

For the investment application of

Primary Client

Name

Address

City

Province

Postal Code

Joint Client

Name

Address

City

Province

Postal Code

Third party beneficial owner details

Name of the Beneficial Owner

Date of Birth (MM/DD/YY)

Address

City

Province

Postal Code

If applicable:

Incorporation number

Place of Incorporation

Relationship to the Registered Owner(s)

Occupation/Principal Business

Date (MM/DD/YY)