

New Account Application Form

For Segregated Funds & Guaranteed Investment Contracts Only

New Account (Investment Accounts)

- Individual/Corporate
(Complete Sections 1, 3, 4, 5, 7, 8, 9 and 10)
- Joint/Joint with Rights of Survivor/ITF/Joint ITF
(Complete Sections 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10)

New Account (Registered Accounts)

- RSP/GRSP/LIRA/Lock-In RSP/RIF/LIF/RLIF/RLSP/TFSA/RDSP
(Complete Sections 1, 3, 4, 5, 6, 7, 8, 9 and 10)
- Spousal RSP/ Individual or Joint RESP (Complete Sections 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10)

Existing Account Holder (Investment Accounts)

- Individual/Corporate
(Complete Sections 1, 3, 4, 5, 7, 8, 9 and 10)
- Joint/Joint with Rights of Survivor/ITF/Joint ITF
(Complete Sections 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10)

Existing Account Holder (Registered Accounts)

- RSP/LIRA/RIF/GRSP/LIF/Lock-In RSP
(Complete Sections 1, 3, 4, 5, 6, 7, 8, 9 and 10)
- Spousal RSP/Individual or Joint RESP
(Complete Sections 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10)

Note:

The New Account Application Form (NAAF) must be completed for each new plan opened.

Attachments

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Client Information Document | <input type="checkbox"/> Dealer/Agency Change Form | <input type="checkbox"/> Insurance Company Application | <input type="checkbox"/> Locked-In Transfer Agreement |
| <input type="checkbox"/> Investor Profile Questionnaire | <input type="checkbox"/> T2033/T2151/TD2 Transfer Form | <input type="checkbox"/> Limited Trading Authorization Form | <input type="checkbox"/> RESP Grant/Canadian Learning Bond |
| <input type="checkbox"/> Trusted Contact Person Form | <input type="checkbox"/> TFSA Transfer Form | <input type="checkbox"/> Corporate Resolution/Owner Entity | <input type="checkbox"/> RDSP Grant/Canadian Disability Bond |
| <input type="checkbox"/> Power of Attorney Form | <input type="checkbox"/> RESP Transfer Form | <input type="checkbox"/> Third Party Determination Form | |



GP Plan Type/Plan ID Number (Required)

1 Account Holder Information (Please check one box and print name in full)

Mr. Mrs. Ms. Dr. Corporate (Attach Corporate Resolution/Entity Owner) Existing GPCIA Client New GPCIA Client

Last Name First Name Initial S.I.N. (Required) DOB (MM/DD/YYYY)

Address on File

Note: If mailing address is different from registration address, please complete a Non-Financial Account Change Form to record the mailing address

Street Suite No. City Province Postal Code

Home Mobile Phone Business Phone Fax Email Address (required for E-delivery)

Account Statement Delivery Option

By checking the box, I agree to receive my client communications (including statements, trade confirmations, and tax documents) electronically (where applicable) via the email address provided. Please review the E-delivery Consent–Terms of Use in Section 9 of the **Operating of Account Agreement**. I agree to E-delivery.

Client ID

Type of Gov ID: _____ Unique Identifier Number: _____

Place of Issue: _____ Expiration Date: _____

Are you, the Applicant, a politically exposed foreign person (PEFP)? YES NO If yes, Position/Title: _____
 Are you, the Applicant, a politically exposed domestic person (PEDP)? YES NO If yes, Position/Title: _____
 Are you, the Applicant, a Head of an International Organization (HIO)? YES NO If yes, Position/Title: _____
 Are you, the Applicant, a family member or close associate to a PEFP, PEDP or HIO? YES NO If yes, provide details _____
 Are you a tax resident of Canada? YES NO
 Are you a tax resident or a citizen of the United States? YES NO If yes, provide details _____
 Are you a tax resident of a jurisdiction other than Canada or the United States? YES NO If yes, provide details _____
 Do you want to designate a Trusted Contact Person? YES NO If yes, complete the Trusted Contact Person Form

Account Holder Spousal Information

Are you married or do you have a common-law spouse? YES NO If No; Single Divorced Widow Other _____
 If yes, is your spouse the joint applicant or spousal contributor YES NO If Yes; complete SECTION 2 AND SECTION 4
 Do you have any dependents? YES NO If Yes; how many dependents? _____

If your spouse is **not the joint applicant**, please complete the following information.

Spouse's Last Name Spouse's First Name Spouse's Employer Spouse's Occupation

Account Holder Employer Information

Account Holder Employer's Name Account Holders Occupation Type of business Yrs. with Employer

Employer's Address City Province Postal Code



2 Co-Account Holder Information (Spousal Contributor or Joint Applicant)

Mr. Mrs Ms. Dr. Corporate (Attach Corporate Resolution/Entity Owner) Existing GPCIA Client New GPCIA Client

Last Name First Name Initial S.I.N. (Required) DOB (MM/DD/YYYY)

Address on File Same as Account Holder

Note: If mailing address is different from registration address, please complete a Non-Financial Account Change Form to record the mailing address

Street Suite No. City Province Postal Code

Home Mobile Phone Business Phone Fax Email Address (required for E-delivery)

Account Statement Delivery Option

By checking the box, I agree to receive my client communications (including statements, trade confirmations, and tax documents) electronically (where applicable) via the email address provided. Please review the E-delivery Consent–Terms of Use in Section 9 of the **Operating of Account Agreement**. I agree to E-delivery.

