Clear Form

QTRADE

AVISO FINANCIAL SELF-DIRECTED NEW ACCOUNT APPLICATION FORM

700 - 1111 West Georgia Street
Vancouver, BC, Canada V6E 4T6
604.605.4199 Toll Free 1.877.787.2330

Internal Use Only: Confirmation # _____ Username _____

1. ACCOUNT DETAILS

Account Status: ◯ New account (if you are an existing client provide your Client ID # _____) **OR** ◯ Update to your existing account # _____

Ownership: ◯ Individual ◯ Joint with Right of Survivorship (not available in Québec) ◯ Joint Tenants In Common (Québec Only)

Non-Registered Account

Account Type: ◯ Cash ◯ Margin ◯ Delivery Against Payment ("DAP")
Currency: ☐ CDN$ ☐ US$
Informal Trust: ☐
For DAP Accounts: DAP Settlement Agent _____
Agent Account # _____

Features ONLY available with Margin Account (select *all that apply*)

☐ Short Selling
☐ Options Trading: ☐ Long Calls and Puts ☐ Spreads ☐ Covered Writing ☐ Uncovered Writing

or

Registered Account (select one)

◯ RSP[1] ◯ Spousal RSP[1] ◯ LIRA[2]/LRSP[2] ◯ RLSP
◯ RIF[1] ◯ Spousal RIF[1] ◯ LIF[2]/LRIF[2] ◯ RLIF ◯ PRIF[2]

[2]Locked-In Province: _____

Features available with your Registered Account (select *all that apply*)

[1]Currency: ☑ CDN$ ☐ US$
☐ Long Calls and Puts ☐ Covered Writing

Notes: **Informal Trusts:** Attach completed *Informal Trust Account Agreement*.

Locked-In Accounts: Attach completed *Addendum* for jurisdiction of pension.
Locked-In Income Fund Accounts: Attach completed Spousal Consent, if applicable.

2. PRIMARY APPLICANT / ANNUITANT INFORMATION AND PROFILE

◯ Mr. ◯ Mrs. ◯ Ms. ◯ Miss ◯ Dr. ◯ Single ◯ Married ◯ Common Law ◯ Divorced ◯ Separated ◯ Widowed

Primary Applicant / Annuitant Name (First, Initial, Last) | Email Address | Business Phone

Home Address (PO Box & General Delivery not acceptable) | City | Province | Postal Code | Social Insurance Number | Home Phone

Mailing Address (if different from above) | City | Province | Postal Code | Date of Birth (dd/mm/yyyy) | Cellular Phone

Employment Status | Employer Name | Industry | Occupation

Employer Address (PO Box & General Delivery not acceptable) | Citizenship (List all countries)

I am a tax resident of: (select all that apply) ☐ Canada ☐ U.S. _____ ☐ Other(s): _____
Tax Identification Number (TIN) | Enter Country Names and Tax Identification Numbers
Note: You are considered a US tax resident if you are a US resident or citizen. US tax residents must include an IRS Form W9 and *Waiver of Client Confidentiality.*

Spousal Profile: (Do not complete if Spouse or Common-Law Partner is Joint Applicant. Required for married, common law & separated.)

◯ Mr. ◯ Mrs. ◯ Ms. ◯ Miss ◯ Dr. Name of Spouse or Common-Law Partner

Employment Status | Employer Name | Industry | Occupation

3. JOINT APPLICANT INFORMATION AND PROFILE

◯ Mr. ◯ Mrs. ◯ Ms. ◯ Miss ◯ Dr. ◯ Single ◯ Married ◯ Common Law ◯ Divorced ◯ Separated ◯ Widowed

Joint Applicant Name (First, Initial, Last) | Email Address | Business Phone

Home Address (PO Box & General Delivery not acceptable) ☐ Same as Primary | City | Province | Postal Code | Social Insurance Number | Home Phone

Mailing Address (if different from above) ☐ Same as Primary | City | Province | Postal Code | Date of Birth (dd/mm/yyyy) | Cellular Phone

Employment Status | Employer Name | Industry | Occupation

Employer Address (PO Box & General Delivery not acceptable) | Citizenship (List all countries)

I am a tax resident of: (select all that apply) ☐ Canada ☐ U.S. _____ ☐ Other(s): _____
Tax Identification Number (TIN) | Enter Country Names and Tax Identification Numbers
Note: You are considered a US tax resident if you are a US resident or citizen. US tax residents must include an IRS Form W9 and *Waiver of Client Confidentiality.*

Spousal Profile: (Do not complete if Spouse or Common-Law Partner is Primary Applicant. Required for married, common law & separated.)

