



New Client Application Form

ALL SECTIONS MUST BE COMPLETED. PAGE 1 OF 9

ACCOUNT NO.

Investment Advisor Use Only

Account Type NEW ACCOUNT UPDATE EXISTING ACCOUNT IA CHANGE (IA NUMBER:)

Preferred Language ENGLISH FRENCH

Account Information

Account Holder
Trustee, Authorized Corporate Officer or Director
Please print name in full

MR. MRS. MS MISS DR.

_____ FIRST NAME _____ LAST NAME

____/____/____/____/____/____/____/____/____ SOCIAL INSURANCE NUMBER

Co-Account Holder
Trustee, Authorized Corporate Officer or Director
Please print name in full

MR. MRS. MS MISS DR.

_____ FIRST NAME _____ LAST NAME

____/____/____/____/____/____/____/____/____ SOCIAL INSURANCE NUMBER

NOTE: IF CO-ACCOUNT HOLDER IS NOT THE ACCOUNT HOLDER'S SPOUSE, PLEASE SUBMIT SECOND PARTY ACCOUNT SUPPLEMENT WITH THIS FORM.

_____ CORPORATION NAME (IF APPLICABLE) _____ CORPORATE OR OTHER TAX ID NO.

Address Information

Account Holder Residence Address

_____ STREET NO. AND NAME _____ SUITE NO.

_____ CITY _____ PROVINCE _____ POSTAL CODE

Mailing Address

_____ STREET NO. AND NAME _____ SUITE NO.

_____ CITY _____ PROVINCE _____ POSTAL CODE

Additional Contact Information

_____ LOCATION OF INCOME TAX FILING _____ CORPORATE OR OTHER TAX ID NO.

(____) _____ HOME TELEPHONE (____) _____ BUSINESS TELEPHONE

(____) _____ CELLULAR TELEPHONE _____ E-MAIL



Information Required by Securities Regulators

Account Holder Profile

MARITAL STATUS SINGLE MARRIED DIVORCED SEPARATED WIDOWED NO. OF DEPENDANTS

DATE OF BIRTH _____ COUNTRY OF RESIDENCE _____ CITIZENSHIP _____ I AM A U.S. CITIZEN

EMPLOYER NAME _____ EMPLOYER ADDRESS _____

TYPE OF BUSINESS _____ OCCUPATION _____ YEARS WITH EMPLOYER _____

Spousal Profile If Joint Account

MARITAL STATUS SINGLE MARRIED DIVORCED SEPARATED WIDOWED NO. OF DEPENDANTS

DATE OF BIRTH _____ COUNTRY OF RESIDENCE _____ CITIZENSHIP _____ I AM A U.S. CITIZEN

EMPLOYER NAME _____ EMPLOYER ADDRESS _____

TYPE OF BUSINESS _____ OCCUPATION _____ YEARS WITH EMPLOYER _____

Combined Income & Asset Information

YEARLY INCOME (APPROX.)	+	YEARLY SPOUSAL INCOME (APPROX.)	=	TOTAL ANNUAL INCOME (APPROX.)
<input type="text"/>		<input type="text"/>		<input type="text"/>
ESTIMATED NET LIQUID ASSETS	+	ESTIMATED NET FIXED ASSETS	=	ESTIMATED TOTAL NET WORTH
<input type="text"/>		<input type="text"/>		<input type="text"/>
CASH AND SECURITIES		LESS LOANS OUTSTANDING AGAINST SECURITIES		FIXED ASSETS LESS LIABILITIES OUTSTANDING AGAINST FIXED ASSETS

Additional Questions If answer is YES, provide the information to the right of the question

Are you a 'reporting insider' within the meaning of the regulation?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	_____ COMPANY NAME _____ STOCK TICKER
Do you, alone or as a part of a group, have a control position in any such company?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	_____ COMPANY NAME _____ STOCK TICKER
Have you authorized anyone to use discretion in handling your account?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	PLEASE COMPLETE DISCRETIONARY AGREEMENT
Does anyone other than the persons named on the account have any authority over the account?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	STATE NAMES: _____ _____ PLEASE INCLUDE SECOND PARTY ACCOUNT SUPPLEMENT AND T/A
Does anyone other than the persons named on the account have any financial interest in the account?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	STATE NAMES: _____ _____



Additional Questions (continued) If answer is YES, provide the information to the right of the question