Client ID

Type of Gov ID: _____ Unique Identifier Number: _____

Place of Issue: _____ Expiration Date: _____

- Are you, the Applicant, a politically exposed foreign person (PEFP)? YES NO If yes, Position/Title: _____
- Are you, the Applicant, a politically exposed domestic person (PEDP)? YES NO If yes, Position/Title: _____
- Are you, the Applicant, a Head of an International Organization (HIO)? YES NO If yes, Position/Title: _____
- Are you, the Applicant, a family member or close associate to a PEFP, PEDP or HIO? YES NO If yes, provide details _____
- Are you a tax resident of Canada? YES NO
- Are you a tax resident or a citizen of the United States? YES NO If yes, provide details _____
- Are you a tax resident of a jurisdiction other than Canada or the United States? YES NO If yes, provide details _____
- Do you want to designate a Trusted Contact Person? YES NO If yes, complete the Trusted Contact Person Form

Co-Account Holder Spousal Information

Complete this section if your spouse is not the joint applicant.

Are you married or do you have a common-law spouse? YES No If No; Single Divorced Widow Other _____
Do you have any dependents? YES No If Yes; how many dependents? _____

If yes, please complete the following information.

Spouse's Last Name Spouse's First Name Spouse's Employer Spouse's Occupation

Co-Account Holder Employer Information

Co-Account Holder Employer's Name Co-Account Holders Occupation Type of business Yrs. with Employer

Employer's Address City Province Postal Code



3 Client Financial Information

Note: When completing the "Client KYC" information please refer to the "GP Wealth Client Information Document" for definitions and guidelines

Acct	Co-Acct	Gross Annual Income	Acct	Co-Acct	Investment Knowledge	Account Holder Net Worth	Co-Account Holder Net Worth
<input type="checkbox"/>	<input type="checkbox"/>	Under \$25,000	<input type="checkbox"/>	<input type="checkbox"/>	Novice	(a) Liquid Assets \$ _____	(a) Liquid Assets \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	25,000 to \$49,999	<input type="checkbox"/>	<input type="checkbox"/>	Fair	(b) Fixed Assets \$ _____	(b) Fixed Assets \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	\$50,000 to \$74,999	<input type="checkbox"/>	<input type="checkbox"/>	Good	(c) Liabilities \$ _____	(c) Liabilities \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	\$75,000 to \$99,999	<input type="checkbox"/>	<input type="checkbox"/>	Sophisticated	Net Worth (a+b-c) \$ _____	Net Worth (a+b-c) \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	\$100,000 to \$124,999				<input type="checkbox"/> Includes Spouse	<input type="checkbox"/> Includes Spouse
<input type="checkbox"/>	<input type="checkbox"/>	\$125,000 to \$199,999				Investment Experience	Investment Experience
<input type="checkbox"/>	<input type="checkbox"/>	\$200,000 to \$1 million				<input type="checkbox"/> Bonds <input type="checkbox"/> Mutual Funds	<input type="checkbox"/> Bonds <input type="checkbox"/> Mutual Funds
<input type="checkbox"/>	<input type="checkbox"/>	Over \$1 million				<input type="checkbox"/> Mortgages <input type="checkbox"/> Term Deposits	<input type="checkbox"/> Mortgages <input type="checkbox"/> Term Deposits
						<input type="checkbox"/> Stocks <input type="checkbox"/> Real Estate	<input type="checkbox"/> Stocks <input type="checkbox"/> Real Estate

Banking Information

Note: Banking information must be completed for approval

- APPROVED VOID CHEQUE ON FILE
- APPROVED VOID CHEQUE ATTACHED

Bank Name	Bank No.	Transit Number	Bank Account Number
Bank Address	City	Province	Postal Code

4 Account Registration & Plan Type (Check one)

<input type="checkbox"/> INVESTMENT ACCOUNT	<input type="checkbox"/> Leverage	<input type="checkbox"/> REGISTERED ACCOUNT	<input type="checkbox"/> Leverage
<input type="checkbox"/> Client Name	<input type="checkbox"/> Intermediary/Self Directed	<input type="checkbox"/> Client Name	<input type="checkbox"/> Intermediary/Self Directed
<input type="checkbox"/> Individual	<input type="checkbox"/> Corporate	<input type="checkbox"/> Individual RSP	<input type="checkbox"/> Lock-In RSP
<input type="checkbox"/> ITF	<input type="checkbox"/> Joint	<input type="checkbox"/> Spousal RSP	<input type="checkbox"/> RESP Ind/Family
<input type="checkbox"/> Joint ITF	<input type="checkbox"/> Joint WROS	<input type="checkbox"/> GRSP	<input type="checkbox"/> FHSA
		<input type="checkbox"/> RIF	<input type="checkbox"/> RLIF
		<input type="checkbox"/> Spousal RIF	<input type="checkbox"/> RLSP
		<input type="checkbox"/> LIF	<input type="checkbox"/> RDSP
		<input type="checkbox"/> TFSA	<input type="checkbox"/> DCPP

5 Plan KYC Information

Note: When completing the "Plan KYC" information please refer to the Account Operations section and the Client Information Document for definitions and guidelines. Any amendment made in this section requires an Account Holder initial where a change has been made.

Investment Objective	Risk Tolerance	Time Horizon	Savings Objective
_____ % Safety	_____ % Very Low	<input type="checkbox"/> < 1yr	<input type="checkbox"/> Retirement Savings
_____ % Income	_____ % Low	<input type="checkbox"/> 1 to < 3 yrs.	<input type="checkbox"/> Education Savings
_____ % Growth	_____ % Low to Medium	<input type="checkbox"/> 3 to < 5 yrs.	<input type="checkbox"/> Short-term Savings
_____ % Speculation	_____ % Medium	<input type="checkbox"/> 5 to < 10 yrs.	<input type="checkbox"/> Mid-term Savings
100 %	_____ % Medium to High	<input type="checkbox"/> 10 to < 20 yrs.	<input type="checkbox"/> Long-term Savings
	_____ % High	<input type="checkbox"/> 20+ yrs.	<input type="checkbox"/> Other _____
	100 %		

Note: The Plan KYC information must be supported with a completed Investor Profile Questionnaire (IPQ) with the same savings objective.