◯ Mr. ◯ Mrs. ◯ Ms. ◯ Miss ◯ Dr. Name of Spouse or Common-Law Partner

Employment Status | Employer Name | Industry | Occupation

Qtrade Direct Investing is a division of Aviso Financial Inc., member of the Canadian Investor Protection Fund.

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4. REGISTERED ACCOUNT INFORMATION

Beneficiary Designation

I designate the person(s) named below, if then living, as beneficiary(ies) of the proceeds payable under this account in the event of my death. If a designated beneficiary is not living at my death, any amount that would have otherwise been payable from this account to the deceased beneficiary shall be paid to my estate. I am solely responsible for ensuring that this designation of beneficiary is legally valid.

CAUTION: Beneficiary designations by way of this form are not available for residents of Quebec. In some provinces, your designation of beneficiary by means of this form will not be revoked or changed automatically by any future marriage or divorce. If you wish to change the beneficiary(ies) of this account in the future, you can do so by completing a *Change of Beneficiary Form*. If you are making a beneficiary designation below, this form **must be signed by the account owner**. A beneficiary designation purported to be made pursuant to a Power of Attorney may be invalid. If you are seeking to designate a beneficiary on behalf of an adult, contact your lawyer for advice. If you are designating the beneficiary(ies) of a locked-in account, see the applicable addendum for important terms and conditions.

◯ My Estate ◯ My Spouse or Common-Law Partner
◯ Other ◯ My Spouse or Common-Law Partner as successor annuitant (RIF plan only; my spouse or common-law partner will become the annuitant and assume income payments under the account).

Beneficiary Name (First, Initial, Last)	Relationship to You	Percentage

Complete this information for Spousal Registered accounts; or for RIF accounts if your spouse or common-law partner is being named as successor annuitant or if their age is being used to calculate the minimum amount payable:

Spouse or Common-Law Partner Name	Social Insurance Number	Date of Birth (dd/mm/yyyy)

RIF Payment Information

Internal Transfer Request: I hereby direct the transfer of my assets **In Kind** from my RSP/LIRA Account #: _____

I request in each year, an **annual** payment amount of (*select one*):

◯ Minimum amount payable (this is zero in the year of purchase), based on:
◯ My Age ◯ My Spouse or Common-Law Partner age
◯ Other Amount: $ _____ ◯ Gross ◯ Net
◯ Maximum payout (LIF, LRIF, and RLIF only)

Tax Calculation Options:
◯ Regulatory Standard (default)
◯ Percent _____ %: ◯ On entire amount ◯ On excess amount

Payment Frequency: ◯ Monthly ◯ Quarterly ◯ Semi-Annually ◯ Annually

Start Date: ◯ 15th ◯ Last day of the month Year _____ Month _____

Direct Payment: ◯ by Electronic Funds Transfer to the following account _____ (if new, attach a void cheque)
◯ to my Non-Registered Account number _____

5. APPLICANT(S) INVESTMENT PROFILE

	Estimated annual income from all sources	Spouse's or Common-Law Partner's estimated annual income from all sources	Estimated net family liquid assets (cash + securities - loans against securities)	+ Estimated net family fixed assets (fixed assets less liabilities against fixed assets)	= Estimated total family net worth
Primary Applicant	$	$	$	$	$
Joint Applicant	$	$	$	$	$

In which of the following do you have investment experience?