Does anyone other than the persons named on the account guarantee this account?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	STATE NAMES: _____ _____
Has the Investment Advisor a direct or indirect interest in the account other than an interest in commissions?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
Are you or your spouse an Employee, Director, Partner, or Officer of a securities dealer, or of a stock exchange itself, or of CIRO?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	PLEASE PROVIDE DETAILS: _____ _____
Do you trade or intend to trade with other investment firms?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	NAME OF FIRMS: _____ _____
Do you have any other accounts with Friedberg Mercantile Group Ltd.?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	ACCOUNT NUMBERS: _____ _____

Past Trading Experience

<input type="checkbox"/> BONDS	<input type="checkbox"/> COMMON STOCK	<input type="checkbox"/> FUTURES CONTRACTS	YEARS OF EXPERIENCE <input style="width: 50px;" type="text"/>
<input type="checkbox"/> OPTIONS	<input type="checkbox"/> RIGHTS & WARRANTS	<input type="checkbox"/> PREFERRED STOCK	MADE SHORT SALES <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> BULLION	<input type="checkbox"/> CASH COMMODITIES	NOTE: CHECK ALL THAT APPLY	SIZE OF ACCOUNT \$ <input style="width: 100px;" type="text"/>

Account Type	Primary Purpose of The Account								SELECT ONE FOR EACH ACCOUNT YOU OPEN					Horizon Time				
	SHORT TERM SAVINGS	INVESTING FOR A SPECIFIC USE MAJOR PURCHASE, EDUCATION, ETC.	INCOME	RETIREMENT SAVINGS	HEDGING	LONG-TERM INVESTMENT	SPECULATION	OTHER SPECIFY:	CIRCLE ONE PER ACCOUNT A : UNDER 3 YEARS B : 3-5 YEARS C : 6-10 YEARS D : 11-20 YEARS E : OVER 20 YEARS									
CASH (CANADIAN)									A	B	C	D	E					
CASH (U.S.)									A	B	C	D	E					
MARGIN (CANADIAN)									A	B	C	D	E					
MARGIN (U.S.)									A	B	C	D	E					
REGISTERED (LOCKED IN)									A	B	C	D	E					
REGISTERED									A	B	C	D	E					
INCOME FUND									A	B	C	D	E					
TAX FREE SAVINGS									A	B	C	D	E					
RESP									A	B	C	D	E					
FUTURES									A	B	C	D	E					
FRIEDBERG FUNDS									A	B	C	D	E					
FIXED INCOME									A	B	C	D	E					



Investment Objectives

LIQUIDITY (M)	The ability to quickly and easily convert to cash (cash or cash equivalent) all or a portion of the investments with little or no risk of loss.
SAFETY (X)	You want to preserve the initial principal in the account; minimizing risk is of primary importance.
INCOME (B)	You want to establish a source of periodic income. A small part of the portfolio could be in high quality income producing equity in order to counteract the effect of inflation.
GROWTH (G)	Your investment objective is capital growth. Your portfolio can tolerate greater changes in market value in order to potentially increase the market value of your assets, but 100% of the portfolio should not be invested in high risk trading strategies.
SPECULATIVE (S)	You want to maximize the eventual return on your capital by investing all or most of your portfolio in high risk securities and/or trading strategies. You accept higher volatility of your investment returns.

Risk Tolerance Linked to your willingness and ability to accept risk and absorb investment losses.

LOW RISK [L]	I want to preserve my initial principal in this account, with minimal risk, even if that means this account does not generate significant income or returns and may not keep pace with inflation.
MEDIUM RISK [M]	I am willing to accept some risk to my initial principal and tolerate some volatility to seek higher returns, and I understand I could lose a portion of the money invested.
HIGH RISK [H]	I am willing to accept high risk to my initial principal, including high volatility, to seek high returns over time, and understand that I could lose a substantial amount or potentially all of the money invested.

Account Type	Investment Objectives					Risk Tolerance		
	LIQUIDITY (M)	SAFETY (X)	INCOME (B)	GROWTH (G)	SPECULATIVES (S)	CIRCLE ONE PER ACCOUNT L : LOW RISK M : MEDIUM RISK H : HIGH RISK		
CASH (CANADIAN)						L	M	H
CASH (U.S.)						L	M	H
MARGIN (CANADIAN)						L	M	H
MARGIN (U.S.)						L	M	H
REGISTERED (LOCKED IN)						L	M	H
REGISTERED						L	M	H
INCOME FUND						L	M	H
TAX FREE SAVINGS						L	M	H
RESP						L	M	H
FUTURES						L	M	H
FRIEDBERG MUTUAL FUND						L	M	H
FIXED INCOME						L	M	H
COMMENTS	<hr/> <hr/> <hr/>							