- Investor Profile Questionnaire (IPQ) attached
- Investor Profile Questionnaire (IPQ) on file (valid if completed within the last 12 months)



1. Does anyone other than you, the Applicant(s), have any financial interest in this account? (If yes, attach a Third-Party Determination Statement) YES NO
2. Does anyone other than you, the Applicant(s), have trading authority in this account? (If yes, attach a completed Trading Authorization) YES NO
3. Is the account being opened on behalf of the applicant by a General Power of Attorney, Public Trustee, etc.? (If yes, attach the original or notarized governing document with the application) YES NO
4. Are you acting on the instructions of another individual/entity when conducting or authorizing transactions for this plan? YES NO
5. Are there any other individuals/entities authorized to give instructions on this plan? YES NO
6. Do you, the Account/Co-Account holder or your spouse, control the trading in any other accounts with GP Capital Insurance Agency Ltd? YES NO
7. Did you borrow funds to purchase these investments? If yes, please provide a signed copy of the "Leverage Disclosure Document". YES NO
8. Intended use of the account/plan? (Not required for registered plans) _____
9. Is this account being opened for a not-for-profit entity? YES NO
 If yes is the entity a registered charity under the Income Tax Act? YES NO
 If no, does the entity solicit charitable financial donations from the public? YES NO

6 Designation of Beneficiary/ITF Applicant/TFSA Successor

Caution: Any designation made below is subject to the following: • For the purposes of this designation, spouse refers to a person recognized as your spouse or common-law partner for the purposes of the Income Tax Act (Canada). • The validity of a designation of a beneficiary or successor annuitant is subject to the applicable pension legislation and the laws of the jurisdiction where you reside, if any, permitting designations to be made otherwise than by way of a will. • In the absence of a designated beneficiary or successor annuitant, the proceeds of your Account will be paid to your estate. • Notwithstanding any designation by you to the contrary, your spouse (within the meaning of the applicable pension legislation) may automatically be entitled to the benefits under one or more of your Accounts including your Locked-in RSP/LIRA, RLSP, LIF, RLIF, PRIF or LRIF. • Your designation above will not be revoked or changed automatically by any future marriage or divorce. Should you wish to change your designated beneficiary or successor annuitant, you will have to do so by means of a new designation. • Any designation made above shall apply to this Account only. If you have other accounts for which you wish to designate a beneficiary or successor annuitant you must complete a separate designation for each of these accounts.

Designation of Successor Annuitant/Holder (Spouse or Common Law Only) RRIF TFSA

In the event of my death, I elect that payments from my Plan will continue to my spouse named below, if he/she survives me and is my spouse on the date of my death.

Last Name	First Name	S.I.N. <small>(Required for RRIF/TFSA)</small>	DOB <small>(MM/DD/YYYY)</small>	Relationship
-----------	------------	---	------------------------------------	--------------

Designation of Beneficiary Registered Account In Trust For (ITF)

If I have designated my spouse as successor annuitant, the following beneficiary designation will be effective only if my spouse predeceases me or is not my spouse on the date of my death. I designate the person named below as the beneficiary under the Plan, provided this person is living at the date of my death; otherwise, payment will be made to my estate. I reserve the right to revoke this designation.

Last Name	First Name	S.I.N. <small>(Required for RESP)</small>	DOB <small>(MM/DD/YYYY)</small>	Relationship	Account%
-----------	------------	--	------------------------------------	--------------	----------

Last Name	First Name	S.I.N. <small>(Required for RESP)</small>	DOB <small>(MM/DD/YYYY)</small>	Relationship	Account%
-----------	------------	--	------------------------------------	--------------	----------

Last Name	First Name	S.I.N. <small>(Required for RESP)</small>	DOB <small>(MM/DD/YYYY)</small>	Relationship	Account%
-----------	------------	--	------------------------------------	--------------	----------

7 Investment Fund Details

- Source of Funds**
- | | | | |
|---|--|---|--|
| <input type="checkbox"/> T2033/T2151/TD2 Transfer | <input type="checkbox"/> Transfer In-Kind (Dealer Change/Other) | <input type="checkbox"/> Cheque Attached | <input type="checkbox"/> One-Time PAC |
| <input type="checkbox"/> RESP/TFSA/RDSP Transfer | <input type="checkbox"/> Transfer In-Kind (Registered Plan Conversion) | <input type="checkbox"/> Loan Proceeds (Lender) | <input type="checkbox"/> Bill Payment Transfer |

Investment		Purchase				GIC	PAC
Product Code Mandatory	Name	Amount	Front End %	Fund Fact Doc.	Wire Order #	Term (yrs)	Annual Payout
		\$		<input type="checkbox"/>			<input type="checkbox"/>
		\$		<input type="checkbox"/>			<input type="checkbox"/>
		\$		<input type="checkbox"/>			<input type="checkbox"/>
		\$		<input type="checkbox"/>			<input type="checkbox"/>
		\$	Total Amount		<input type="checkbox"/> SIF (attach a GP Capital Insurance Agency SIF)		



8 Account Agreement- (Joint Options with Signatures Required)

It is the express intention of each of the undersigned that the ownership of this Joint Account be vested as follows: (Please check one)

Joint tenants with rights of survivorship and not tenants in common. (Not available in Quebec) Each of the undersigned has an undivided interest in the whole property (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(s) on the same terms and conditions as therefore held, without releasing in any manner the undersigned or their estates from the liability provided for in the Joint Account Agreement.

