HIO) means the head of an organization, or their Family Member<sup>1</sup>, 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.  
<sup>5</sup> 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.

**H. THIRD-PARTY INTEREST**

**1. Will any other person(s) or corporation(s) have any financial interest in your account(s) or will you conduct trades for any other persons?**

No  Yes If yes, please indicate the 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 \_\_\_\_\_

**2. Will any other person(s) have Power of Attorney over your account(s)?**

No  Yes If yes, please indicate the name of Person(s). If more than one person, please use a separate sheet. A notarized Power of Attorney Letter is necessary.

Name of Person with Power of Attorney \_\_\_\_\_

**3. Will any other person(s) have trading authority over your account(s)?**

No  Yes If Yes, please fill out the Trading Authorization section below.

**I. TRADING AUTHORIZATION / POWER OF ATTORNEY (if applicable)**

**Please fill out this section, only if you wish to grant trading authority on your account to another individual ("Agent").**

I/We, the Applicant(s), hereby appoint and fully authorize the individual named below to place orders and execute trades or transactions relating to equities, options, futures, bonds and other financial instruments for my/our account. All transactions shall be valid and binding upon me/us, and third parties are hereby authorized to act thereon and give effect thereto (please see *Trading Authorization Agreement in Customer Agreements & Disclosures Booklet*).

Agent Details

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Middle Name(s) \_\_\_\_\_

Gender  M  F  
 Citizenship  Canadian  Other \_\_\_\_\_

Date of Birth DD   MM   YYYY

Social Insurance Number (Tax ID for international clients) \_\_\_\_\_

Residential Address

Street Number \_\_\_\_\_ Street Name \_\_\_\_\_ Apartment/Unit/Suite Number \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Home Phone Number ( ) \_\_\_\_\_ Business Phone Number ( ) \_\_\_\_\_

Cell Phone Number ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Employment Status  Employed  Self-Employed  Retired  Unemployed

Employer \_\_\_\_\_

**Please note: If you indicated "Employed" or "Self-Employed", "Occupation" and "Employment Address" must be specified.**

Occupation (If you indicated "Retired", please provide previous Occupation) \_\_\_\_\_

Employment Address  As Specified Below  Same as Residential Address  Same as Mailing Address

Street Number \_\_\_\_\_ Street Name \_\_\_\_\_ Apartment/Unit/Suite Number \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

**REGULATORY PROFILE (To be completed by Agent)**

**1. Are you or is your spouse or any member of your household, an Officer or Director or Insider of a publicly traded company?**

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

_____ Name of the Person	_____ Relationship to the Authorized Trader	_____ Name of the Company, Exchange Symbol	_____ Position with the Company
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_____ Name of the Person	_____ Relationship to the Authorized Trader	_____ Name of the Company, Exchange Symbol	_____ Position with the Company
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**2. Do you or does your spouse or any member of your household, individually or as member of a group, own 10% or more of the outstanding shares of any publicly traded company?**

No  Yes If yes, please provide specifics below. If more than one person or company, please use a separate sheet.

_____ Name of the Person	_____ Relationship to the Authorized Trader	_____ Name of the Company, Exchange Symbol	_____ Position with the Company
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_____ Name of the Person	_____ Relationship to the Authorized Trader	_____ Name of the Company, Exchange Symbol	_____ Position with the Company
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**3. Are you or is your spouse or any member of your household a director, partner, officer, employee or agent of a securities dealer, or of a stock exchange or the Investment Industry Regulatory Organization of Canada?**

No  Yes If yes, please provide specifics below. If more than one person or company/organization, please use a separate sheet.

_____ Name of the Person	_____ Relationship to the Authorized Trader	_____ Name of the Company/Organization	_____ Position with the Company/Organization
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_____ Name of the Person	_____ Relationship to the Authorized Trader	_____ Name of the Company/Organization	_____ Position with the Company/Organization
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The Agent is hereby authorized to act as agent for and on behalf of the undersigned to give orders to buy (on margin or otherwise) or to sell (including short sales) any securities or to give any other instructions in connection with the operations of such account referred to above, the whole in accordance with the terms and conditions of any agreements entered into between the Applicant and the Broker in connection with such account. The Broker is authorized and may rely upon such orders and instructions until receipt by the Broker, at its head office in Toronto, ON (c/o Compliance Department) of a written revocation notice. Notwithstanding the foregoing, this authorization does not entitle the Agent to (i) receive or transfer from the account any securities or monies, (ii) execute any agreements for and on behalf of the Applicant, or (iii) open any other accounts with The Broker for and on behalf of the Applicant. The Applicant undertakes to make full and timely settlement and to pay to the Broker any commissions and other charges in respect of each transaction made pursuant to such orders and instructions of the Agent. The Applicant also undertakes to indemnify and hold the Broker harmless from and any losses and damages that may result of any operation made in accordance with such Agent's orders and instructions. In no case the Broker shall be held liable to the Applicant or his/her legal representatives, heirs, successors and assigns, for the execution of any transactions made in accordance with such orders and instructions and the Applicant hereby ratifies any and all such transactions. The Applicant acknowledges and agrees that he/she/it is solely responsible to monitor the actions of his/her/its Agent(s).

