

(also referred to as the "Firm")

To Solium Financial Inc.:

1. Please accept this as confirmation that the following account information belongs to the specified individual(s), or corporation (or non-personal entity) as indicated:

Transit Number	Institution Number	Account Number
Account Holder Name	Joint Account Holder Name (if applicable)	
Residential / Corporate Address		

2. Account requirements and status (Complete information as indicated)

- | | | |
|--|--------------------------------------|---|
| a) Account Signature Requirements | <input type="checkbox"/> 1 Signature | <input type="checkbox"/> 2 Signatures |
| b) Account Denomination | <input type="checkbox"/> CAD | <input type="checkbox"/> USD |
| c) Account Type | <input type="checkbox"/> Personal | <input type="checkbox"/> Corporate <input type="checkbox"/> Other _____ |
| d) Account is enabled for Electronic Funds Transfer* (chequing privileges) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| NOTE: Solium Financial cannot link a USD chequing account for EFT purposes. | | |
| e) Account Standing
The client(s) is known to the branch and is in good standing. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If "No", please specify the reason(s): _____ | | |

Branch authorization

Branch representative name	Title	Contact phone
X Branch representative signature	Date (mm/dd/yyyy)	Branch stamp:

Completing this form

1. Complete the information on this Account Confirmation Letter, and
2. Provide a Branch Stamp to satisfy Anti-Money Laundering Legislation and/or to establish an Electronic Funds Transfer (EFT) link.
NOTE: The account being confirmed must be enabled for EFT purposes and cannot be a Credit Card or Line of Credit account.
3. Submit the completed Account Confirmation Letter form to Solium Financial Inc. by either:
 - Faxing a copy to: 403.263.5614 OR
 - Including the form with the Solium Financial New Account Application Form.