

# **AVISO FINANCIAL SELF-DIRECTED NEW ACCOUNT APPLICATION FORM**

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

	Username							
1. ACCOUNT DETAILS								
Account Status: O New account (if you are an existing client provide your Client ID #	) OR O Update to your existing account #							
Ownership: O Individual O Joint with Right of Survivorship (not available in Q	ébec) O Joint Tenants In Common (Québec Only)							
Non-Registered Account	Registered Account (select one)							
Account Type: O Cash O Margin O Delivery Against Payment ("DAP	o")   O RSP <sup>1</sup> O Spousal RSP <sup>1</sup> O LIRA <sup>2</sup> /LRSP <sup>2</sup> O RLSP							
Currency: CDN\$ US\$	O RIF <sup>1</sup> O Spousal RIF <sup>1</sup> O LIF <sup>2</sup> /LRIF <sup>2</sup> O RLIF O PRIF <sup>2</sup>							
Informal Trust:								
For DAP Accounts: DAP Settlement Agent	<sup>2</sup> Locked-In Province:							
Agent Account #	or Features available with your Registered Account (select all that apply)							
Features ONLY available with Margin Account (select all that apply)	¹Currency: X) CDN\$ US\$							
☐ Short Selling								
Options Trading: Long Calls and Puts Spreads	Long Calls and Puts Covered Writing							
Covered Writing Uncovered Writing								
Notes: Informal Trusts: Attach completed Informal Trust Account Agreement.	Locked-In Accounts: Attach completed Addendum for jurisdiction of pension. Locked-In Income Fund Accounts: Attach completed Spousal Consent, if applicable.							
2. PRIMARY APPLICANT / ANNUITANT INFORMATION AND PROFILE								
OH OH OH OH	Control O Midawad							
O Mr. O Mrs. O Ms. O Miss O Dr.	○ Single ○ Married ○ Common Law ○ Divorced ○ Separated ○ Widowed							
Primary Applicant / Annuitant 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)							
I am a tax resident of: Canada U.S. (select all that apply)  Tax Identification Number (TIN)	Other(s):  Enter Country Names and Tax Identification Numbers							
	if you are a US resident or citizen. US tax residents must include an IRS Form W9 and Waiver of Client Confidentiality.							
	if you are a 05 resident of chizen. O5 tax residents must include an IR5 Form way and waiver of Chent Confidentiality.							
Note: You are considered a US tax resident								
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#### . REGISTERED ACCOUNT INFORMATION

n nearanemen	COUNT INFOR											
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. 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 change the 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. If you are designating the beneficiary(ies) of a locked-in account, see the applicable addendum for important terms and conditions.												
						,,,						,,
Beneficiary Name (First,	Initial, Last)							Relation	ship to You			Percentage
Complete this information the minimum amount pay		gistered accou	ints; or for RIF acc	ounts if you	ır spouse	e or co	mmon-law ¡	oartner is I	peing named	as successor annuit	ant or if their age i	s being used to calculate
Spouse or Common-Lav	v Partner Name								Social Insura	ince Number	Date of B	irth (dd/mm/yyyy)
RIF Payment Informatio	n											
Internal Transfer Reque	est: I hereby d	irect the transf	er of my assets <b>In</b> I	Kind from n	ny RSP/L	.IRA Ad	count #:					
I request in each year, ar	n <b>annual</b> paymer	nt amount of (s	elect one):									
O Minimum amount pa	ayable (this is ze	ro in the year o	f purchase), based	on:	Та	x Calc	ulation Opt	ions:				
O My Age	My Spouse or	Common-Law I	Partner age		0	Reg	ulatory Star	dard (defa	nult)			
Other Amount: \$		O Gross	O Net		0	Perc	ent	%:	On enti	re amount		
Maximum payout (L	IF, LRIF, and RLI	F only)							On exce	ess amount		
Payment Frequency:	O Monthly	O Quarter	y O Semi-Ar	nually	) Annı	ually						
Start Date:	O 15 <sup>th</sup>	O Last day	of the month Y	ear	Mon	th						
Direct Payment:	O by Electro	nic Funds Tran	sfer to the following	g account _					(if new, attac	ch a void cheque)		
O to my Non-Registered Account number												
5. APPLICANT(S) INVESTMENT PROFILE												
	Estimated annu		Spouse's or Comm Partner's estimate income from all so	d annual	(cash		net family lic urities - loans urities)		(fixed ass	ed net family fixed as sets less liabilities xed assets)		total family net worth
Primary Applicant	\$		\$		\$				\$		\$	
Joint Applicant	\$		\$		\$				\$		\$	
	In which of t	he following do	you have investm	ent experie	nce?							
Primary Applicant	None	Mutual Fu	nds Stocks	Bonds	3		Options:	☐ Long	g Calls or Puts	Covered Writi	ng Spreads	Uncovered Writing
Joint Applicant	☐ None	Mutual Fu	nds Stocks	Bonds	3		Options:	☐ Long	g Calls or Puts	Covered Writi	ng Spreads	Uncovered Writing
6. OTHER INTERES	STS IN THE AC	COUNT(S)										
With respect to the	Have Trading Au	thority (TA)?		0	No (	O Yes	If yes	, complete	a Trading A	uthorization Form		
account(s), will any other person(s):	Have a financial Common Law Pa	interest (exclu	ding your Spouse o	or O	No (	O Yes	If yes	, name of	other person	(s):		
	Guarantee your	account?				O Yes	,			e of Account Form		
	Have Power of A	, ,	? · than a TA or POA	_		O Yes	,		Trading Auth the following	<i>orization Form</i> and n	otarized copy of the	e original POA
	T TOVIGO GITOGROT	io to you (outo	than a fixtor i ort	<i>,</i> .		0 100	,				If Communities	
Third Party Name		Address			Phone Number	r	Principal I or Occupa		Date of Birtl (dd/mm/yyyy		If Corporation: Incorporation #	Place of Incorporation
7. ELECTRONIC FUNDS TRANSFER												
Do you wish to enable yo	ur bankina aaaa	unt(a) for Elect	rania Funda Transf	or ("EET") +	and fra	m vour	anlina brak	orago aco	ount(c)2	$\bigcirc$ No $\bigcirc$	Voc	

