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**SECOND PARTY ACCOUNT SUPPLEMENT**

ALL QUESTIONS ON THIS PAGE MUST BE COMPLETED

ACCOUNT NUMBER

**INVESTMENT ADVISOR USE ONLY**

PREFERRED LANGUAGE:  ENGLISH  FRENCH  JOINT ACCOUNT  T/A  
IA NO.

**ACCOUNT INFORMATION**

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PLEASE PRINT NAME IN FULL MR. MS. DR. FIRST LAST SOCIAL INSURANCE NO.  
MRS. MISS  
Residence Address Apt. No. Home Telephone  
City Province Postal Code Cellular  
Alternate Address / Company Name Business Telephone  
Street No. and Name Suite No. Fax  
City Province Postal Code  
Mail To:  Residence or  Alternate Address E-Mail

**Information Required by Securities Regulators**

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**ACCOUNT HOLDER PROFILE**  Single  Divorced  Separated  Widowed **SPOUSAL PROFILE**  
Date of Birth Country of Residence Citizenship Name of Spouse  
M / D / Y  
Employer Name and Address Type of Business Date of Birth Country of Residence Citizenship  
M / D / Y  
Occupation Years with Employer Employer Type of Business  
Approximate Annual Income From All Sources Occupation Years with Employer  
ESTIMATED NET LIQUID ASSETS + ESTIMATED NET FIXED ASSETS = ESTIMATED TOTAL NET WORTH  
(Cash and securities less loans outstanding against securities) (Fixed assets less liabilities outstanding against fixed assets)  
Approximate Annual Income From All Sources  
Number of Dependents

**Bank Reference** Account Number  
Bank Name Branch

Are you a senior officer or director of a company whose shares are traded on an exchange or over the counter? If so please specify the issuer.  
Do you, alone or as part of a group, hold or control any such company? If so, please specify.  
Have you authorized anyone to use discretion in handling your account?  NO  YES If yes, please complete Discretionary Agreement  
Has the Investment Adviser a direct or indirect interest in the account other than an interest in commissions?  NO  YES If yes, give details  
Are you or your spouse an Employee, Director, Partner or Officer of a securities dealer, or of a stock exchange itself or of the I.D.A.?  NO  YES If yes, give details  
Do you trade or intend to trade with other investment firms?  NO  YES If yes, give name(s) or firm(s).  
Do you have any other accounts with the firm?  NO  YES Account Number(s)  
**Investment Knowledge** Sophisticated  Good  Limited  Poor / Nil   
BRANCH MANAGER APPROVAL DATE COMPLIANCE DEPARTMENT APPROVAL DATE

**SECOND PARTY SIGNATURE VERIFICATION**

Pursuant to the implementation by the Federal Government of the Proceeds of Crime (Money Laundering) and Terrorist Reporting Act we are obligated to verify the signatures of any person(s) involved with an account. This includes any individual authorized to give instructions in respect of an account.  
Acceptable verification includes a valid driver's licence, passport, or a provincial health insurance card. Unacceptable forms of verification include credit cards, social insurance cards or bank cards.

SECOND PARTY'S NAME (PLEASE PRINT) SIGNATURE OF SECOND PARTY  
DATE

VERIFIED AGAINST:  PASSPORT  DRIVER'S LICENCE  PROV HEALTH INS. CARD  
NUMBER

I ATTEST THAT I HAVE SEEN THE ORIGINAL DOCUMENT INDICATED HEREIN AND HAVE VERIFIED THE CLIENT'S SIGNATURE AGAINST IT. VERIFIED BY INITIALS