Politically Exposed Foreign Person

I certify that I AM I AM NOT a Politically Exposed Foreign Person (PEP) as defined below:

PEP is defined as a person who holds or has held offices or positions in or on behalf of a foreign state, as well as the spouse, common-law partner, child, mother, father, brother, sister, spouse's, or common-law partner's mother or father of any such person:

- HEAD OF STATE OR HEAD OF GOVERNMENT
- PRESIDENT OF A STATE-OWNED COMPANY OR A STATE-OWNED BANK
- MEMBER OF THE EXECUTIVE COUNCIL OF GOVERNMENT OR MEMBER OF A LEGISLATURE
- HEAD OF A GOVERNMENT AGENCY
- DEPUTY MINISTER OR EQUIVALENT RANK
- JUDGE
- AMBASSADOR OR ATTACH OR COUNSELLOR OF AN AMBASSADOR
- LEADER OR PRESIDENT OF A POLITICAL PARTY REPRESENTED IN A LEGISLATURE
- MILITARY OFFICER WITH A RANK OF GENERAL OR ABOVE
- HOLDER OF ANY PRESCRIBED OFFICE OR POSITION

IF YES, PLEASE INDICATE WHY: _____

To comply with FinTrac PEP regulations:

Are you or any of your family members or close associates a Politically Exposed Person/Head of International Organization as defined under AML regulations?

- (A) FOREIGN POLITICALLY EXPOSED PERSON (B) DOMESTIC POLITICALLY EXPOSED PERSON (C) HEAD OF INTERNATIONAL ORGANIZATION
- YES NO YES NO YES NO

To comply with FATCA regulations, is your main country of residence for tax purposes a country other than Canada?

YES NO If yes, please complete the table below and list all applicable countries of residence for tax purposes.

COUNTRY OF RESIDENCE FOR TAX PURPOSES	TAXPAYER IDENTIFICATION NUMBER (SSN/ITIN/TIN)	IF NO SSN/ITIN/TIN IS AVAILABLE PLEASE SELECT THE REASON* (A, B, C, OR D)

** If the SSN/ITIN/TIN is not provided, please indicate one of the following reasons as to why it is not available:*

Reason A I will request my SSN /ITIN/TIN or I have already requested it but have not yet received it. If I have not yet requested one, I have 90 days to apply for it and 15 days after I receive it to provide it to my financial institution.

Reason B The country where I am a resident for tax purposes does NOT issue a TIN to its residents (excluding the United States).

Reason C I have it, but I do not have it on hand. I will provide it within 15 days.

Reason D I refuse to provide it, as requested per Part XVIII and Part XIX of the Income Tax Act.

NOTE: IF THE REASON FOR NOT PROVIDING MY SSN/ITIN/TIN IS A, C OR D, I UNDERSTAND THAT MY FINANCIAL INSTITUTION MAY HAVE TO DECLARE MY ACCOUNT BASED ON ANY INDICIA THAT MAY INDICATE A FOREIGN TAX RESIDENCE AND THAT I MAY BE SUBJECT TO PENALTIES FROM CRA AS A RESULT OF MY REFUSAL OR NEGLIGENCE TO PROVIDE THIS INFORMATION AS REQUIRED UNDER PART XVIII AND/OR XIX OF THE INCOME TAX ACT. I AGREE TO ASSUME ANY LIABILITY DIRECTLY OR INDIRECTLY RELATED TO THIS SITUATION.

Joint Account Agreement

It is the expressed intention of the undersigned that ownership of this account be vested as: (CHECK ONE)

- JOINT TENANTS WITH RIGHTS OF SURVIVORSHIP AND NOT AS TENANTS IN COMMON. (APPLICABLE ONLY TO THOSE PERSONS RESIDING AND DOMICILED IN JURISDICTIONS PERMITTING BENEFICIARY DESIGNATIONS OTHER THAN BY WILL.) IN THE EVENT OF THE DEATH OF EITHER OR ANY OF THE UNDERSIGNED, THE ENTIRE INTEREST IN THE JOINT ACCOUNT SHALL BE VESTED IN THE SURVIVOR OR SURVIVORS ON THE SAME TERMS AND CONDITIONS AS THEREFOR HELD, WITHOUT IN ANY MANNER RELEASING THE UNDERSIGNED OR THEIR ESTATES FROM THE LIABILITY PROVIDED FOR IN THE CUSTOMER AGREEMENT WITH FRIEDBERG MERCANTILE GROUP LTD. GOVERNING THE ACCOUNT (THE "CUSTOMER AGREEMENT").
- TENANTS IN COMMON. IN THE EVENT OF THE DEATH OF EITHER OR ANY OF THE UNDERSIGNED, THE INTERESTS IN THE TENANCY AS OF THE CLOSE OF BUSINESS ON THE DATE OF DEATH OF THE DECEDENT OR ON THE FOLLOWING BUSINESS DAY IF THE DATE OF DEATH IS NOT A BUSINESS DAY SHALL BE EQUAL UNLESS OTHERWISE SPECIFIED IMMEDIATELY BELOW.

