FRIEDBERG MERCANTILE GROUP LTD.

KYC Information Update

ACCOUNT NUMBER _____ DATE _____

PLEASE PROVIDE AN UPDATE TO THE FOLLOWING INFORMATION

Client's Name — FIRST _____ LAST _____ D.O.B ___/___/___

Spouse's Name — FIRST _____ LAST _____ D.O.B. ___/___/___

Residential Address — ADDRESS _____ SUITE NO. _____

CITY _____ PROVINCE _____ POSTAL CODE _____

PHONE _____ EMAIL _____

CURRENT EMPLOYMENT STATUS

Select one, and provide applicable information.

☐ Employed — EMPLOYER NAME _____ POSITION/JOB DESCRIPTION _____

☐ Unemployed or Retired — SOURCE OF INCOME _____

EMPLOYMENT/JOB PRIOR TO BEING UNEMPLOYED OR RETIRED, IF APPLICABLE _____ ANNUAL INCOME PRIOR TO BEING UNEMPLOYED OR RETIRED (APPROX.) _____

SPOUSE'S CURRENT EMPLOYMENT STATUS

If married, select one, and provide applicable information.

☐ Employed — EMPLOYER NAME _____ POSITION/JOB DESCRIPTION _____

☐ Unemployed or Retired — SOURCE OF INCOME _____

EMPLOYMENT/JOB PRIOR TO BEING UNEMPLOYED OR RETIRED, IF APPLICABLE _____ ANNUAL INCOME PRIOR TO BEING UNEMPLOYED OR RETIRED (APPROX.) _____

CURRENT INCOME AND ASSET INFORMATION

CURRENT (APPROX.) ANNUAL INCOME FROM ALL SOURCES	CURRENT (APPROX.) AMOUNT OF LIQUID ASSETS *	CURRENT (APPROX.) AMOUNT OF NET FIXED ASSETS *	CURRENT (APPROX.) AMOUNT OF NET WORTH *
	(cash/savings/investments)	(property/home/vehicle, minus outstanding loans)	(ALL assets minus any outstanding liabilities/loans)

** If you are married or living with a common-law partner, these amounts should be combined with them.*

NUMBER OF DEPENDENTS

Minor children or elderly parents

LOSS LIMIT

LOSS LIMIT AMOUNT

$

Additional amount that you are comfortable risking and potentially losing in your trading account(s) over and above current accumulated losses

Please provide a detailed and reasonable explanation as to why, after having incurred the current amount of losses in your account(s), you feel that you can now afford to risk and potentially lose the additional amount of your requested Loss Limit increase - over and above the losses already incurred in your account(s):

_____

_____

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Investment objectives, risk profile, time horizon, purpose of account and source of funds

Please carefully read this section, which refers to all investments, before you complete it. The information you provide will assist your Investment Advisor indetermining what investments to recommend for your account(s). The investment objectives and risk profile below are approximate.

INVESTMENT OBJECTIVES

Liquidity: The ability to quickly and easily convert to cash (cash or cash equivalent) all or a portion of the investments with little or no risk of loss.

Safety: You want to preserve the initial principal in the account, minimizing risk is of primary importance.

Income: You want to establish a source of periodic income.

Growth: Your investment objective is capital growth. Your portfolio can tolerate greater changes in market value in order to potentially increase the market value of your assets.

Speculation (Spec): You want to maximize the eventual return on your capital by investing all or most of your portfolio in high risk securities and/or trading strategies. You accept higher volatility in exchange for potentially greater investment returns.

RISK PROFILE is linked to your willingness and ability to accept risk (Risk Appetite) and absorb investment losses (Risk Tolerance) vs your investment knowledge/ experience, objectives and income/financials (Risk Capacity).

Low: I want to preserve my initial principal in this account, with minimal risk, even if that means this account does not generate significant income or returns and may not keep pace with inflation.

Medium: I am willing to accept some risk to my initial principal and tolerate some volatility to seek higher returns, and I understand I could lose a portion of the money invested.

High: I am willing to accept high risk to my initial principal, including high volatility, to seek high returns over time, and understand that I could lose a substantial amount or potentially all of the money invested.

TIME HORIZON

The investment time horizon should be determined by considering when you will need to access some or all the money in your account(s). It should be indicated by one of the following ranges:

A Under 3 years **B** 3-5 years **C** 6-10 years
D 11-20 years **E** over 20 years

PURPOSE OF ACCOUNT

Please include the primary purpose of the account by indicating what your motive is for each account:

A Short-term savings **B** Long-term Investment **C** Income
D Speculation **E** Retirement Savings
F Investing for specific use eg. education, major purchase

