



AVISO FINANCIAL INC. SELF-DIRECTED FIRST HOME SAVINGS ACCOUNT (FHSA) APPLICATION FORM

700 - 1111 West Georgia Street Vancouver, BC, Canada V6E 4T6 604.605.4199 Toll Free 1.877.787.2330

Internal Use Only: Confirmation # Contract # Username

1. ACCOUNT DETAILS

Are you an existing customer? If so, please provide your Client ID # Currency: [] CDN\$ [] US\$ Features available with your FHSA Account: [] Long Calls and Puts [] Covered Writing

2. APPLICANT / HOLDER INFORMATION AND PROFILE

Mr. Mrs. Ms. Miss Dr. Applicant / Holder Name (First, Initial, Last) Email Address Business Phone Home Address (PO Box & General Delivery not acceptable) City Province Postal Code Social Insurance Number Home Phone Mailing Address (if different from above) City Province Postal Code Date of Birth (dd/mm/yyyy) Cellular Phone Employment Status Employer Name Industry Occupation Employer Address (PO Box & General Delivery not acceptable) Citizenship (List all countries) Spousal Profile (Required for married, common law & separated.) Mr. Mrs. Ms. Miss Dr. Name of Spouse or Common-Law Partner Employment Status Employer Name Industry Occupation

3. SUCCESSOR HOLDER / BENEFICIARY DESIGNATION

Successor Holder Designation: I designate my spouse or common-law partner named below, if then living, as the Successor Holder of this account upon my death and acquires all of the holder's rights as the holder of the arrangement, and the unconditional right to revoke any beneficiary designation made, or similar direction imposed by the individual under the arrangement or relating to property held in connection with the arrangement. Beneficiary Designation: I designate the person(s) named below, if then living, as beneficiary(ies) of the proceeds payable under this account in the event of my death (and, if I have designated a Successor Holder, in the event the Successor Holder predeceases me). If a designated beneficiary is not living at my death, any amount that would have otherwise been payable from this account to the deceased beneficiary shall be paid to my estate. I am solely responsible for ensuring that this designation of beneficiary is legally valid.

CAUTION: Beneficiary designations by way of this form are not available for residents of Quebec. In some provinces, your designation of beneficiary by means of this form will not be revoked or changed automatically by any future marriage or divorce. If you wish to the change beneficiary(ies) of this account in the future, you can do so by completing a Change of Beneficiary Form. If you are making a beneficiary designation below, this form must be signed by the account owner. A beneficiary designation purported to be made pursuant to a Power of Attorney may be invalid. If you are seeking to designate a beneficiary on behalf of an adult, contact your lawyer for advice.

Table with 3 columns: Name (First, Initial, Last), Relationship to You, Percentage

4. APPLICANT INVESTMENT PROFILE

Estimated annual income from all sources: \$ Spouse's estimated annual income from all sources: \$ Estimated net family liquid assets (cash + securities - loans against securities) + Estimated net family fixed assets (fixed assets less liabilities against fixed assets) = Estimated total family net worth: \$ In which of the following do you have investment experience? [] None [] Mutual Funds [] Stocks [] Bonds Options: [] Long Calls or Puts [] Covered Writing [] Spreads [] Uncovered Writing

5. OTHER INTERESTS IN THE ACCOUNT

With respect to the account, will any other person(s): Have Trading Authority (TA)? [] No [] Yes If yes, complete a Trading Authorization Form Have a financial interest (excluding your spouse)? [] No [] Yes If yes, name of other person(s): Guarantee your account? [] No [] Yes If yes, complete a Guarantee of Account Form Have Power of Attorney (POA)? [] No [] Yes If yes, attach a Trading Authorization Form and notarized copy of the original POA Provide directions to you (other than a TA or POA) [] No [] Yes If yes, complete the following: Third Party Name Address Phone Number Principal Business or Occupation Date of Birth (dd/mm/yyyy) Relationship to Applicant If Corporation: Incorporation # Place of Incorporation

6. ELECTRONIC FUNDS TRANSFER

Do you wish to enable your banking account(s) for Electronic Funds Transfer ("EFT") to and from your online brokerage account(s)? [] No [] Yes If yes, please provide a personalized void cheque for each banking account you wish to enable. Please note that the banking account(s) information received will apply to all accounts held by you under this registration now, or in the future, unless otherwise advised by you. Banking information can be changed by completing an Electronic Funds Transfer (EFT) Set-up Form. EFT to and from US\$ accounts is not available.