Primary Applicant	☐ None ☐ Mutual Funds ☐ Stocks ☐ Bonds	**Options:** ☐ Long Calls or Puts ☐ Covered Writing ☐ Spreads ☐ Uncovered Writing
Joint Applicant	☐ None ☐ Mutual Funds ☐ Stocks ☐ Bonds	**Options:** ☐ Long Calls or Puts ☐ Covered Writing ☐ Spreads ☐ Uncovered Writing

6. OTHER INTERESTS IN THE ACCOUNT(S)

With respect to the account(s), will any other person(s):

Have Trading Authority (TA)?	◯ No	◯ Yes	If yes, complete a *Trading Authorization Form*
Have a financial interest (excluding your Spouse or Common Law Partner)?	◯ No	◯ Yes	If yes, name of other person(s): _____
Guarantee your account?	◯ No	◯ Yes	If yes, complete a *Guarantee of Account Form*
Have Power of Attorney (POA)?	◯ No	◯ Yes	If yes, attach a *Trading Authorization Form* and notarized copy of the original POA
Provide directions to you (other than a TA or POA)?	◯ No	◯ Yes	If yes, complete the following:

Third Party Name	Address	Phone Number	Principal Business or Occupation	Date of Birth (dd/mm/yyyy)	Relationship to Applicant	If Corporation: Incorporation #	Place of Incorporation

7. ELECTRONIC FUNDS TRANSFER

Do you wish to enable your banking account(s) for Electronic Funds Transfer ("EFT") to and from your online brokerage account(s)? ◯ No ◯ Yes

If yes, please provide a personalized void cheque for each banking account you wish to enable. Please note that the banking account(s) information received will apply to all accounts held by you under this registration now, or in the future, unless otherwise advised by you. Banking information can be changed by completing an *Electronic Funds Transfer (EFT) Set-up Form*. EFT to and from US$ accounts is not available.

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8. INFORMATION REQUIRED BY REGULATORS

A. Your business relationship with us is for? ○ Investment Purposes ○ Other: _____

B. What is the intended use for the account?

Non-Registered Account:	○ Short term investing	○ Income source	○ Wealth accumulation	○ Retirement savings	○ Education savings	○ Major purchase
Registered Account:	○ Short term investing	○ Income source	○ Wealth accumulation	○ Retirement savings	○ Education savings	○ Major purchase

C. Trusted Contact Person: A Trusted Contact Person (TCP) may be a close friend, family member, or caregiver that can be trusted to ensure your interests come first. This protects you, by authorizing us to contact, discuss concerns and disclose certain personal information about you to the TCP, if we suspect you are experiencing financial exploitation or mistreatment, or have concerns about your ability to make financial decisions. A TCP is not the same as a power of attorney; a TCP does not have authority to make financial decisions for you.

Would you like to add a Trusted Contact Person to your account? ○ No ○ Yes If yes, complete the following information:

Trusted Contact Person First Name	Last Name	Relationship to You	Phone Number	Email Address

D. Are you or any member of your immediate family a Politically Exposed Person (PEP) or Head of International Organization (HIO), or a close associate of a PEP or HIO, as defined on the PEP and HIO form.

Primary Applicant: ○ No ○ Yes Joint Applicant: ○ No ○ Yes If yes, complete a PEP and HIO form.

E. Do you own, or have control or direction over, directly or indirectly, alone or as part of a group, 10% or more of the voting rights of an issuer or publicly traded company or other entity (i.e. Insider, Significant Shareholder, Control Person)?

○ No ○ Yes If yes, specify name(s) of company(ies) and % owned

Primary Applicant _____ % Joint Applicant _____ %

F. Are you a Director or Senior Officer, or an individual performing similar functions, or a promotor/investor relations, of an issuer or publicly traded company or other entity whose shares trade on a marketplace (i.e. Reporting and Non-reporting Insider)?

○ No ○ Yes If yes, specify name(s) of company(ies)

Primary Applicant _____ Joint Applicant _____

G. Are you, your Spouse or Common-Law Partner or any member of your household an employee, Director, Partner or Officer of a securities dealer?