If the interests are NOT to be equal, please designate the percentage interest of each tenant: (WHICH MUST TOTAL 100% IN AGGREGATE)

NAME OF PARTICIPANT OR HIS OR HER ESTATE	PERCENT OF INTEREST	NAME OF PARTICIPANT OR HIS OR HER ESTATE	PERCENT OF INTEREST
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Signature Section

Introducing and Carrying Broker Disclosure Securities Accounts Only

The undersigned is referred to the disclosure in the Customer Agreement (in the section titled "Carrying Broker Arrangements") related to the appointment by Friedberg Mercantile Group Ltd. of the National Bank Independent Network for securities transactions.

I understand the relationship between Friedberg Mercantile Group Ltd. and its carrying broker.

SIGNATURE _____
DATE

Leverage Risk Disclosure Statements

Request for Margin

The undersigned requests that an Equity Margin Account be opened and agrees to the terms of the Customer Agreement. It is also understood that a Margin Account involves the borrowing of money for account transactions.

SIGNATURE (ONLY IF MARGIN ACCOUNT REQUESTED) _____
DATE _____
SIGNATURE (ONLY IF MARGIN ACCOUNT REQUESTED) _____
DATE

Using Borrowed Funds

Using borrowed funds to finance the purchase of securities or other investments involves a greater risk than using cash resources only. If you borrow money to invest, your responsibility to repay the loan and pay interest as required by its terms remains the same, even if the value of the securities purchased or the value of your investment declines.

WILL YOU BE USING BORROWED MONEY TO FUND THIS ACCOUNT? YES NO IF YES, HOW MUCH \$

Identity Verification Photocopy of ID Required

Pursuant to the implementation by the Federal Government of the Proceeds of Crime (Money Laundering) and Terrorist Financing Act we are obligated to verify the signatures of any person(s) involved with an account. This includes any individual authorized to give instructions in respect of an account.

Acceptable verification includes a valid driver's licence, passport, or a provincial health insurance card (where permitted by law). Unacceptable forms of verification include credit cards, social insurance cards or bank cards.

Account Holder

FIRST NAME _____
LAST NAME

SIGNATURE _____
DATE

PASSPORT OR DRIVER'S LICENSE _____
EXPIRY DATE

NOTE: IF SIGNATURE HAS NOT BEEN VERIFIED USING ONE OF THE DOCUMENTS LISTED BELOW, VERIFICATION MUST BE DONE USING ALTERNATIVE ACCEPTABLE METHODS.

Spouse If Joint Account

FIRST NAME _____
LAST NAME

SIGNATURE _____
DATE

PASSPORT OR DRIVER'S LICENSE _____
EXPIRY DATE

NOTE: IF SIGNATURE HAS NOT BEEN VERIFIED USING ONE OF THE DOCUMENTS LISTED BELOW, VERIFICATION MUST BE DONE USING ALTERNATIVE ACCEPTABLE METHODS.



Loss Limit

If applying for a commodities account, the undersigned must state the amount that they feel they can afford to risk in trading commodities without negatively affecting their life style. (This amount will be utilized to set the initial LOSS LIMIT after which Friedberg will be required to review the account should the undersigned wish to deposit more funds and continue trading).

LOSS LIMIT AMOUNT \$ _____

Knowledge of Options

EXCELLENT GOOD AVERAGE LITTLE / NONE YEARS OF EXPERIENCE _____

Anticipated Type(s) of Options Transactions

PURCHASE OF PUTS AND CALLS YES NO COVERED CALLS YES NO
SPREAD PUTS AND CALLS YES NO UNCOVERED WRITING YES NO

Account Restrictions Imposed by R.O.P.