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.



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8. INFORMATION REQUIRED BY REGULATORS						
A. Your business relationship with us is for? O Investment Purposes O Other:						
B. What is the intended use for the account?						
Non-Registered Account: O Short term investing O Income source O Wealth accumulation O Retirement savings O Education savings O Major purchase Registered Account: O Short term investing O Income source O Wealth accumulation O Retirement savings O Education savings O 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? O No O 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.  Primary Applicant: O No O Yes Joint Applicant: O No O 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)?						
O No O Yes If yes, specify name(s) of company(ies) and % owned %						
Primary Applicant  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)						
Primary Applicant  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?						
O No O Yes If yes, specify name(s) of security dealer(s)  Primary Applicant  Joint Applicant						
H. Do you trade or intend to trade with other investment firms?						
○ No ○ Yes If yes, specify firm(s)						
Primary Applicant Joint Applicant						
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).						
Primary Applicant: O Passport O Driver's License (front & back) Other ID Type & Number						
Joint Applicant: O Passport O Driver's License (front & back) Other ID Type & Number (Acceptable ID must have Unique Identifier, Signature and Expiry Date)						
9. 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.						
<ul> <li>I do not object to you disclosing the information described above.</li> <li>I object to you disclosing the information described above.</li> </ul>						
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.						
<ul> <li>I want to receive all securityholder materials sent to beneficial owners of securities.</li> <li>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.)</li> </ul>						
O 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.						
O English O French						
I understand that the materials I receive will be in my preferred language of communication if the materials are available in that language.						
10. APPLICANT/ANNUITANT 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.						

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



Comments:

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# 10. APPLICANT/ANNUITANT CONSENTS AND ACKNOWLEDGEMENTS (Continued)

B. Collection, Use and Sharing of Personal Information: I acknowledge that Qtrade Direct Investing is a division of Aviso Financial Inc. ("AFI"), which is a wholly owned subsidiary of Aviso Wealth Inc. ("Aviso"). Aviso is a wholly owned subsidiary of Aviso Wealth LP, which in turn is owned 50% by Desjardins Financial Holding Inc. and 50% by a limited partnership owned by the five Provincial Credit Union Centrals and The CUMIS Group Limited. Qtrade Direct Investing makes its services available in association with participating financial organizations and their affiliates, including the organization that referred me to Qtrade Direct Investing (organization). I acknowledge that the collection, use and discourse of my personal information and data provided to Qtrade Direct Investing is governed by the Private Policy and State Polic