○ No ○ Yes If yes, specify name(s) of security dealer(s)

Primary Applicant _____ Joint Applicant _____

H. Do you trade or intend to trade with other investment firms?

○ No ○ Yes If yes, specify firm(s)

Primary Applicant _____ Joint Applicant _____

I. Identification: For each Applicant include a legible photocopy of valid government issued photo ID and select from the **'Verified Identification Methods'** (see **Application Checklist** section for details).

Primary Applicant: ○ Passport ○ Driver's License (front & back) ○ Other ID Type & Number _____
(Acceptable ID must have Unique Identifier, Signature and Expiry Date)

Joint Applicant: ○ Passport ○ Driver's License (front & back) ○ Other ID Type & Number _____
(Acceptable ID must have Unique Identifier, Signature and Expiry Date)

9. NATIONAL INSTRUMENT 54-101 COMMUNICATION WITH BENEFICIAL OWNERS OF SECURITIES

I have read and understand the Explanation to Clients provided to me in connection with this form and the choices indicated by me below apply to all of the securities held in all accounts held by me under this registration now, or in the future, unless I advise you otherwise in writing. The Explanation to Clients can be found in the *Customer Agreements & Disclosure Documents* booklet (the "Booklet").

Section 1 - Disclosure of Beneficial Ownership Information

Please select the appropriate button below to show whether you **do not object** or **object** to us disclosing your name, address, electronic mail 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.

○ **I do not object** to you disclosing the information described above.
○ **I object** to you disclosing the information described above.

Note: If you object, you will be responsible for any costs associated with delivering securityholder materials to you.

Section 2 - Receiving Securityholder Materials

Please select the appropriate button below 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 decline** to receive **all** securityholder materials sent to beneficial owners of securities. (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.)
○ **I want** to receive **only** proxy-related materials that are sent in connection with a special meeting.

Note: These instructions do not apply to any specific request you may give 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 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 also entitled to obtain specific instructions from you on whether you wish to receive its annual report or financial statements, and where you provide specific instructions, the instructions in this form with respect to financial statements will not apply.

Section 3 - Preferred Language of Communication

Please select the appropriate button below to show your preferred language of communication.

○ **English** ○ **French**

I understand that the materials I receive will be in my preferred language of communication if the materials are available in that language.

10. APPLICANT/ANNUITANT CONSENTS AND ACKNOWLEDGEMENTS

A. I acknowledge, understand and agree that: (i) Canadian securities regulators have granted Qtrade Direct Investing (hereafter referred to as "you") an exemption from the requirement to review trades for suitability; (ii) you will not provide me with any advice or recommendation regarding any security or investment or their purchase or sale nor any legal, tax or accounting advice or recommendation; (iii) you are not responsible for making a suitability determination of my trades and will neither determine my general investment needs and objectives nor review my trades for suitability; (iv) I am solely responsible for my own investment decisions and understand the implications of not having my trades reviewed for suitability; (v) you will not consider my financial situation, investment knowledge, investment objectives and risk tolerance when accepting orders from me; (vi) you and your employees and agents are not authorized to provide me with the aforementioned advice, recommendations or suitability determination, and I will neither solicit nor rely upon any such advice, recommendation or suitability determination from you or any of your employees and agents; and (vii) you and your officers, employees, agents and affiliates will have no liability whatsoever with respect to transactions in or for my account(s) or for my investment decisions.

○ **I Acknowledge** Note: This account cannot be opened without this acknowledgment.

B. Disclosure Statement: I acknowledge that Qtrade Direct Investing is a division of Aviso Financial Inc. ("AFI"), which is a wholly owned subsidiary of Aviso Wealth Inc. ("Aviso"). Aviso is a wholly owned subsidiary of Aviso Wealth LP, which in turn is owned 50% by Desjardins Financial Holding Inc. and 50% by a limited partnership owned by the five Provincial Credit Union Centrals and The CUMIS Group Limited. Qtrade Direct Investing makes its services available in association with participating organizations and their affiliates, including, if applicable, the organization that referred me to Qtrade Direct Investing (my "Referring Organization").