LEVEL 1 _____ LEVEL 3 _____
LEVEL 2 _____ LEVEL 4 _____

Trading Options Please complete this section only for a legal entity

Following a new regulation of the Montreal Exchange (MX), we are required to identify all beneficial owners who are a physical person or an entity, with more than 50% interest of the account holder for all accounts authorized to trade options. By interest we mean participation, control, or influence.

Beneficial Owner with 50% interest or more INDIVIDUAL CORPORATION OTHER TYPE OF ENTITY NO BENEFICIAL WITH 50% INTEREST

LEGAL ENTITY (COMPLETE LEGAL NAME AS SHOWN ON DOCUMENT) _____ SIN, REGISTRATION NUMBER, OR SUPPORTING DOCUMENTATION _____

Acknowledgement

The undersigned acknowledges receipt of a copy of the: New Client Application Form, New Customer Agreement Documentation: Our Statement of Policies, Privacy Agreement & Consent, and Shared Facilities (included in this document), Relationship Disclosure Information Document, Conflicts Disclosure Statement, and required CIRO & CIPF Brochures.

ACCOUNT HOLDER SIGNATURE _____ DATE _____ JOINT ACCOUNT HOLDER SIGNATURE (IF APPLICABLE) _____ DATE _____

Acknowledgement

I/We certify that the information provided in this application is true and complete and Friedberg Mercantile Group Ltd. may rely thereon until the undersigned sends written notice of any significant changes. I/We further acknowledge that I/we have received the Customer Agreement and agree to the terms and conditions set out therein. I/We certify that the purpose of this account is for investment in securities and other investment vehicles.

By signing below I acknowledge and agree that the information provided is complete and accurate and I agree to inform my Investment Advisor immediately of any changes in the information I have provided, including changes with respect to my financial situation, investment objectives and risk tolerance.

ACCOUNT HOLDER SIGNATURE _____ DATE _____ JOINT ACCOUNT HOLDER SIGNATURE (IF APPLICABLE) _____ DATE _____



National Instrument 54-101 Equity Accounts Only

Explanation to Clients: Based on your instructions, the securities in your account with us are not registered in your name but in our name or the name of another person or company holding on our behalf. The issuers of the securities in your account do not know the identity of the beneficial owner of these securities.

We are required under securities law to obtain your instructions concerning various matters relating to your holding of securities in your account. We enclose a client response card that allows you to provide us with those instructions. Please complete and return the client response card to us at your earliest convenience.

Disclosure of Beneficial Ownership: Information Securities law allows issuers and other persons and companies to send materials related to the affairs of the issuer directly to beneficial owners of the issuer's securities if the beneficial owners do not object to having information about them disclosed to the issuer or other persons and companies. Part 1 of the client response card allows you to tell us if you OBJECT to the disclosure by us to the issuer or other persons of your name, address, securities holdings and preferred language of communication.

If you DO NOT OBJECT to the disclosure of your beneficial ownership information, please mark the first box on Part 1 of the form. In those circumstances, you will not be charged with any costs associated with sending securityholder materials to you.

If you OBJECT to the disclosure of your beneficial ownership information by us, please mark the second box in Part 1 of the form. If you do this, all materials to be delivered to you as a beneficial owner of securities will be delivered by us. We are permitted under National Instrument 54-101 to charge your account for the costs we incur in delivering this material to you. Please contact us for details.

Receiving Securityholder Materials: Securities law allows issuers and other persons and companies to send materials related to the affairs of the issuer directly to beneficial owners of the issuer's securities if the beneficial owners do not object to having information about them disclosed to the issuer or other persons and companies. You have the right to receive proxy-related materials sent to registered securityholders by reporting issuers in connection with securityholder meetings; among other things, this permits you to receive the necessary information to allow you to have your securities voted in accordance with your wishes at a securityholder meeting. In addition, reporting issuers may choose to send other securityholder materials to beneficial owners, although they are not obliged to do so.

Securities law permits you to decline to receive securityholder materials. The three types of material that you may decline to receive are:

- (a) proxy-related materials, including annual reports and financial statements, that are sent in connection with a securityholder meeting.
- (b) annual reports and financial statements that are not part of proxy-related materials; and
- (c) materials that a reporting issuer or other person or company sends to securityholders that are not required by corporate or securities law to be sent to registered holders.

Part 2 of the client response card allows you to tell us what materials you wish to receive.

If you want to receive ALL materials sent to beneficial owners of securities, please mark the first box on Part 2 of the enclosed client response card. If you want to DECLINE to receive the three types of materials referred to above, please mark the second box in Part 2 of the card.