7. INFORMATION REQUIRED BY REGULATORS

- A. Your business relationship with us is for? Investment Purposes Other: _____
- B. What is the intended use for the account? Short term investing Income source Wealth accumulation Retirement savings Education savings Major purchase
- C. Trusted Contact Person: A Trusted Contact Person (TCP) may be a close friend, family member, or caregiver that can be trusted to ensure your interests come first. This protects you, by authorizing us to contact, discuss concerns and disclose certain personal information about you to the TCP, if we suspect you are experiencing financial exploitation or mistreatment, or have concerns about your ability to make financial decisions. A TCP is not the same as a power of attorney; a TCP does not have authority to make financial decisions for you.
- Would you like to add a Trusted Contact Person to your account? No Yes If yes, complete the following information:
- | Trusted Contact Person First Name | Last Name | Relationship to You | Phone Number | Email Address |
|-----------------------------------|-----------|---------------------|--------------|---------------|
| | | | | |
- D. Are you or any member of your immediate family a Politically Exposed Person (PEP) or Head of International Organization (HIO), or a close associate of a PEP or HIO, as defined on the PEP and HIO form?
 No Yes If yes, complete a PEP and HIO form.
- E. Do you own, or have control or direction over, directly or indirectly, alone or as part of a group, 10% or more of the voting rights of an issuer or publicly traded company or other entity (i.e. Insider, Significant Shareholder, Control Person)?
 No Yes If yes, specify name(s) of company(ies) and % owned _____ %
- F. Are you a Director or Senior Officer, or an individual performing similar functions, or a promotor/investor relations, of an issuer or publicly traded company or other entity whose shares trade on a marketplace (i.e. Reporting and Non-reporting Insider)?
 No Yes If yes, specify name(s) of company(ies) _____
- G. Are you, your spouse or common-law partner or any member of your household an employee, Director, Partner or Officer of a securities dealer?
 No Yes If yes, specify name(s) of security dealer(s) _____
- H. Do you trade or intend to trade with other investment firms?
 No Yes If yes, specify firm(s) _____
- I. **Identification:** For each Applicant include a legible photocopy of valid government issued photo ID and select from the 'Verified Identification Methods' (see **Application Checklist** section for details).
 Passport Driver's License (front & back) Other ID Type & Number _____
 (Acceptable ID must have Unique Identifier, Signature and Expiry Date)

8. NATIONAL INSTRUMENT 54-101 COMMUNICATION WITH BENEFICIAL OWNERS OF SECURITIES

I have read and understand the Explanation to Clients provided to me in connection with this form and the choices indicated by me below apply to all of the securities held in all accounts held by me under this registration now, or in the future, unless I advise you otherwise in writing. The Explanation to Clients can be found in the *Customer Agreements & Disclosure Documents* booklet (the "Booklet").

Section 1 - Disclosure of Beneficial Ownership Information

Please select the appropriate button below to show whether you **do not object** or **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 **do not object** to you disclosing the information described above.
- I **object** to you disclosing the information described above.

Note: If you object, you will be responsible for any costs associated with delivering securityholder materials to you.

Section 2 - Receiving Securityholder Materials

Please select the appropriate button below 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 **decline** to receive **all** securityholder materials sent to beneficial owners of securities. (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.)
- I **want** to receive **only** proxy-related materials that are sent in connection with a special meeting.

Note: These instructions do not apply to any specific request you may give 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 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.

Section 3 - Preferred Language of Communication

Please select the appropriate button below to show your preferred language of communication.

- English** **French**

I understand that the materials I receive will be in my preferred language of communication if the materials are available in that language.



9. APPLICANT / HOLDER CONSENTS AND ACKNOWLEDGEMENTS

A. I acknowledge, understand and agree that: (i) the Canadian securities regulators have granted Qtrade Direct Investing (hereafter referred to as "you") an exemption from the requirement to review trades for suitability; (ii) you will not provide me with any advice or recommendation regarding any security or investment or their purchase or sale nor any legal, tax or accounting advice or recommendation; (iii) you are not responsible for making a suitability determination of my trades and will neither determine my general investment needs and objectives nor review my trades for suitability; (iv) I am solely responsible for my own investment decisions and understand the implications of not having my trades reviewed for suitability; (v) you will not consider my financial situation, investment knowledge, investment objectives and risk tolerance when accepting orders from me; (vi) you and your employees and agents are not authorized to provide me with the aforementioned advice, recommendations or suitability determination, and I will neither solicit nor rely upon any such advice, recommendation or suitability determination from you or any of your employees and agents; and (vii) you and your officers, employees, agents and affiliates will have no liability whatsoever with respect to transactions in or for my account(s) or for my investment decisions.

I Acknowledge Note: This account cannot be opened without this acknowledgment.