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10. APPLICANT/ANNUITANT CONSENTS AND ACKNOWLEDGEMENTS (Continued)

C. Collection, Use and Sharing of Personal Information: I acknowledge that the collection, use and disclosure of my personal information and data provided to Qtrade Direct Investing is governed by Qtrade Direct Investing's Privacy Policy at www.qtrade.ca/en/investor/privacy-policy. By signing below, I confirm that I have read the Privacy Policy and I understand why my information is collected and how it will be used and disclosed. I understand that the Privacy Policy may be revised from time to time by Qtrade Direct Investing and its affiliates. I acknowledge that I may amend or access the personal information Qtrade Direct Investing holds about me at any time, or inquire about Qtrade Direct Investing's privacy policies generally, by contacting Qtrade Direct Investing.

Consent to share personal information: By selecting "I Consent", I acknowledge that Qtrade Direct Investing and my Referring Organization are separate legal entities, and I agree that Qtrade Direct Investing may share my personal information and data with my Referring Organization, its affiliates and authorized agents in accordance with Qtrade Direct Investing's Privacy Policy, for the purposes of: opening, maintaining and operating my account; enabling the offering and delivery of products and services across associated entities; facilitating compensation and servicing arrangements; conducting business operations and ensuring regulatory compliance; and enhancing the overall client experience through coordinated service delivery. I acknowledge and agree that this consent allows for the ongoing sharing of my personal information and data by Qtrade Direct Investing with my Referring Organization, its affiliates and authorized agents for the purposes outlined above. I understand that I may withdraw my consent at any time (except where limited by applicable law) but doing so may limit the ability of Qtrade Direct Investing, my Referring Organization and each of their affiliates or to provide me with products and services. I understand that whether or not I consent, Qtrade Direct Investing may be required to share my personal information and data to meet regulatory obligations or as otherwise required by law.

◯ **I consent** ◯ **I do not consent**

D. Are you applying for this account in the office of a Canadian Financial Institution?

◯ **No** ◯ **Yes** If yes, I have read the Disclosure in Respect of Securities Related Activities in a Canadian Financial Institution in the Booklet.

E. Trusted Contact Person: By providing the name and contact information of my Trusted Contact Person above, I acknowledge and agree that you may contact such person to confirm or make inquiries about matters such as possible financial exploitation, concerns about capacity as it relates to my ability to make decisions involving financial matters, the name and contact information of my legal representative, and my current contact information. I acknowledge that I have read and agree to the terms set forth in the "Trusted Contact Person" section in the Booklet.

11. APPLICANT/ANNUITANT AGREEMENT (READ CAREFULLY BEFORE SIGNING)

A. I the undersigned: (i) certify that the information I have provided in this application is true, complete and accurate and you may rely thereon, and agree to notify you in writing within 30 days of any change that causes the information to be untrue, incomplete or inaccurate; (ii) acknowledge and agree that Qtrade Direct Investing may obtain credit or other information about me, including conducting a credit and/or financial institution reference check, in order to verify my identity, assess suitability for certain accounts or products, protect against fraud and other risks, at all times as permitted by law and in accordance with Qtrade Direct Investing's Privacy Policy. For these purposes, I agree that Qtrade Direct Investing may exchange my information with a credit and/or financial institution on an ongoing basis as necessary. I can access and correct information in my credit file by contacting the credit and/or financial institution directly. This consent is effective when I sign this application and will continue as long as I maintain the account with Qtrade Direct Investing; (iii) confirm that I have read and understand the Electronic Delivery of Documents Agreement in the Booklet and consent to the electronic delivery of all documents and communications pertaining to my account(s); (iv) acknowledge and agree that you may share information you hold relating to my account(s) with your applicable regulators to fulfill your regulatory obligations; (v) understand and agree that contributions or transferred funds and securities will be valued at current market value when you have received them, and that if I have a self-directed RIF it is my responsibility to ensure that I have cash in my account on the date of my regular payments; and (vi) acknowledge and understand that Qtrade Direct Investing is a division of AFI an affiliate of Northwest & Ethical Investments L.P., the manager of the NEI Funds and a related issuer to the Desjardins Group. By signing this form, I acknowledge receipt of this disclosure and consent to you effecting transactions for my account(s), as I instruct you from time to time, in mutual funds or other investment products issued, managed or administered by a related or connected issuer to you, including Northwest & Ethical Investments L.P. or members of the Desjardins Group.