Preferred Language of Communication: Part 3 of the client response card allows you to tell us your preferred language of communication (English or French).

Electronic Delivery of Documents: Electronic delivery of documents may be available with your consent. If you wish to receive electronic delivery when it is available, please request a consent form from your broker.

Contact: If you have any questions or want to change your instructions in the future, please contact Generic IB. If you wish to change your instructions, you must do so in writing.

National Instrument 54-101 Client Response Card

Account Number(s)

ACCOUNT NO. _____ ACCOUNT NO. _____ ACCOUNT NO. _____

I have read and understand the explanation to clients that you have provided me in connection with this card and that the choices indicated by me apply to all of the securities held in the above account.

PART 1

Disclosure or Beneficial Ownership Information

Please mark the corresponding box to show whether you OBJECT or DO NOT OBJECT to us disclosing your name, 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. If you indicate that you OBJECT, we are entitled to charge you the reasonable costs incurred by us to forward securityholder materials to you in accordance with securities law.

- I DO NOT OBJECT** TO YOU DISCLOSING THE INFORMATION DESCRIBED ABOVE.
- I OBJECT** TO YOU DISCLOSING THE INFORMATION DESCRIBED ABOVE.

PART 2

Receiving Securityholder Materials

Please mark the corresponding box to show what materials you want to receive. Securityholder materials sent to beneficial owners of securities consist of the following materials: (a) proxy-related materials for annual and special meetings; (b) annual reports and financial statements that are not part of proxy-related materials; and (c) materials sent to securityholders that are not required by corporate or securities law to be sent.

- I WANT** TO RECEIVE ALL SECURITYHOLDER MATERIALS SENT TO BENEFICIAL OWNERS OF SECURITIES.
- I WANT** TO RECEIVE ONLY PROXY-RELATED MATERIALS THAT ARE SENT IN CONNECTION WITH A SPECIAL MEETING.
- I DECLINE** TO YOU DISCLOSING THE INFORMATION DESCRIBED ABOVE. EVEN IF I DECLINE TO RECEIVE THESE TYPES OF MATERIALS, I UNDERSTAND THAT A REPORTING ISSUER OR OTHER PERSON OR COMPANY IS ENTITLED TO SEND THESE MATERIALS TO ME AT ITS EXPENSE.

IMPORTANT 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 entitled to obtain specific instructions from you regarding whether you wish to receive its annual report or financial statements.

PART 3

Preferred Language of Communication

Please mark the corresponding box to show your preferred language of communication.

- ENGLISH**
- FRENCH**



Investment Advisor Use Only

Rating of Client's Investment Knowledge

To assist you in deciding the level of a client's investment experience, the following guidelines are set out. It is expected that over a period of time with increasing exposure to various investment products, the client's level of experience could increase.

SOPHISTICATED Has traded in most types of investment products. This would include knowledge of alternative investments (options, futures and other derivatives, commodities, private equity, hedge funds, etc.), speculative and short selling strategies and an appreciation of the risks and rewards involved in trading these securities.

GOOD Has traded in or has some knowledge of the basic characteristics of investment securities, as well as basic understanding of the degree of risk and reward inherent in these types of securities.

LIMITED Some investment experience but may not have a full understanding of the basic characteristics of the various types of securities and the degree of risk associated with these securities.

POOR/NONE Very limited or no knowledge of the basic attributes of investment securities.

Client Identity

How long have you known the client?

DOCUMENTS TO BE PROVIDED

Have you met the client face to face? YES NO

Is the I.A. registered in the same province in which the client resides? YES NO

Account Information

- Account Type
- CANADIAN CASH
 - CANADIAN DAP
 - CANADIAN MARGIN/OPTION
 - CANADIAN SHORT
 - U.S. CASH
 - FUTURES
 - U.S. MARGIN/OPTION
 - U.S. SHORT
 - U.S. DAP
 - LIRA
 - LIF
 - TFSA
 - RESP
 - RRSP
 - RRIF
 - SPOUSAL RRSP
 - SPOUSAL RRIF
 - OTHER
- _____

Initial Proposed Transaction DEPOSIT OF SECURITIES DEPOSIT OF FUNDS BUY ORDER SELL ORDER TRANSFER OF ACCOUNT

DESCRIPTION OF INITIAL ORDERS (DOES NOT REPRESENT AN OFFICIAL ORDER): UNSOLICITED SOLICITED

Investment Advisor Comments