B. I consent to you sharing information about me and my account(s) with your affiliates and agents and my referring organization (if any) and its affiliates and agents, and acknowledge and agree that: (i) your affiliates and agents and my referring organization (if any) and its affiliates and agents may use any such shared information in order to better serve my current and future investment and financial services needs, develop and offer suitable products and services to me and better manage their overall relationship with me; (ii) I can revoke this consent such that information will no longer be shared; and (iii) my consent herein is not a condition of you dealing with me.

I Consent I Do Not Consent

C. Are you applying for this account in the office of a Canadian Financial Institution?

No Yes If yes, I have read the Disclosure in Respect of Securities Related Activities in a Canadian Financial Institution in the Booklet.

D. Trusted Contact Person: By providing the name and contact information of my Trusted Contact Person above, I acknowledge and agree that you may contact such person to confirm or make inquiries about matters such as possible financial exploitation, concerns about capacity as it relates to my ability to make decisions involving financial matters, the name and contact information of my legal representative, and my current contact information. I acknowledge that I have read and agree to the terms set forth in the "Trusted Contact Person" section in the Booklet.

10. APPLICANT / HOLDER AGREEMENT (READ CAREFULLY BEFORE SIGNING)

A. I the undersigned: (i) certify that the information I have provided in this application is true, complete and accurate and you may rely thereon, and agree to notify you in writing within 30 days of any change that causes the information to be untrue, incomplete or inaccurate; (ii) consent to and authorize you to conduct a credit and/or financial institution reference check with regard to approving my application; (iii) consent to and authorize you to obtain credit or other information about me, to the extent permitted by law; and to give other credit grantors and credit bureaus information about the application and any credit experience with me; (iv) confirm that I have read and understand the Electronic Delivery of Documents Agreement in the Booklet and consent to the electronic delivery of all documents and communications pertaining to my account(s); (v) acknowledge and agree that you may share information you hold relating to my account(s) with your applicable regulators to fulfill your regulatory obligations; (vi) understand and agree that contributions or transferred funds and securities will be valued at current market value when you have received them; and (vii) acknowledge and understand that Qtrade Direct Investing is a division of Aviso Financial Inc. ("AFI") an affiliate of Northwest & Ethical Investments L.P., the manager of the Ethical Funds, the NEI Funds and the Northwest Funds, and a related issuer to Fiera Capital Corporation, manager of the Fiera Capital Mutual Funds, and to Desjardins Group. By signing this form, I acknowledge receipt of this disclosure and consent to you effecting transactions for my account(s), as I instruct you from time to time, in mutual funds or other investment products issued, managed or administered by a related or connected issuer to you, including Northwest & Ethical Investments L.P., Fiera Capital Corporation or members of Desjardins Group.

By placing my first order in my account, I acknowledge, confirm and agree that: (i) I have reviewed, understand and agree with the "Privacy Policy", "Terms of Use" and "Security" terms, each of which is found as a footer at the bottom of every page on your securities trading platform website, as well as the terms, conditions and disclosures contained in the Booklet, which contains, among other things, the Account Holder Agreement, the National Instrument 54-101 Explanation to Clients regarding securityholder materials, the Joint Account Agreement, the Risk Disclosure Statement (including leverage risk disclosure), the Electronic Delivery of Documents Agreement, the AFI Relationship Disclosure (including conflict of interest and related issuer disclosure) and client Complaint Handling Procedures, and is found on the Forms page of your securities trading platform website; (ii) neither you nor any of your affiliates, directors, officers, employees, agents or third party suppliers will be liable to me for, and I agree to indemnify each of you from any harm whatsoever that may arise from, any errors or omissions in connection with my reliance on or use of in any way whatsoever of: (A) market data, research or any other information whatsoever provided to me by you or your third party suppliers; (B) systems, platforms, tools or any other technology services of any kind whatsoever provided to me by you or your third party suppliers; or (C) the handling of, or orders relating to, the purchase, sale, execution or expiration of a security or any matter related thereto by you or any of your third party suppliers; and (iii) my referring organization (if any) has no liability whatsoever in connection with my use of your or your third party supplier's securities trading platform and that I will not undertake any action whatsoever against my referring organization (if any) in connection with my use of your or your third party supplier's securities trading platform.