By placing my first order in my account, I acknowledge, confirm and agree that: (i) I have reviewed, understand and agree with the "Privacy Policy", "Terms of Use" and "Security" terms, each of which is found as a footer at the bottom of every page on your securities trading platform website, as well as the terms, conditions and disclosures contained in the Booklet, which contains, among other things, the Account Holder Agreement, the National Instrument 54-101 Explanation to Clients regarding securityholder materials, the Joint Account Agreement, the Risk Disclosure Statement (including leverage risk disclosure), the Electronic Delivery of Documents Agreement, the AFI Relationship Disclosure (including conflict of interest and related issuer disclosure) and client Complaint Handling Procedures, and is found on the Forms page of your securities trading platform website; (ii) neither you nor any of your affiliates, directors, officers, employees, agents or third party suppliers will be liable to me for, and I agree to indemnify each of you from any harm whatsoever that may arise from, any errors or omissions in connection with my reliance on or use of in any way whatsoever of: (A) market data, research or any other information whatsoever provided to me by you or your third party suppliers; (B) systems, platforms, tools or any other technology services of any kind whatsoever provided to me by you or your third party suppliers; or (C) the handling of, or orders relating to, the purchase, sale, execution or expiration of a security or any matter related thereto by you or any of your third party suppliers unless caused by our negligence or breach of applicable laws or rules; and (iii) my Referring Organization (if any) has no liability whatsoever in connection with my use of your or your third party supplier's securities trading platform and that I will not undertake any action whatsoever against my Referring Organization (if any) in connection with my use of your or your third party supplier's securities trading platform.

B. If opening a delivery against payment ("DAP") account, I acknowledge, consent and agree to the following: (i) in connection with executing trades on my behalf, the Referring Organization and/or its applicable plan trustee or custodian will share information relating to my account with you, and you will share information relating to my DAP account with the Referring Organization and/or its applicable plan trustee or custodian; (ii) the Referring Organization, plan trustee and/or custodian will receive duplicate trade confirmations and/or statements with respect to my DAP account; and (iii) the approval by you of any and all transactions initiated by me through my DAP account will be subject to your policies and procedures, and the settling of such transactions to my account held at the Referring Organization will be subject to the Referring Organization's, plan trustee's and/or custodian's policies and procedures.

C. To Canadian Western Trust Company (the "Trustee"): I the undersigned acknowledge receipt of the Declaration of Trust for the Aviso Financial Self-Directed Retirement Savings Plan (the "Plan") or Aviso Financial Self-Directed Retirement Income Fund ("Fund"), as applicable. By signing below, I certify and agree that: (i) I have read, understand and agree to the terms of the Declaration of Trust; (ii) the information given in this Application is true, correct and complete; (iii) I request that the Trustee apply for registration of the Plan as a Registered Retirement Savings Plan or Fund as a Registered Retirement Income Fund, as applicable, under section 146 or 146.3 of the Income Tax Act (Canada); (iv) I am solely responsible for my investment decisions and for determining my contribution limits; and (v) I am responsible for determining whether an investment is qualified under tax laws, and I am aware of the consequences of acquiring and holding investments which are not qualified.