	my information is colle	ected and	I how it will b	e used and discl	losed. I unde	rstand that the Privacy	Policy may be revised from	ning below, I confirm that com time to time by Aviso cies generally, by contact	I have read the Privacy Polic and its affiliates. I acknowled ing you.	y and I understand wh Ige that I may amend c
	Direct Investing may s	share my f available filiates or	personal info e products ar my Referrin	formation and da nd services. I ur ng Organization t	ata with my Ronderstand that nderstand that to provide me	eferring Organization, at I may withdraw my c with some or all produ	its affiliates and agents in onsent at any time (excep ucts and services. I under	n accordance with the Pri	are separate legal entities, a ivacy Policy, which enables t table law) but doing so may li t I consent, Qtrade Direct Inv	hese entities to provid
	O I consent	O I do	not consent	t						
С.	Are you applying for th	his accou	nt in the offic	e of a Canadian	Financial Ins	stitution?				
	O No	O Yes	If yes,	I have read the	Disclosure in	Respect of Securities	Related Activities in a Ca	anadian Financial Institutio	on in the Booklet.	
D.	inquiries about matter	s such ás	s possible fin	nancial exploitati	ion, concerns	about capacity as it re	elates to my ability to ma	ike decisions involving fin	at you may contact such per- lancial matters, the name and act Person" section in the Boo	d contact information of
11	. APPLICANT/ANN	UITANT	AGREEMEN	NT (READ CAR	EFULLY BEI	FORE SIGNING)				
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12	. REFERRAL INFO	RMATIC	N (IF APPL	LICABLE)						
Fi	nancial Institution Nam	ne				Rep	resentative Name		Branch Na	ime
Qtr	ade Direct Investing Par	tner emplo	oyees: Work e	email address:						
13	. APPROVAL (FOR	RINTER	NAL USE OF	NLY)						
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	uthorized Officer or Bra ccepted on behalf of the			ire		Date (dd/mm/yyyy)	Options Supervisor			Date (dd/mm/yyyy)



# **NEW ACCOUNT APPLICATION FORM**

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

APPLICATION CHECKLIST		
AFFLICATION CHECKLIST		

Include the following with this Application Form (Signed and dated by all Applicants in all applicable areas (including margin/short selling/options signature lines)):								
Account F	Account Funding Instructions (provide at least one):							
0	Cheque: Payable to "Aviso Financial Inc."							
0	Cash/Securities Transfer:							
	O Completed Authorization to Transfer Investments Form							
0	Electronic Funds Transfer ("EFT") / Bill Payment							
Identificat	ion (Note:	ID is r	ot required if you have	e an existing account with us)				
То со	mply with t	he Pro	ceeds of Crime (Mone	y Laundering) and Terrorist Financing	Act, we	are required to verify the identity of all persons involved with an account.		
A pho	otocopy of I	D <b>and</b>	a verified ID method a	are required for each person (applicant	, tradin	g authority and/or power of attorney).		
1.	Photocopy	of va	id (not expired) Federa	al, Provincial or Territorial Government	Photo	ID:		
	0	Pass	port O Dri	iver's License (front and back)	0	Other ID Type (Acceptable ID must have a unique identifier, photo and legal name)		
2.	Verified Id	entifica	ation Method (select ei	ther Single Process Credit File or Dua	Metho	od)		
	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							
	0	Dual	Method (In addition to	the photocopy of the Photo ID provide	d in ite	em 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 governr	ment (e.g. CRA Notice of Assessment)				
			Canadian utility (e	e.g. a utility bill for electricity, gas, wate	r or tel	ecommunications)		
US Citizens and Residents:								
0	Completed	l Form	W9 and Waiver of Cli	ent Confidentiality (both available on o	ur onlir	ne brokerage website). Include your Tax Identification Number.		
	eliver the ion method		al copy of the appli	cation with all necessary additiona	l form	ns and documents (i.e. supplementary forms, trading authorizations, valid photo ID and verified		
700 – 1111 Vancouver	rect Investi West Geor , BC, Canad 199 Toll Fre	gia Sti la V6E		Note: We are unable to accept far Once your account is open, you will (where email address was provided) Cleared funds must be in your account	receive or (2)	a Welcome Package containing all the necessary information to manage your account via either: (1) email ) mail.		
	FOR FURTHER INFORMATION VISIT US ONLINE OR EMAIL DIRECTINVESTING@QTRADE.CA OR CALL 1.877.787.2330							