Tenants in common without right of survivorship. 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 below, without releasing in any manner the liability of the estate. If the interests are not to be equal, please designate the percentage interest of the tenant.

Name of Account Holder or his or her estate _____

Name of Co-Account Holder or his or her estate _____

_____ %

_____ %

But any taxes, costs, expenses or other charges shall become a lien against or payable out of the account as the result of the death of the decedent, or through exercise by his or her estate or representative of any rights in the account shall, so far as possible, be deducted from the interest of such decedent. This provision shall not release the decedent's estate from the liability provided for in the Joint Account Agreement.

Each of the undersigned hereby agrees to the foregoing and acknowledges that he/she has received and agrees to the terms and conditions of the Joint Account Agreement.

X

Account Holder Signature

X

Co-Account Holder Signature (for Joint Investment Accounts)

9 Account Agreement (Signature Required)

In consideration of GP Capital Insurance Agency Ltd (the "Dealer") accepting this account, I/we agree that:

- a. I/We have read the application and understand the information in it;
- b. I/We am/are responsible for and acknowledge all orders placed by the Dealer and I/we must pay for the order at the time the order is placed;
- c. I/We acknowledge that the information on this New Account Application Form accurately represents my/our personal financial situation and my/our understanding of the information disclosed as at the date noted below. I/We agree to advise the Dealer, in writing, of any changes in my/our personal information including but not limited to name, marital status, phone number(s), address(es), employment information, investment objectives, risk tolerance, time horizon, annual income, as soon as the changes occur;
- d. I/we acknowledge reading the **Privacy Policy Notice** and I/we consent to my/our personal information being collected, held, used and disclosed to each company with whom I/we have an investment, account or plan in the ways and for the purposes identified in the Privacy Policy Notice. If I/we have provided information concerning any other person, I/we confirm that I/we am/are authorized to provide such information.
- e. GP Capital Insurance Agency has the right to conduct a credit check on me/us and my/our business(es), if applicable and I/we authorize GP Capital Insurance Agency to conduct a credit check;
- f. For its own protection and without prejudice, the Dealer has the right to reject an order or to sell any securities in my/our account for legal, regulatory or eligibility reasons;
- g. I/We acknowledge receipt of the current information folder and/or summary and financial statements for my/our initial investments.
- h. I/we have read the **GPCIA Charges and Compensation Document** and declare that I/we understand the charges, conditions and provisions stated in all the documents, which apply to the purchases, for which this application is made.

X

Account Holder's Signature

MM/DD/YYYY

X

Co-Account Holder's Signature

MM/DD/YYYY

10 Dealer/Financial Advisor Information

- a) Do you have a direct or indirect interest in the Account other than an interest in commissions charged? (If yes, give details in Financial Advisor's Comments) YES NO Initial Order Buy Sell Solicited Unsolicited
- b) Are you registered in the province in which the client resides? YES NO
- c) Did you meet the client in person when completing this application? YES NO

If No, explain? _____

Financial Advisor's Comments: _____

d) How long have you known the client? _____

e) How did you come to know the client? _____

Advertising Lead Phone-In Personal Contact Walk In Other _____

Referral Referred by: _____

X

Financial Advisor Signature

FA Name & Dealer Number

MM/DD/YYYY



OPERATION OF ACCOUNT AGREEMENT

SECTION 1 GENERAL INFORMATION

In this Agreement, the words "GPCIA", "we" and "us" refer to GP Capital Insurance Agency Ltd. The words "you", "your", "yours" mean the client and any other individual with authority over the client's account. Financial Advisor refers to a person who represents GPCIA as a registered agent and is licensed to deal with the general public.

In consideration of GPCIA buying, selling and generally dealing with and trading in securities including agreeing to operate and maintain any account(s) for "you" the client, you agree that this agreement and any other applicable agreements will govern all matters pertaining to all of your accounts with GPCIA, including any accounts opened in the future or any accounts which you have an interest in jointly.

The term securities include Segregated Funds, Government Bonds, Canada Savings Bonds, Principal Protected Notes, Guaranteed Investment Certificates and Guaranteed Investment Contracts.

SECTION 2 APPLICABLE RULES AND REGULATIONS

All activity in this account is subject to the rules and regulation of the securities industry, as applicable, the laws of the provinces in which we do business and the laws of Canada.

SECTION 3 HEADINGS AND PLURAL

The headings used in this Agreement are for convenience of reference only and shall not in any way affect its interpretation. In this Agreement, where the singular is used it shall include the plural and vice versa. Where the masculine is used, it shall include the feminine.

SECTION 4 OPERATION OF ACCOUNT

You are responsible for and acknowledge all orders placed by GPCIA in your account and you must pay for the order at the time the order is placed. You are responsible for all commissions and other charges, if any, payable in respect of your orders. GPCIA will only accept a redemption request from you for a security if the initial purchase of that security has been settled with the company and confirmed in your account.

For its own protection and without prejudice, GPCIA has the sole discretion to reject any transaction requested by you in your account for legal, regulatory or eligibility reasons. GPCIA reserves the right to set its own deadline to guarantee the receipt of next available net asset value. GPCIA may change the deadline without a notice to you.

