FRIEDBERG MERCANTILE GROUP LTD.

New Client Application Form

ALL SECTIONS MUST BE COMPLETED. PAGE 1 OF 9

ACCOUNT NO. ☐☐☐☐☐☐☐☐☐

Investment Advisor Use Only

Account Type

☐ NEW ACCOUNT ☐ UPDATE EXISTING ACCOUNT ☐ IA CHANGE (IA NUMBER: ☐☐☐☐)

Preferred Language

☐ ENGLISH ☐ FRENCH

Account Information

Account Holder

Trustee, Authorized Corporate Officer or Director

Please print name in full

☐ MR.
☐ MRS.
☐ MS
☐ MISS
☐ DR.

FIRST NAME _____ LAST NAME _____

___ /___ /___ /___ /___ /___ /___ /___ /___

SOCIAL INSURANCE NUMBER

Co-Account Holder

Trustee, Authorized Corporate Officer or Director

Please print name in full

☐ MR.
☐ MRS.
☐ MS
☐ MISS
☐ DR.

FIRST NAME _____ LAST NAME _____

___ /___ /___ /___ /___ /___ /___ /___ /___

SOCIAL INSURANCE NUMBER

NOTE: IF CO-ACCOUNT HOLDER IS NOT THE ACCOUNT HOLDER'S SPOUSE, PLEASE SUBMIT SECOND PARTY ACCOUNT SUPPLEMENT WITH THIS FORM.

_____ CORPORATE OR TRUST NAME (IF APPLICABLE)

_____ CORPORATE OR OTHER TAX ID NO.

Address Information

Account Holder Residence Address

_____ STREET NO. AND NAME _____ SUITE NO.

_____ CITY _____ PROVINCE _____ POSTAL CODE

Mailing Address

_____ STREET NO. AND NAME _____ SUITE NO.

_____ CITY _____ PROVINCE _____ POSTAL CODE

Additional Contact Information

_____ LOCATION OF INCOME TAX FILING

(_____) _____ HOME TELEPHONE

(_____) _____ BUSINESS TELEPHONE

(_____) _____ CELLULAR TELEPHONE

_____ E-MAIL

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Information Required by Securities Regulators

Account Holder Profile

MARITAL STATUS ☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ SEPARATED ☐ WIDOWED NO. OF DEPENDANTS ☐

DATE OF BIRTH _____ COUNTRY OF RESIDENCE _____ CITIZENSHIP _____ ☐ I AM A U.S. CITIZEN

EMPLOYER NAME _____ EMPLOYER ADDRESS _____

TYPE OF BUSINESS _____ OCCUPATION _____ YEARS WITH EMPLOYER _____

Spousal Profile

MARITAL STATUS ☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ SEPARATED ☐ WIDOWED NO. OF DEPENDANTS ☐

DATE OF BIRTH _____ COUNTRY OF RESIDENCE _____ CITIZENSHIP _____ ☐ I AM A U.S. CITIZEN

EMPLOYER NAME _____ EMPLOYER ADDRESS _____

TYPE OF BUSINESS _____ OCCUPATION _____ YEARS WITH EMPLOYER _____

Combined Income & Asset Information

YEARLY INCOME (APPROX.)	+	YEARLY SPOUSAL INCOME (APPROX.)	=	TOTAL ANNUAL INCOME (APPROX.)

ESTIMATED NET LIQUID ASSETS	+	ESTIMATED NET FIXED ASSETS	=	ESTIMATED TOTAL NET WORTH
CASH AND SECURITIES		LESS LOANS OUSTANDING AGAINST SECURITIES		FIXED ASSETS LESS LIABILITIES OUSTANDING AGAINST FIXED ASSETS

Additional Questions

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 _____
Have you authorized anyone to use discretion in handling your account?	☐ NO	☐ YES	PLEASE COMPLETE DISCRECTIONARY AGREEMENT
Does anyone other than the persons named on the account have any authority over the account?	☐ NO	☐ YES	STATE NAMES: _____ _____ PLEASE INCLUDE SECOND PARTY ACCOUNT SUPPLEMENT AND T/A
Does anyone other than the persons named on the account have any financial interest in the account?	☐ NO	☐ YES	STATE NAMES: _____ _____

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Additional Questions (continued)