B. To Canadian Western Trust Company (the "Trustee"): I the undersigned acknowledge receipt of a Declaration of Trust for the Aviso Financial Inc. Self-Directed First Home Savings Account (the "Account") in accordance with the terms and conditions of this Application. By signing below, I certify and agree that: (i) I have read, understand and agree to the terms of the Declaration of Trust; (ii) the information given in this Application is true, correct and complete; (iii) I request that the Trustee file an election to register the qualifying arrangement as a First Home Savings Account under the Income Tax Act (Canada); (iv) I am solely responsible for my investment decisions and for determining my contribution limits; and (v) I am responsible for determining whether an investment is qualified under tax laws, and I am aware of the consequences of acquiring and holding investments which are not qualified; (vi) the Canada Revenue Agency will provide to the issuer taxpayer information necessary to administer and enforce the FHSA; and (vii) the Trustee may delegate certain of its duties relating to the Account to Aviso Financial Inc. as its agent.

By signing below, I acknowledge, agree and consent to all of the foregoing under this Applicant / Holder Agreement section and that the information, acknowledgements, agreements and consents I have provided in this application will apply to all accounts held by me under this registration now, or in the future, except to the extent I advise you otherwise in writing.

x _____ Date (dd/mm/yyyy)
Applicant / Holder Signature

For Options Trading Privileges Only: By signing below, I certify and agree that I have received, read, understand and agree to the options terms and conditions in the Booklet, and I am aware of the risks involved in options trading as outlined in the Booklet under Risk Disclosure Statement and am willing to take those risks.

x _____ Date (dd/mm/yyyy)
Applicant / Holder Signature

11. REFERRAL INFORMATION (IF APPLICABLE)

Financial Institution Name _____ Representative Name _____ Branch Name _____

Qtrade Direct Investing Partner employees: Work email address: _____

12. APPROVAL (FOR INTERNAL USE ONLY)

x _____ Date (dd/mm/yyyy)
Authorized Officer or Branch Manager Signature (Accepted on behalf of the Trustee by its Agent)

x _____ Date (dd/mm/yyyy)
Options Supervisor

Comments: _____

APPLICATION CHECKLIST

Include the following with this Application Form (Signed and dated by Applicant in all applicable areas (including options signature lines)):

Account Funding Instructions (provide at least one):

- Cheque:** Payable to "Aviso Financial Inc." **Cash/**
- Securities Transfer:**
 - Completed *Authorization to Transfer Investments Form*
- Electronic Funds Transfer ("EFT") / Bill Payment**

Identification (Note: ID is not required if you have an existing account with us)

To comply with the Proceeds of Crime (Money Laundering) and Terrorist Financing Act, we are required to verify the identity of all persons involved with an account. A photocopy of ID **and** a verified ID method are required for each person (applicant, trading authority and/or power of attorney).

1. Photocopy of valid (not expired) Federal, Provincial or Territorial Government Photo ID:
 - Passport
 - Driver's License (front and back)
 - Other ID Type (Acceptable ID must have a unique identifier, photo and legal name)
2. Verified Identification Method (select either Single Process Credit File or Dual Method)
 - Single Process Credit File (must be derived from more than 1 source and in existence for at least 3 years) – we will obtain the credit file report
 - Dual Method (In addition to the photocopy of the Photo ID provided in item 1 above, select one of the following options):
 - Credit File (must be derived from more than 1 source and in existence for at least 6 months but less than 3 years) – we will obtain the credit file report
 - Bank/Credit account statement (must be current and show legal name and account number) or Personal Cheque (counter cheques, bank drafts or money orders are not acceptable for identity verification) – we will verify each person's identity by clearing a personal cheque payable to Aviso Financial Inc., for a minimum of \$10, for deposit to your Qtrade Direct Investing account. For joint accounts, provide either personal cheques drawn on a joint account (one for each person) or individual personal cheques (one for each person)
 - Document from a reliable and independent source – Provide a recent and un-altered paper or electronic file of a document, received directly from the issuer, showing each person's name and address from a:
 - Canadian government (e.g. CRA Notice of Assessment)
 - Canadian utility (e.g. a utility bill for electricity, gas, water or telecommunications)

US Citizens and Residents:

- Completed Form W9 and *Waiver of Client Confidentiality* (both available on our online brokerage website). Include your Tax Identification Number.

Mail or deliver the original copy of the application with all necessary additional forms and documents (i.e. supplementary forms, trading authorizations, valid photo ID and verified identification method) to:

Qtrade Direct Investing
700 – 1111 West Georgia Street
Vancouver, BC, Canada V6E 4T6

Note: We are unable to accept faxed copies.

Once your account is open, you will receive a Welcome Package containing all the necessary information to manage your account via either: (1) email (where email address was provided); or (2) mail. Cleared funds must be in your account to fully cover your first purchase.

FOR FURTHER INFORMATION VISIT US ONLINE OR EMAIL DIRECTINVESTING@QTRADE.CA OR CALL 1.877.787.2330