GPCIA will only transact purchase orders for approved companies. For unapproved companies, GPCIA will only accept redemption requests. Additionally, GPCIA does not guarantee (a) timely payment of distributions; (b) next available net asset value; or (c) fixed settlement dates.

GPCIA will transact a purchase order only if the applicable security is fully registered for sale in the jurisdiction of your residence.

For segregated fund securities, GPCIA reserves the right to charge fees or commissions that are not noted in a fund company's prospectus. GPCIA shall communicate such fees in writing to you at least 60 days prior to charging such fees. In addition, GPCIA reserves the right to set its own minimum purchase or redemption amount, which may differ from what is noted in the fund company's prospectus.

SECTION 5 OTHER AGREEMENTS

This Agreement shall be construed in conjunction with any other agreements between GPCIA and you in connection with the account, provided that, to the extent necessary, the terms and provisions of this Agreement shall supersede the terms and provisions of all other agreements with GPCIA, whether or referred to herein, except that this Agreement in no way limits or restricts any other rights which GPCIA may have under any other agreement or agreements with you. None of the terms and conditions of this Agreement may be waived or changed without agreement in writing signed by you and an authorized officer of GPCIA. If any applicable rules and regulations are enacted, made, amended or otherwise changed with the result that any term or condition of this Agreement is, in whole or in part, invalid, then such term or condition will be deemed to be varied or superseded to the extent necessary to give effect to such applicable rules and regulations. Any term or condition of this Agreement which notwithstanding any such variation is invalid shall not invalidate the remaining terms. All disclosures contained in the GPCIA New Account Application Form are considered part of this Agreement.

SECTION 6 TRUST ACCOUNT OPERATIONS

When opening an account or making an additional deposit into an existing account(s), a personal cheque or other acceptable form(s) of payment must be made payable to "GP Capital Insurance Agency, In Trust" and deposited to our trust account when accepted. Amounts deposited to the trust account of GP Capital Insurance Agency are used only for the purchase of approved securities.

In addition, all client cash deposits are segregated from the operations of GP Capital Insurance Agency and managed in accordance with all regulatory requirements that must be adhered to and audited yearly by the independent auditors of the firm.

During normal operations the period between the date of deposit of client funds for the purchase of securities and the date of settlement of the client purchase of securities funds are held in trust. Any interest earned on these funds held in trust is not attributed to client deposits but is retained by GP Capital Insurance Agency for its day to day operations.

SECTION 7 FURTHER ASSURANCES

You shall do all acts or things and execute and deliver all documents or instruments as are necessary or desirable to give effect to all transactions for the account executed by GPCIA pursuant to this Agreement.

SECTION 8 TRADING AUTHORIZATION

GP Capital Insurance Agency Ltd may accept a Limited Trading Authorization ("LTA") from an account holder for the express purpose of facilitating trade execution. By signing the LTA, the account holder is not granting discretionary trading authority and, accordingly, there will not be any trading in the account without the account holder's specific authorization. Designating a GPCIA Financial Advisor as a Trading Authority does not constitute discretionary trading authorization. Your account is not a managed account. A form of LTA as prescribed by GPCIA must be completed by the account holder and the financial advisor and approved by an authorized officer of GP Capital Insurance Agency.

You acknowledge that you are bound by any actions taken by GPCIA or your Financial Advisor and agree to indemnify GPCIA against any and all actions, liabilities, damages, costs that may arise as a result of GPCIA relying on this authorization. Such authorization is valid until cancelled by you by written notice to both, GPCIA and the Financial Advisor. The authorization expires, among other conditions, on your death or mental incapacitation.

SECTION 9 ACCOUNT STATEMENTS, CONFIRMATIONS AND NOTICES

Your account number will appear on all statements, confirmations and tax receipts we send to you. Every statement or other communication sent by GPCIA to you shall be deemed to have been acknowledged as correct, approved and consented to by you unless GPCIA shall have received written notice to the contrary addressed to GPCIA's Compliance Department within thirty (30) days after it is sent to you.

Every transaction indicated or referred to in any communication shall be conclusively treated as authorized pursuant to your instructions, and as ratified and confirmed by you, and as correct unless GPCIA shall have received written notice to the contrary within thirty (30) days after it is sent to you. GPCIA will not be liable for errors or omissions in connection with or in handling of orders relating to the purchase, sale, execution or expiration of a security or any other matter relating to the account unless caused by gross negligence.

Any notices or communication to you may be given by prepaid mail, or facsimile transmission to any address/facsimile number of record of you with GPCIA or may be delivered personally to any such address of record, and shall be deemed to have been received, if mailed, on the second business day after mailing, or if sent by telegraph or facsimile transmission, on the day sent, or if delivered, when delivered.

If you consent to **Electronic Delivery of Documents** then in lieu of receiving such documents by mail, you agree with the following terms, conditions and instructions:

I acknowledge that I am not required to consent to electronic delivery of documents and that by electing to receive the documents electronically I will no longer receive them by regular mail. However, I may receive, at no cost, a paper copy of those documents delivered electronically, by contacting us Monday to Friday from 9:00 a.m. to 5:00 p.m. EST at:

Investor Services Phone #: 1.800.608.7707 or Email: edelivery@gpwealth.ca

This consent agreement will also cover documents as they become available from GP Capital Insurance Agency Ltd which is permitted by law to be delivered electronically. GP Capital Insurance Agency Ltd will advise me by electronic mail or notice on the web site that a document has been added and will update my consent profile to include any additional documents.

I further understand that I will be provided with a paper copy of any documents delivered electronically, if electronic delivery fails.