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

Does anyone other than the persons named on the account guarantee this account?	☐ NO	☐ YES	STATE NAMES:
Has the Investment Advisor a direct or indirect interest in the account other than an interest in commissions?	☐ NO	☐ YES	
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:
Do you trade or intend to trade with other investment firms?	☐ NO	☐ YES	NAME OF FIRMS:
Do you have any other accounts with Friedberg Mercantile Group Ltd.?	☐ NO	☐ YES	ACCOUNT NUMBERS:

Past Trading Experience

CHECK ALL THAT APPLY

☐ BONDS ☐ COMMON STOCK ☐ FUTURES CONTRACTS ☐ ON-LINE FX / CFDS

☐ OPTIONS ☐ RIGHTS & WARRANTS ☐ PREFERRED STOCK ☐ CRYPTO CURRENCIES

☐ BULLION ☐ CASH COMMODITIES

YEARS OF EXPERIENCE

MADE SHORT SALES ☐ YES ☐ NO

SIZE OF ACCOUNT $

Investment Knowledge

To assist you in deciding the level of your investment experience, the following guidelines are set out. It is expected that over a period of time with increasing exposure to various investment products, your level of experience could increase.

☐ SOPHISTOCATED	Has traded in most types of investment products. This would include knowledge of alternative investments (options, futures and other derivatives, commodities, private equity, hedge funds, etc.), speculative and short selling strategies and an appreciation of the risks and rewards involved in trading these securities.
☐ GOOD	Has traded in or has some knowledge of the basic characteristics of investment securities, as well as basic understanding of the degree of risk and reward inherent in these types of securities.
☐ LIMITED	Some investment experience but may not have a full understanding of the basic characteristics of the various types of securities and the degree of risk associated with these securities.
☐ POOR/NONE	Very limited or no knowledge of the basic attributes of investment securities.

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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										
FRIEDEBERG FUNDS										
OTHERS										
COMMENTS										

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Source of funds (not applicable for registered accounts): Please indicate the source of the funds that you are investing by selecting all applicable choices to your situation.

- ☐ EMPLOYMENT EARNING
- ☐ SALE OF PROPERTY
- ☐ INVESTMENT EARNINGS
- ☐ RENTAL INCOME
- ☐ SAVINGS
- ☐ RETIREMENT INCOME
- ☐ GIFT/DONATION
- ☐ INHERITANCE
- ☐ INSURANCE SETTLEMENT
- ☐ OTHERS _____

By signing below, I acknowledge and agree that the information I provided, and risk profile rating assigned, 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, risk tolerance, time horizon, and purpose of account.

Account Holder's Signature: _____ DATE (MM/DD/YYYY): _____

To comply with FinTrac PEP regulations

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).

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:

_____

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 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.

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Joint Account Agreement

It is the expressed intention of the undersigned that ownership of this account be vested as: (CHECK ONE)

☐ JOINT TENANTS WITH RIGHTS OF SURVIVORSHIP AND NOT AS TENANTS IN COMMON. (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 OR SURVIVORS ON THE SAME TERMS AND CONDITIONS AS THEREFOR HELD, WITHOUT IN ANY MANNER RELEASING THE UNDERSIGNED OR THEIR ESTATES FROM THE LIABILITY PROVIDED FOR IN THE CUSTOMER AGREEMENT WITH FRIEDBERG MERCANTILE GROUP LTD. GOVERNING THE ACCOUNT (THE "CUSTOMER AGREEMENT").

☐ TENANTS IN COMMON. 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 IMMEDIATELY BELOW.

If the interests are NOT to be equal, please designate the percentage interest of each tenant: (WHICH MUST TOTAL 100% IN AGGREGATE)

NAME OF PARTICIPANT OR HIS OR HER ESTATE	PERCENT OF INTEREST	NAME OF PARTICIPANT OR HIS OR HER ESTATE	PERCENT OF INTEREST

Signature Section

Introducing and Carrying Broker Disclosure

Securities Accounts Only

The undersigned is referred to the disclosure in the Customer Agreement (in the section titled "Carrying Broker Arrangements") related to the appointment by Friedberg Mercantile Group Ltd. of the National Bank Independent Network for securities transactions.

I understand the relationship between Friedberg Mercantile Group Ltd. and its carrying broker.

