

(also referred to as the "Firm")

- UPDATE
- Company/Corporation* Partnership* Estate*
- Legal Trust Foundation Other Organization
- * Additional information required – attach Supplemental Account Profile

Account Number

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Client Information

Full legal name of entity			Business identification number		
Suite		Legal land or street address		City	
Province	Postal code	Country	Business phone number		Business fax number

Send Statements/Confirmations to: Business other (provide details)

First name		Last name		Relationship	
Apt. or suite		Legal land or street address		City	
Province	Postal code	Country	Residential phone number		Alternate phone number

Your investment experience and financial information

In which of the following do you have investment experience? (Check all that apply.) Applicant Joint applicant

- | | | |
|---------------|--------------------------|--------------------------|
| Stocks | <input type="checkbox"/> | <input type="checkbox"/> |
| Bonds | <input type="checkbox"/> | <input type="checkbox"/> |
| Mutual funds | <input type="checkbox"/> | <input type="checkbox"/> |
| Options | <input type="checkbox"/> | <input type="checkbox"/> |
| Short selling | <input type="checkbox"/> | <input type="checkbox"/> |
| None | <input type="checkbox"/> | <input type="checkbox"/> |

What is your annual income?

- | | | |
|---------------------|--------------------------|--------------------------|
| | Applicant | Joint applicant |
| Under \$20,000 | <input type="checkbox"/> | <input type="checkbox"/> |
| \$20,000-\$50,000 | <input type="checkbox"/> | <input type="checkbox"/> |
| \$50,000-\$100,000 | <input type="checkbox"/> | <input type="checkbox"/> |
| \$100,000-\$250,000 | <input type="checkbox"/> | <input type="checkbox"/> |
| Over \$250,000 | <input type="checkbox"/> | <input type="checkbox"/> |

What is your net worth?

- | | | |
|---------------------|--------------------------|--------------------------|
| | Applicant | Joint applicant |
| Under \$20,000 | <input type="checkbox"/> | <input type="checkbox"/> |
| \$20,000-\$50,000 | <input type="checkbox"/> | <input type="checkbox"/> |
| \$50,000-\$100,000 | <input type="checkbox"/> | <input type="checkbox"/> |
| \$100,000-\$250,000 | <input type="checkbox"/> | <input type="checkbox"/> |
| \$250,000-\$500,000 | <input type="checkbox"/> | <input type="checkbox"/> |
| Over \$500,000 | <input type="checkbox"/> | <input type="checkbox"/> |

Financial information

Financial institution name	Address	Branch transit number	Institution number	Account number
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Account Holder Assets

Estimated Net Liquid Assets <small>(cash & securities less loans outstanding against securities)</small>	+	Estimated Net Fixed Assets	-	Other Liabilities <small>(fixed assets less liabilities outstanding against fixed assets)</small>	=	Estimated Total Net worth	Approximate annual income from all sources
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All Legal Entities must complete this Citizenship Declaration

Is the Client a Reporting Issuer? YES NO

In which jurisdiction was this company incorporated, or partnership or other entity organized?
Province/State _____ Country _____ TIN/EIN _____

If incorporated/organized in Canada, do Canadian residents own 50% or more of the entity? YES NO

If entity incorporated or organized in the U.S., please complete and sign Form W9; otherwise, non-U.S. legal entities must complete and sign the **Treaty Statement**. All U.S. partners in a Canadian partnership must sign Form W9.

Nature of Business _____

Verification of Identity To be certified by Employee of the Firm or verified by Authorized Person. Indicate what document has been seen and attach a copy.

- Passport
 Driver's Licence
 National Identity Card
 Provincial Health Insurance Card
 Age of Majority Card

In addition, if:

- Client is a Canadian registered charity, provide CCRA tax registration number _____
 Client is a corporation, trust, partnership, etc., provide certified true copies of articles of association, certificate of incorporation, trust agreement/deed/indenture, extracts from public registers or other constating documents.

1. Will any persons other than the Client:
 - (a) Guarantee this account? If yes, name: _____ YES NO
 - (b) Have a financial interest in this account? If yes, name: _____ YES NO
2. Does the IR have a direct or indirect interest in this account other than commission? YES NO
 If yes, provide details: _____
3. Does the Client have or control the trading of, or have a financial interest in, any other accounts with other investment firms? YES NO
 If yes, provide details: _____
4. Are any of the authorized representatives of the entity related to and residing at the same address as an Employee of the Firm or any other firm? YES NO
 If yes, name: _____
5. Is the Client, any person with authority or beneficial ownership greater than 10% on this account, or a defined relative of any of these persons, a Politically Exposed Foreign Person? (The definition of a Politically Exposed Foreign Person is included with the Client Account Agreement.) YES NO

Is the Client an "Insider" and/or "Control Person" of any public companies listed in either Canada or the U.S.? YES NO
 See descriptions below.

If yes, please provide details in the table. (If the Client is both an Insider and a Control Person, use a separate line for each designation.)

Insider:

Officer or director (Canadian and U.S. companies)

or

Person who has direct or indirect beneficial ownership of, control or direction over (or a combination thereof) 10% or more of the voting rights attached to the securities of a public company listed in Canada (5% or more for a public company listed in the U.S.)

Control Person:

Holds or exercises control or direction over, or has any agreement, arrangement, commitment, or understanding (whether or not in writing) with any other persons with respect to 20% or more of the voting rights attached to the securities of a public company listed in Canada (greater than 10% for a public company listed in the U.S.)

Symbol	Market	Company	Relationship (insider or control)

- How did the Client learn about the Firm? Existing Client Personal Contact Advertising/Direct Mail Phone/Walk In
 Referred By: _____

Does the Client have any other accounts with the Firm? YES NO

If yes, provide account numbers: _____

Credit Information

I hereby consent to the Firm obtaining personal and credit information about the entity at any time from our bank or other financial institution credit bureau, credit or consumer reporting agency, or any other person for the purpose of establishing our identity, reputation and credit worthiness. YES NO

 Initials of Authorized Person

Treaty Statement

[Name of account holder] _____ meet(s) all the provisions of the Treaty that are necessary to claim a reduced rate of withholding, including any limitation on benefits provision, and derives the income within the meaning of section 894 of the Code, and the regulations thereunder, as the beneficial owner.

 Initials of Authorized Person

X _____
 Signature of Authorized Person Date (MM/DD/YYYY)