Customer Responsibilities

- I have obtained a valid ID and Password to access my GP Capital Insurance Agency account online prior to using this feature
- I will use the User ID and Password to gain access to my accounts in a secure area;
- I am solely responsible for retrieving and viewing documents after being notified via email that my documents are ready for view and retrieval; and
- I am responsible for informing GP Capital Insurance Agency of any changes to my email address –by going to “My Info” section of my secured site and updating my profile.

The following documents are covered by this consent:

Account Statements- Annual and Quarterly Statement of My Account in accordance with CCIR and Securities Regulation Requirements

Nothing in this section shall be interpreted as requiring GPCIA to give any notice to you which is not otherwise required to be given by GPCIA.

SECTION 10 LEGAL CAPACITY

You have reached the age of majority. The client, if a corporation, represents that it has the power and capacity to enter into this agreement and to effect the transactions contemplated herein and that the execution and delivery of this agreement have been duly authorized.

SECTION 11 EXTRAORDINARY EVENTS

GPCIA shall not be responsible for any loss, howsoever caused, whether directly or indirectly, by (a) government restrictions; (b) self-regulatory organization rulings; (c) suspension of trading; (d) acts of God; (e) other circumstances beyond our control, such as strikes, wars, terrorist attacks etc.

SECTION 12 RIGHT OF WITHDRAWAL OR RESCISSION

GPCIA will only accept requests to withdraw from an agreement to purchase if such requests are made in writing and within 2 business days of receipt of the information folder for the fund, or within 48 hours of the receipt of the confirmation of the purchase. Account holder has remedies available at common law, including breach of contract, negligent misrepresentation, coercion and undue influence.

SECTION 13 SEVERABILITY

In the event any term or provision of this Agreement, as amended from time to time, shall be deemed invalid, void or unenforceable, in whole or in part, by any court of competent jurisdiction, the remaining terms and provisions of this agreement shall remain in full force and effect.

SECTION 14 AMENDMENT

GPCIA may, from time to time, amend the terms and conditions of this Account Agreement, with subsequent written notification to you.

SECTION 15 TERMINATION

GPCIA may stop maintaining your account, if the account is used for segregated fund market timing practices. Such practices include frequent trading or price arbitrage trading. GPCIA may at its sole discretion terminate your Account Agreement and require you to close or transfer your account to another dealer within a limited time set by it. In the event that you fail to do so, GPCIA may liquidate your account, pay all outstanding obligations and forward the net balance, if any, to you. The liquidation of your account may have significant financial consequences, including tax consequences, for you for which you would be solely liable.

SECTION 16 SUCCESSORS AND ASSIGNS

This Agreement shall enure to the benefit of and shall be binding upon GPCIA and the client, and their respective heirs, executors, administrators, successors and assigns, as the case may be.

SECTION 17 LANGUAGE

It is the express wish of the parties that this Agreement and all documents, notices and other communication relating to the operation of the account, be in English language.

SECTION 18 JOINT ACCOUNT AGREEMENT (APPLIES ONLY TO NON-REGISTERED ACCOUNTS)

In consideration of GP Capital Insurance Agency Ltd (the “Dealer”) to operate, open and/or maintain a joint account (the “Joint Account”) for the account holder and the co-account holder (each individually, the “Client” and collectively, the “Clients”), the Clients hereby jointly and severally agree as follows:

1. All transactions for the Joint Account shall be subject to the terms and conditions of all other existing agreements between the Dealer and the Clients.
2. The Dealer may conclusively rely on the authority of either Client, acting alone, and that either Client is authorized and empowered for and on behalf of the Clients to:
 - a. deposit any securities or monies with the Dealer;
 - b. buy, sell and other deal in securities through the Dealer;
 - c. execute agreements or modify, terminate or waive any applicable provisions relating to the Joint Account in accordance with the terms of (i) this Joint Agreement (ii) any other agreement entered into by either Client with the Dealer; or (iii) any other authorization given to the Dealer by either Client, regardless of whether such agreement or authorization has been granted prior to or concurrently with or after the Clients agreed to the terms and conditions of this Joint Account Agreement;
 - d. execute and deliver any agreements that the Dealer may require;
 - e. generally deal with the Dealer as fully and completely as the Client alone was interested in the Joint Account;
 - f. receive requests and demand for payment, notices of intention to sell or purchase and such other notices and demands as the Dealer may from time to time in its sole discretion deem necessary for the operation of the joint account;
 - g. give instructions in relation to the Joint Account, including with respect to the address for receipt of confirmations, statements, notices and other communication from the Dealer and to receive them and acquiesce in their correctness;
 - h. settle, compromise, adjust and give release with respect to any claims, demands, disputes or controversies; and
 - i. make payments to either Client, or upon such Client's order, of any or all monies from the Joint Account as such Client may order and direct, even if such deliveries and/or payments shall be made to such Client personally and not for the Joint Account of the Clients and the Dealer shall be under no duty or obligation to inquire into the purpose or propriety of any such demand for delivery of securities or payment of monies, and the dealer shall not be bound to see to the application or disposition of the said Securities and/or monies so delivered or paid to either Client upon such Client's order. Notwithstanding subsection 2(i), the Dealer may, in its sole discretion, restrict the Joint Account and/or require written instructions from both of the Client when it deems necessary and shall not be responsible for any damages or losses in connection therewith.
3. The liability of the Client with respect to a Joint Account Agreement is joint and several. Without limiting the generality of the foregoing, the Clients hereby agree to pay to the Dealer promptly on demand all debit balances in the Joint Account. Furthermore, as continuing security for the discharge of the obligations under the Joint Account, each Client pledges in favor of the Dealer all property the Dealer may be holding or carrying for such Client, such pledge to be in addition to and not in substitution of the

rights and remedies the Dealer otherwise would have. By giving notice of sale, the Dealer shall have the right to sell the property pledged in favour of the Dealer by public or private sale on such terms and conditions as the Dealer may see fit and apply the net proceeds to the payment of any amounts under this Agreement.