SIGNATURE _____ DATE _____

Request for Margin & Leverage Risk Disclosure Statements

Required for margin and margin short accounts only. The undersigned requests that a margin and/or margin short account be opened. It is also understood that a margin and/or margin short Account involves the borrowing of money for account transactions. The undersigned represents that they are aware of the risks involved in trading on margin or selling short and confirms that they are willing to take those risks. The undersigned represents having read and understood the Margin Account Agreements contained in the Customer Agreement and agrees to be bound by such terms and conditions.

SIGNATURE (ONLY IF MARGIN ACCOUNT REQUESTED)	DATE	SIGNATURE (ONLY IF MARGIN ACCOUNT REQUESTED)	DATE

Using Borrowed Funds **Applicable for all accounts**

Using borrowed funds to finance the purchase of securities or other investments involves a greater risk than using cash resources only. If you borrow money to invest, 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 or the value of your investment declines.

WILL YOU BE USING BORROWED MONEY TO FUND THIS ACCOUNT? ☐ YES ☐ NO IF YES, HOW MUCH $ _____

SIGNATURE (ONLY IF MARGIN ACCOUNT REQUESTED)	DATE	SIGNATURE (ONLY IF MARGIN ACCOUNT REQUESTED)	DATE

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Identity Verification

Photocopy of ID Required

Pursuant to the implementation by the Federal Government of the Proceeds of Crime (Money Laundering) and Terrorist Financing 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 (where permitted by law). Unacceptable forms of verification include credit cards, social insurance cards or bank cards.

Account Holder

FIRST NAME _____ LAST NAME _____

SIGNATURE _____ DATE _____

PASSPORT OR DRIVER'S LICENSE _____ EXPIRY DATE _____

NOTE: IF SIGNATURE HAS NOT BEEN VERIFIED USING ONE OF THE DOCUMENTS LISTED BELOW, VERIFICATION MUST BE DONE USING ALTERNATIVE ACCEPTABLE METHODS.

Spouse

If Joint Account

FIRST NAME _____ LAST NAME _____

SIGNATURE _____ DATE _____

PASSPORT OR DRIVER'S LICENSE _____ EXPIRY DATE _____

NOTE: IF SIGNATURE HAS NOT BEEN VERIFIED USING ONE OF THE DOCUMENTS LISTED BELOW, VERIFICATION MUST BE DONE USING ALTERNATIVE ACCEPTABLE METHODS.

Loss Limit

If applying for a commodities account, the undersigned must state the amount that they feel they can afford to risk in trading commodities without negatively affecting their life style. (This amount will be utilized to set the initial LOSS LIMIT after which Friedberg will be required to review the account should the undersigned wish to deposit more funds and continue trading).

LOSS LIMIT AMOUNT

$ _____

Knowledge of Options

☐ EXCELLENT ☐ GOOD ☐ AVERAGE ☐ LITTLE / NONE

YEARS OF EXPERIENCE _____

Anticipated Type(s) of Options Transactions

PURCHASE OF PUTS AND CALLS	☐ YES	☐ NO	COVERED CALLS	☐ YES	☐ NO
SPREAD PUTS AND CALLS	☐ YES	☐ NO	UNCOVERED WRITING	☐ YES	☐ NO

Account Restrictions

Imposed by R.O.P.

LEVEL 1 _____ LEVEL 3 _____

LEVEL 2 _____ LEVEL 4 _____

Electronic Delivery Of Documents

You will be signed up for electronic access and delivery of documents (statements, confirms and tax receipts).

EMAIL ADDRESS: _____ (Required for sign-up and notifications)

☐ I do not wish to sign up for electronic access and delivery of documents (additional charge may apply)

FRIEDBERG MERCANTILE GROUP LTD.

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Acknowledgement

The undersigned acknowledges receipt of a copy of the: New Client Application Form, New Customer's Agreements Documentation for Securities, Commodities and/or Options, which includes: Summary Discriptions and Disclosure Statements of Commodity Futures & Options Trading, Our Statement of Policies, Related and Connected Issuer and Shared Facilities, Risk Disclosure Statements, Best Execution Statement, Privacy Agreement & Consent, Relationship Disclosure Information Document, Conflicts Disclosure Statement, and required CIRO & CIPF Brochures.