By signing below, I acknowledge, agree and consent to all of the foregoing under this Applicant/Annuitant Agreement section and that the information, acknowledgements, agreements and consents I have provided in this application will apply to all accounts held by me under this registration now, or in the future, except to the extent I advise you otherwise in writing.

x _____ Primary Applicant / Annuitant Signature | _____ Date (dd/mm/yyyy) | x _____ Joint Applicant Signature | _____ Date (dd/mm/yyyy)

For Margin Trading and/or Short Selling Only: By signing below, I certify and agree that I have received, read, understand and agree to the margin terms and conditions in the Booklet.

x _____ Primary Applicant / Annuitant Signature | _____ Date (dd/mm/yyyy) | x _____ Joint Applicant Signature | _____ Date (dd/mm/yyyy)

For Options Trading Privileges Only: By signing below, I certify and agree that I have received, read, understand and agree to the options terms and conditions in the Booklet, and I am aware of the risks involved in options trading as outlined in the Booklet under Risk Disclosure Statement and am willing to take those risks.

x _____ Primary Applicant / Annuitant Signature | _____ Date (dd/mm/yyyy) | x _____ Joint Applicant Signature | _____ Date (dd/mm/yyyy)

12. REFERRAL INFORMATION (IF APPLICABLE)

_____ Financial Institution Name | _____ Representative Name | _____ Branch Name

Qtrade Direct Investing Partner employees: Work email address: _____

13. APPROVAL (FOR INTERNAL USE ONLY)

x _____ Authorized Officer or Branch Manager Signature (Accepted on behalf of the Trustee by its Agent) | _____ Date (dd/mm/yyyy) | x _____ Options Supervisor | _____ Date (dd/mm/yyyy)

Comments: _____

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APPLICATION CHECKLIST

Include the following with this Application Form (Signed and dated by all Applicants in all applicable areas (including margin/short selling/options signature lines)):

Account Funding Instructions (provide at least one):

- ☐ **Cheque:** Payable to "Aviso Financial Inc."
- ☐ **Cash/Securities Transfer:**
  - ☐ Completed *Authorization to Transfer Investments Form*
- ☐ **Electronic Funds Transfer ("EFT") / Bill Payment**

Identification (**Note:** ID is not required if you have an existing account with us)

To comply with the Proceeds of Crime (Money Laundering) and Terrorist Financing Act, we are required to verify the identity of all persons involved with an account.

A photocopy of ID **and** a verified ID method are required for each person (applicant, trading authority and/or power of attorney).

1. Photocopy of valid (not expired) Federal, Provincial or Territorial Government Photo ID:
   - ○ Passport ○ Driver's License (front and back) ○ Other ID Type (Acceptable ID must have a unique identifier, photo and legal name)
2. Verified Identification Method (select either Single Process Credit File or Dual Method)
   - ○ Single Process Credit File (must be derived from more than 1 source and in existence for at least 3 years) – we will obtain the credit file report
   - ○ Dual Method (In addition to the photocopy of the Photo ID provided in item 1 above, select one of the following options):
     - ☐ Credit File (must be derived from more than 1 source and in existence for at least 6 months but less than 3 years) – we will obtain the credit file report
     - ☐ Bank/Credit account statement (must be current and show legal name and account number) or Personal Cheque (counter cheques, bank drafts or money orders are not acceptable for identity verification) – we will verify each person's identity by clearing a personal cheque payable to Aviso Financial Inc., for a minimum of $10, for deposit to your Qtrade Direct Investing account. For joint accounts, provide either personal cheques drawn on a joint account (one for each person) or individual personal cheques (one for each person)
     - ☐ Document from a reliable and independent source – Provide a recent and un-altered paper or electronic file of a document, received directly from the issuer, showing each person's name and address from a:
       - Canadian government (e.g. CRA Notice of Assessment)
       - Canadian utility (e.g. a utility bill for electricity, gas, water or telecommunications)

US Citizens and Residents:

- ☐ Completed Form W9 and *Waiver of Client Confidentiality* (both available on our online brokerage website). Include your Tax Identification Number.

Mail or deliver the original copy of the application with all necessary additional forms and documents (i.e. supplementary forms, trading authorizations, valid photo ID and verified identification method) to:

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Note: We are unable to accept faxed copies.
Once your account is open, you will receive a Welcome Package containing all the necessary information to manage your account via either: (1) email (where email address was provided); or (2) mail.
Cleared funds must be in your account to fully cover your first purchase.

FOR FURTHER INFORMATION VISIT US ONLINE OR EMAIL DIRECTINVESTING@QTRADE.CA OR CALL 1.877.787.2330