4. The Clients shall indemnify and save the Dealer and its successors or assigns harmless from all liabilities, costs, charges and expenses of every nature and kind incurred on account of a Joint Account Agreement. The indemnity and authorization provided by this agreement shall ensure to the benefit of the Dealer and its successors and assigns.

The Joint Agreement shall remain in full force and effect until written notice of revocation signed by all of the Clients and addressed to the Dealer is delivered to and acknowledged by the Dealer. Without limiting the generality of the foregoing, the Joint Account Agreement shall survive the death, bankruptcy, incompetence or disability of either Client until the Dealer is notified thereof. However, any revocation shall not affect any liability resulting from transactions initiated prior to such revocation. The Dealer may, before or after receiving such revocation, take such proceedings, require payment such as estate taxes and succession duties, waivers and consents, retain such portions of and/or restrict transactions in the Joint Account as the Dealer may, in its sole discretion, deem necessary for its own protection against any tax liability, penalty or loss under any present or future laws or otherwise. The estate or personal representatives of any person, who has died, gone bankrupt, become incompetent or disabled shall be liable to the Dealer, without affecting the joint and several liability of the Client.

SECTION 19 OTHER ACCOUNT HOLDER TYPE REPORTING REQUIREMENTS

Politically Exposed Domestic Person (PEDP) is an individual or a family member (mother, father, child, spouse/common law partner, spouse/common law partner's mother, father, brother, sister, half-brother, half-sister) of an individual who, at a given time, holds – or has held within a prescribed period before that time – one of the offices or positions in or on behalf of the federal government or a provincial government or any of the following: (a) Governor General, lieutenant governor or head of government; (b) member of the Senate or House of Commons or member of the legislature of a province; (c) deputy minister or equivalent rank; (d) ambassador, or attaché or counsellor of an ambassador; (e) military officer with a rank of general or above; (f) president of a corporation that is wholly owned directly by Her Majesty in right of Canada or a province; (g) head of a government agency; (h) judge of an appellate court in a province, the Federal Court of Appeal or the Supreme Court of Canada; (i) leader or president of a political party represented in a legislature; (j) holder of any prescribed office or position; (k) mayor, reeve, or other similar chief officer of a municipal or local government.

Politically Exposed Foreign Person (PEFP) is an individual or a family member (mother, father, child, spouse/common law partner, spouse/common law partner's mother, father, brother, sister, half-brother, half-sister) of an individual who holds or has ever held one of the following offices or positions in or on behalf of a foreign state: (a) head of state or head of government; (b) member of the executive council of government or member of a legislature; (c) deputy minister or equivalent rank; (d) ambassador, or an ambassador's attaché or counsellor; (e) military officer with a rank of general or higher; (f) president of a state-owned company or a bank; (g) head of a government agency; (h) judge of a supreme court, constitutional court or other court of last resort; (i) leader or president of a political party represented in a legislature; (j) holder of any prescribed office or position.

Head of International Organization (HIO) is an individual who at a given time, holds – or has held within a prescribed period before that time – the office or position of head of: (i) an international organization established by the governments of more than one country; (ii) an institution of an organization established by an international organization; or (iii) an international sports organization.

Declaration of Tax Residence If you indicated that you are a tax resident of a jurisdiction other than Canada, you must provide your jurisdictions and taxpayer identification numbers.

DISCLOSURE NOTICES

CLIENT INFORMATION DOCUMENT

We've developed a plain-language document that describes the relationship between you and your Financial Advisor and GP Wealth Management Corporation. The purpose of this document is to provide you, as a client of GP Wealth Management, plain language disclosure of every aspect of our business as it relates to you. Please refer to the **GP Wealth Client Information Document**.

PRIVACY POLICY DISCLOSURE

GP Capital Insurance Agency Ltd is committed to protecting the privacy of all customer personal information that we collect and maintain in the course of carrying on our business.

Please refer to the **GP Capital Privacy Notice** which describes how we collect, use, hold and when needed, disclose your personal information when we do business with you.

LEVERAGING DISCLOSURE

Risk of Borrowing to Invest

"Using borrowed money to finance the purchase of securities involves greater risk than a purchase using cash resources only. If you borrow money to purchase securities, 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 declines".

Please refer to the **GP Capital Leverage Disclosure Document** for complete details.

CLIENT COMPLAINT INFORMATION DISCLOSURE

Account holders of GP Capital Insurance Agency Ltd who are not satisfied with a financial product or service have a right to make a complaint and to seek resolution of the problem. As a registrant we have a responsibility to you to ensure that all complaints are dealt with fairly and promptly.

Please refer to the **GP Capital Client Complaint Information** document for complete details.

An explanation of the terms we use in our KYC process

While there are many factors that may affect the suitability of a recommended product, service or strategy, certain terms may require additional explanation and definition which we have identified below.

ANNUAL INCOME

When we request this information, we refer to your personal gross annual income from all sources which include employment (earned), pension (company and government) and investment income (interest and dividends). The information is a vital part in helping us assess and offer suitable products, services, or strategies.

NET WORTH

We ask for a summary of net worth information which consists of liquid assets, fixed assets and total liabilities. In some instances, depending on the product, service or strategy recommended, we may ask you to provide more detailed net worth information in order to assess the suitability of the recommended product, service or strategy.

