

Account Holder Information

☐ Beneficial Owner (Owning or controlling eq	ual to or greater than 25%	of the Entity) Authorized Signing O (Individual(s) authorized to give		n the accou	nt)	☐ Director		
□ Mr. □ Mrs □ Ms	Client ID#							
Last Name		First Name				DOB (MM/DD/	YYYY)	% Ownership or Control
Address			City			Province		Postal Code
Home	Mobile Phone	Business Phone Fax			Email /	Address		
Employer's Name			Occupa	ation/Title	1			Type of business
Employer's Address			City			Province		Postal Code
Type Of ID		Unique Identifier Number	Plac	e Of Issu	ance:		Expir	y Date (If Any)
Are you a politically ex	posed foreign persor	ı (PEFP)?	□ YES	□ NO	If yes	, Position/Title:		
Are you a politically ex		,	□ YES		•			
Are you a head of an I	nternational Organiza	ation (HIO)?	□ YES		-	- ··· · · · · · ·		
•	9	e to a PEFP, PEDP or HIO?	□ YES			, provide details		
Are you a tax resident	of Canada?		☐ YES		•	_		
Are you a tax resident	or a citizen of the Ur	ited States?	☐ YES	□ NO	If yes	, provide details _		
Are you a tax resident	of a jurisdiction othe	r than Canada or the United States?	☐ YES	□ NO	If yes	, provide details _		
□ Beneficial Owner (Owning or controlling eq □ Mr. □ Mrs □ Ms	ual to or greater than 25% on the corporation of th			on the accou	ŕ	☐ Director Client ID#		
Last Name		First Name				DOB (MM/DD/	YYYY)	% Ownership or Control
Address			City			Province		Postal Code
Home	Mobile Phone	Business Phone Fax			Email /	Address		
Employer's Name			Occupa	Occupation/Title				Type of business
Employer's Address			City			Province		Postal Code
Type Of ID		Unique Identifier Number	Place Of Issuance:			Expir	y Date (If Any)	
Are you a politically ex	posed foreign persor	ı (PEFP)?	□ YES	□ NO	If yes	, Position/Title: _		
Are you a politically exposed domestic person (PEDP)?				□ NO	If yes	, Position/Title: _		
Are you a head of an International Organization (HIO)?				□ NO	If yes	, Position/Title: _		
Are you a family member or close associate to a PEFP, PEDP or HIO?					If yes	, provide details _		
Are you a tax resident			☐ YES	□ NO				
Are you a tax resident or a citizen of the United States?					-	, provide details _		
Are you a tax resident	of a jurisdiction othe	r than Canada or the United States?	☐ YES	□ NO	If yes	, provide details _		



Entity Owner/Director Information Form

□ Mr. □ Mrs □ Ms. □ Dr. □ Corporate							Client ID#			
Last Name	First Name	First Name				DOB (MM/DD/YYYY) Province		% Ownership or Control		
Address			City							
Home	Mobile Phone	Business Phone	Fax	Email Address						
Employer's Name				Occupa	tion/Title)			Type of business	
Employer's Address				City			Province	Province Postal Code		
Type Of ID	Ur	nique Identifier Number		Place	e Of Issu	ance:		Expir	y Date (If Any)	
Are you a politically	exposed foreign person (PEFP)?		□ YES	□ NO	If yes,	Position/Title:			
Are you a politically exposed domestic person (PEDP)?										
Are you a head of an International Organization (HIO)?				☐ YES	□ NO	If yes,	Position/Title:			
Are you a family member or close associate to a PEFP, PEDP or HIO?				☐ YES		If yes,	provide details _			
Are you a tax reside				□ YES	□ NO					
Are you a tax resident or a citizen of the United States?				□ YES						
Are you a tax reside	nt of a jurisdiction other tr	nan Canada or the United Sta	ates?	□ YES	LI NO	If yes,	provide details _			
4 Author	ized Signing (Officer(s) Signat	ture	Requ	ıired					
x										
Authorized Signing Officer Signature Authorized Sig			ning Office	r Name			- N	MM/DD/YYYY		
X Authorized Signing Officer Signature Authorized Signing Officer Signature				ning Office	er Name			<u>N</u>	/IM/DD/YYYY	
X Authorized Signing Officer Signature Authorized Sign				ning Office	er Name			<u>N</u>	/IM/DD/YYYY	
5 Dealer/	Financial Adv	isor Signature I	Req	uired						
<u>x</u>										
Financial Advisor Signature FA Name & De				ealer Number					MM/DD/YYYY	
X Dealer Officer/Branch Manager Signature DO/BM Name							MM/DD/YYYY			
Prairi Ollicei/Diali			IV							