Account Type	Investment Objectives (SELECTION AS A PERCENTAGE MUST TOTAL 100%)					Purpose of the account	Time Horizon	Risk Assesment L: LOW M: MEDIUM H: HIGH	Risk Profile L: LOW M: MEDIUM H: HIGH	
	LIQUIDITY	SAFETY	INCOME	GROWTH	SPECULATIVES	(A - F) SELECT FROM ABOVE. SPECIFY IF OTHER	(A - E) SELECT FROM ABOVE.	CLIENT TO COMPLETE	RR TO COMPLETE	
								TOLERANCE	CAPACITY	PROFILE RATING
CASH CAD (EQUITY)										
CASH USD (EQUITY)										
MARGIN CAD (EQUITY)										
MARGIN USD (EQUITY)										
MARGIN SHORT CAD (EQUITY)										
MARGIN SHORT USD (EQUITY)										
RSP / RIF CAD / USD										
RSP / RIF (SPOUSAL) CAD / USD										
LIRA/LRSP CAD / USD										
LIF CAD										
TFSA CAD / USD										
RESP										
COMMODITY / FUTURES										
FIXED INCOME										
FRIEDBERG FUNDS										
OTHERS										
COMMENTS										

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Required Regulatory Information

If answer is YES, provide the information to the right of the question

Are you a 'reporting insider' within the meaning of the regulation?	☐ NO	☐ YES	COMPANY NAME _____ STOCK TICKER _____
Do you, alone or as a part of a group, have a control position in any such company?	☐ NO	☐ YES	COMPANY NAME _____ STOCK TICKER _____
Are you or your spouse an Employee, Director, Partner, or Officer of a securities dealer, or of a stock exchange itself, or of CIRO?	☐ NO	☐ YES	PLEASE PROVIDE DETAILS: _____

Are you or any of your family members or close associates a Politically Exposed Person/Head of International Organization as defined under AML regulations?

(A) FOREIGN POLITICALLY EXPOSED PERSON ☐ YES ☐ NO

(B) DOMESTIC POLITICALLY EXPOSED PERSON ☐ YES ☐ NO

(C) HEAD OF INTERNATIONAL ORGANIZATION ☐ YES ☐ NO

FATCA & CRS Self-Certification

Select all options that apply and complete the requested information.

☐ I am a resident of Canada for tax purposes.

☐ I am a citizen or resident of the United States for tax purposes.

Provide your: SSN _____ ITIN _____

If you don't provide a SSN/ITIN of the United States, please provide the reason (A or C) in reference to the list below:

☐ I am a resident of a country other than Canada and the United States for tax purposes.

If you checked this box, specify all your countires of residence for tax purposes and your taxpayer identification number (TIN).

COUNTRY OF RESIDENCE FOR TAX PURPOSES	TAXPAYER IDENTIFICATION NUMBER (SSN/ITIN/TIN)	IF NO SSN/ITIN/TIN IS AVAILABLE PLEASE SELECT REASON* (A, B, C, OR D)

If you are a citizen or resident of a country other than Canada for tax purposes and you also have a Canadian social insurance number, please provide it:

_____

** If the SSN/ITIN/TIN is not provided, please indicate one of the following reasons as to why it is not available:*

Reason A I will request my SSN /ITIN/TIN or I have already requested it but have not yet received it. If I have not yet requested one, I have 90 days to apply for it and 15 days after I receive it to provide it to my financial institution.

Reason B The country where I am a resident for tax purposes does NOT issue a TIN to its residents (excluding the United States).

Reason C I have it, but I do not have it on hand. I will provide it within 15 days.

Reason D I refuse to provide it, as requested per Part XVIII and Part XIX of the Income Tax Act.

NOTE: IF THE REASON FOR NOT PROVIDING MY SSN/ITIN/TIN IS A, C OR D, I UNDERSTAND THAT MY FINANCIAL INSTITUTION MAY HAVE TO DECLARE MY ACCOUNT BASED ON ANY INDICIA THAT MAY INDICATE A FOREIGN TAX RESIDENCE AND THAT I MAY BE SUBJECT TO PENALTIES FROM CRA AS A RESULT OF MY REFUSAL OR NEGLIGENCE TO PROVIDE THIS INFORMATION AS REQUIRED UNDER PART XVIII AND/OR XIX OF THE INCOME TAX ACT. I AGREE TO ASSUME ANY LIABILITY DIRECTLY OR INDIRECTLY RELATED TO THIS SITUATION.

Acknowledgement

I/We certify that the information provided in this application is true and complete and Friedberg Mercantile Group Ltd. may rely thereon until the undersigned sends written notice of any significant changes. I/We certify that the purpose of this account is for investment in securities and other investment vehicles.

By signing below I acknowledge and agree that the information provided is complete and accurate and I agree to inform my Investment Advisor immediately of any changes in the information I have provided, including changes with respect to my financial situation, investment objectives and risk tolerance.

_____ ACCOUNT HOLDER SIGNATURE _____ DATE _____ JOINT ACCOUNT HOLDER SIGNATURE (IF APPLICABLE) _____ DATE

Investment Advisor Comments

_____

_____

_____ I.A. SIGNATURE _____ DATE _____ COMPLIANCE DEPARTMENT APPROVAL _____ DATE

Please understand that we have a regulatory obligation to ensure that we maintain the most up-to-date personal information for all client accounts.