Net Worth Category	Description
Total Liquid Assets	A total of assets including all Cash Savings, Term Deposits/GIC's, Securities (Individual/Mutual Funds), other securities including RRSP, RESP, TFSA and any other property readily convertible to cash.
Total Fixed Assets	A total of assets including your home, investment properties, vacation properties, vehicles and any other property (pensions, LIRA/LIF) that is not readily converted to cash and not net of any liabilities against those assets.
Total Liabilities	Includes credit cards, mortgages, line of credit balances, car loans, personal bank loans or any other indebtedness or amounts owing against any assets identified above.

INVESTMENT KNOWLEDGE

Your category of investment knowledge should reflect your understanding of investing and the associated risks including conveying the tone of past experience with various types of investments. We use this information to provide some indication of your risk tolerance and to understand the types of products, strategies or services which may be suitable for you and with which you are familiar and those that you may need more detailed explanations or time to understand.

This information generally indicates your understanding of investment products and financial strategies, and we record the information in 4 broad categories explained below:

Investment Knowledge	Description
Novice	Typically describes an investor with very limited knowledge or experience with products including bonds, mortgages, stocks, mutual funds, segregated funds, term deposits and real estate.
Fair	Typically describes an investor with some knowledge or experience with products including bonds, mortgages, stocks, mutual funds, segregated funds, term deposits and real estate.
Good	Typically describes an investor with average knowledge or experience with products including bonds, mortgages, stocks, mutual funds, segregated funds, term deposits and real estate.
Sophisticated	Typically describes an investor with extensive knowledge and experience with products including bonds, mortgages, stocks, mutual funds, segregated funds, term deposits and real estate.

INVESTMENT TIME HORIZON

When we ask for this information, we intend for you to indicate the time when you believe you will need to access 30% or more of the entire portfolio within your plan to which this question refers within the range of years you indicate. We then use this information to help determine if an investment is suitable for you given the time period you have indicated in holding the investment. You may have more than one plan with us with a different investment time horizon for each plan. We record information about your investment time horizon by you choosing one of six options:

Less than 1 year	3 to less than 5 years	10 to less than 20 years
1 to less than 3 years	5 to less than 10 years	20 years or more

INVESTMENT OBJECTIVES

We document and use this information to ensure that your financial goals can be met with the investments you own and are being recommended for you. We record the information about your investment objectives in four categories and ask you to apportion the investment objective percentage(s) of the plan accordingly. You may have more than one plan with us with different objectives indicated for each plan.

We use this information to ensure that your financial goals can be met with the investments you own and are recommended for you.

Investment Objective	Description
Safety	This would be the portion of the portfolio in your plan that you cannot afford to lose any value regardless of your risk tolerance, typically invested in GICs, term deposits, daily and high interest savings accounts. This objective indicates a desire for "guaranteed income" in the type of investments suited to meet your needs.
Income	This would be the portion of the portfolio in your plan that is invested in securities such as fixed income products that produce interest income or common shares that produce dividend income. This objective indicates a desire for "interest income" and "dividend income" in the type of investments suited to meet your needs.
Growth	This would be the portion of the portfolio in your plan that is invested in common shares that provide capital appreciation of assets and produce capital gains. This objective indicates a desire for "growth" in the type of investments suited to meet your needs.
Speculation	This would be the portion of the portfolio in your plan that is invested in assets where the investor is willing to lose up to 100% of the investment, typically invested in exempt market products and venture capital funds. This objective indicates a desire for "aggressive growth" in the type of investments suited to meet your needs.

RISK TOLERANCE

We document and use this information to ensure that your financial goals can be met with the investments you own and are being recommended for you. When asking you to indicate your risk tolerance, we record it in six (6) categories and ask you to apportion your Risk Tolerance for your plan accordingly.

Your Risk Tolerance will be determined by assessing both your Risk Capacity – your ability to withstand losses, and your Risk Attitude – your willingness to accept risk. It is important that your risk tolerance be the lesser of your ability to withstand losses and your willingness to accept risk. Keep in mind, while higher returns are generally associated with higher risk, higher risk investments may not achieve higher returns.

Risk Tolerance	Description
Very Low	For an investor seeking an expected rate of return and with a very low risk of losing money over the short to long term; typically for Daily and High Interest Savings Accounts, Treasury Bills, Term Deposits (GIC's).
Low	For an investor seeking an expected rate of return sufficient to provide some current income with a low risk that they will lose money in ordinary circumstances over the medium to long term; typically for Money Market Funds, many Canadian Fixed Income Funds, Municipal, Provincial and Federal Bonds and Mortgages.
Low to Medium	For an investor expecting less than normal returns, but with a low risk, although higher than the "low" category, of losing money over the medium to long term; typically for Asset Allocation Funds and Balanced Funds, although some Equity Funds may qualify.
Medium	For an investor expecting normal rates of return from equity investments with a normal amount of risk; typically for Canadian and North American Equity funds, as well as Global Large Cap Equity Funds.
Medium to High	For an investor seeking slightly higher than normal rates of return and willing to undertake above average risk to achieve that; typically for Equity Funds that invest in specific countries (emerging markets) or specific sectors of the economy.
High	For an investor seeking higher returns and is willing to take a substantial risk that they will lose money; typically for Equity Funds that invest in specific countries (small cap stocks in emerging markets) or specific sectors of the economy (small cap or venture capital).

We then rank all approved products for their combined risk factors and compare the product risk with your stated risk tolerance to ensure that your holdings meet your stated risk tolerances.

Please ask your Financial Advisor if any of the terms above require greater clarity before responding.