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

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 further acknowledge that I/we have received a copy of this New Client Application Form and all the documents in the above-mentioned Acknowledgement section and agree to the terms and conditions set out therein. 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 _____

National Instrument 54-101 — Client Response Card

Account Number(s)

ACCOUNT NO. _____ ACCOUNT NO. _____ ACCOUNT NO. _____

I have read and understand the explanation to clients that you have provided me in connection with this card and that the choices indicated by me apply to all of the securities held in the above account.

PART 1
Disclosure or Beneficial Ownership Information

Please mark the corresponding box to show whether you OBJECT or DO NOT OBJECT to us disclosing your name, address, securities holdings and preferred language of communication (English or French) to issuers of securities you hold with us and to other persons or companies in accordance with securities law. If you indicate that you OBJECT, we are entitled to charge you the reasonable costs incurred by us to forward securityholder materials to you in accordance with securities law.

☐ **I DO NOT OBJECT** TO YOU DISCLOSING THE INFORMATION DESCRIBED ABOVE.

☐ **I OBJECT** TO YOU DISCLOSING THE INFORMATION DESCRIBED ABOVE.

PART 2
Receiving Securityholder Materials

Please mark the corresponding box to show what materials you want to receive. Securityholder materials sent to beneficial owners of securities consist of the following materials: (a) proxy-related materials for annual and special meetings; (b) annual reports and financial statements that are not part of proxy-related materials; and (c) materials sent to securityholders that are not required by corporate or securities law to be sent.

☐ **I WANT** TO RECEIVE ALL SECURITYHOLDER MATERIALS SENT TO BENEFICIAL OWNERS OF SECURITIES.

☐ **I WANT** TO RECEIVE ONLY PROXY-RELATED MATERIALS THAT ARE SENT IN CONNECTION WITH A SPECIAL MEETING.

☐ **I DECLINE** TO YOU DISCLOSING THE INFORMATION DESCRIBED ABOVE.
EVEN IF I DECLINE TO RECEIVE THESE TYPES OF MATERIALS, I UNDERSTAND THAT A REPORTING ISSUER OR OTHER PERSON OR COMPANY IS ENTITLED TO SEND THESE MATERIALS TO ME AT ITS EXPENSE.

IMPORTANT NOTE: These instructions do not apply to any specific request you give or may have given to a reporting issuer concerning the sending of interim financial statements of the reporting issuer. In addition, in some circumstances, the instructions you give in this client response form will not apply to annual reports or financial statements of an investment fund that are not part of proxy-related materials. An investment fund is entitled to obtain specific instructions from you regarding whether you wish to receive its annual report or financial statements.

PART 3
Preferred Language of Communication

Please mark the corresponding box to show your preferred language of communication.

☐ **ENGLISH** ☐ **FRENCH**

FRIEDBERG MERCANTILE GROUP LTD.

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Investment Advisor Use Only

Client Identity

How long have you known the client? _____

Have you met the client face to face? ☐ YES ☐ NO

Is the I.A. registered in the same province in which the client resides? ☐ YES ☐ NO

DOCUMENTS TO BE PROVIDED

_____

_____

_____

Account Information

Account Type

☐ FUTURES ☐ CANADIAN MARGIN/OPTION ☐ U.S. MARGIN/OPTION ☐ CANADIAN CASH ☐ U.S. CASH

☐ CANADIAN SHORT ☐ U.S. SHORT ☐ TFSA ☐ LIRA ☐ LIF

☐ RRSP ☐ SPOUSAL RRSP ☐ RRIF ☐ SPOUSAL RRIF ☐ RESP

☐ CANADIAN DAP ☐ U.S. DAP ☐ OTHER _____

Initial Proposed Transaction

☐ DEPOSIT OF SECURITIES ☐ DEPOSIT OF FUNDS ☐ BUY ORDER ☐ SELL ORDER ☐ TRANSFER OF ACCOUNT

DESCRIPTION OF INITIAL ORDERS (DOES NOT REPRESENT AN OFFICIAL ORDER): ☐ UNSOLICITED ☐ SOLICITED

Investment Advisor / Compliance Comments

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____ _____ _____

I.A. SIGNATURE DATE COMPLIANCE DEPARTMENT APPROVAL DATE