_____	_____	_____
Applicant Name	Applicant Signature	Date(DD/MM/YYYY)
_____	_____	_____
Joint Applicant Name (If applicable)	Joint Applicant Signature	Date(DD/MM/YYYY)

**Agent Section**

The Agent hereby accepts his/her appointment as specified above and authorizes the Broker to verify all the information provided here by conducting full identity, credit and financial checks.

_____	_____	_____
Agent Name	Agent Signature	Date (DD/MM/YYYY)

**J. IDENTITY VERIFICATION**

Pursuant to the Canada's *Proceeds of Crime (Money Laundering) and Terrorist Financing Act*, CI Investment Services Inc. ("CIIS") is obligated to verify the identity of each account holder and everyone who is authorized to give instructions (including those holding power of attorney or trading authorization) by clearing a personal cheque drawn on a Canadian bank, trust company, credit union, caisse populaire or Government savings office. For this purpose, please include a personal cheque from each person imprinted with their name for the amount of \$1.00 CAD payable to *CI Investment Services Inc.* Once the cheque clears, the funds will be credited to your account. In rare cases, CIIS may be required to take additional measures to verify identity.

**1. Individual Account Applicant****2. Joint Account Applicant (If Applicable)****3. Trading Authorization Person (If Applicable)****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 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 IROC Member Firms Brochure, and CI Investment Services Inc. Customer Agreements & Disclosures Booklet.

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**Applicant Signature**

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**Date (DD/MM/YYYY)**

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**Joint Applicant Signature (if applicable)**

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**Date (DD/MM/YYYY)**

**3. 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)
- How IIROC protects investors
- Canadian Investor Protection Fund (CIPF)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date (DD/MM/YYYY)

\_\_\_\_\_  
Joint Applicant Signature (if applicable)

\_\_\_\_\_  
Date (DD/MM/YYYY)

**APPLICANT(S) CERTIFICATION**

I/We the undersigned, CERTIFY that (i) the information provided in this application and related documents is true, accurate and complete and it may be relied upon by CIIS until the undersigned sends a written notice informing CIIS of any changes, and (ii) I/We have read, understand and AGREE with all disclosures and agreements in this document and in *CI Investment Services Inc. Disclosures & Customer Agreements Booklet*. I/We understand and agree that I/we are 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 my/our accounttype(s).

I/We authorize CIIS 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 my/our account(s).

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 quiconcernent l'opération des Comptes conjoints soient rédigés en langue anglaise seulement.*

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date (DD/MM/YYYY)

\_\_\_\_\_  
Joint Applicant Name (if applicable)

\_\_\_\_\_  
Joint Applicant Signature (if applicable)

\_\_\_\_\_  
Date (DD/MM/YYYY)

**APPLICATION CHECKLIST**

1. New Account Application Form (signed and dated original copy)
2. If a Commission-Free: Commission-Free Trading Account Agreement
3. W-8BEN Form
4. W9 Form (*For each Beneficial Owner who is a U.S. Citizen*)
5. Waiver of Confidentiality Form (*For each Beneficial Owner who is a U.S. Citizen*)
6. Declaration of Tax Residence for Individuals Form
7. 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 account holders, and all authorized individuals and traders payable to *CI Investment Services Inc.*
8. A Copy of Driver's License or Passport for all account holders, authorized individuals and traders
9. If transferring account(s) to CIIS, signed and dated Non-Registered Transfer Authorization Form

\* Pursuant to the Canada's Proceeds of Crime (Money Laundering) and Terrorist Financing Act, CIIS 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, CIIS 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 CIIS for pre-screening.
2. CIIS 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 CIIS as to the completeness of your application, please mail the signed original application and supporting documentation to CIIS.

**Fax:** 416.288.8611

**E-mail:** 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.**