

In this application, I, me, my, you and your refer to the account holder. Introducing Broker, we, us and our refer to PWL Capital Inc.

☐ New Client ID  
 ☐ Add Account - Existing Client ID  
 ☐ Update Existing Account  
 RR code: \_\_\_\_\_ Client ID: \_\_\_\_\_

<b>ENTITY</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Estate <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Charitable Organization <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other	<b>NON-REGISTERED</b> <table style="width:100%;"> <tr> <td></td> <td style="text-align: center;">CAD</td> <td style="text-align: center;">USD</td> </tr> <tr> <td>Cash</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Margin</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Margin Short</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <input type="checkbox"/> Option Trading (Non-registered Accounts)		CAD	USD	Cash	<input type="checkbox"/>	<input type="checkbox"/>	Margin	<input type="checkbox"/>	<input type="checkbox"/>	Margin Short	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
	CAD	USD														
Cash	<input type="checkbox"/>	<input type="checkbox"/>														
Margin	<input type="checkbox"/>	<input type="checkbox"/>														
Margin Short	<input type="checkbox"/>	<input type="checkbox"/>														
Other	<input type="checkbox"/>	<input type="checkbox"/>														

## SECTION A: LEGAL ENTITY INFORMATION

### Legal Entity Profile

LEGAL NAME OF ENTITY				ATTENTION																											
NATURE OF BUSINESS (if holding company, provide details of what holding company is for)				BUSINESS NUMBER/TAX ID REGISTRATION NUMBER																											
DATE OF INCORPORATION OR REGISTRATION (MMDDYYYY) (not required for Estate)				PLACE OF INCORPORATION, REGISTRATION OR ESTABLISHMENT OF TRUST (not required for Estate)																											
PERMANENT ADDRESS	STREET NUMBER	STREET NAME	STREET TYPE	STREET DIRECTION	UNIT TYPE	UNIT NUMBER																									
CITY	PROVINCE		POSTAL CODE		COUNTRY																										
MAILING ADDRESS <small>(if different than residence)</small>	STREET NUMBER	STREET NAME	STREET TYPE	STREET DIRECTION	UNIT TYPE	UNIT NUMBER																									
CITY	PROVINCE		POSTAL CODE		COUNTRY																										
BANK NAME	BANK ADDRESS		INSTITUTION #	TRANSIT #	ACCOUNT #	<input type="checkbox"/> Set up bank information for electronic funds transfers (one form per bank account)																									
APPROXIMATE ANNUAL INCOME FROM ALL SOURCES			<b>NET WORTH</b> <table style="width:100%;"> <tr> <td>+ Cash &amp; Investments</td> <td>\$ _____</td> <td>+ Fixed Assets &amp; Real Estate</td> <td>\$ _____</td> </tr> <tr> <td>a. Cash and Cash Equivalents</td> <td>\$ _____</td> <td>- Loans and Credit Card Balances</td> <td>\$ _____</td> </tr> <tr> <td>b. Fixed Income Securities</td> <td>\$ _____</td> <td>- Lines of Credit</td> <td>\$ _____</td> </tr> <tr> <td>c. Equities</td> <td>\$ _____</td> <td>- Mortgages</td> <td>\$ _____</td> </tr> <tr> <td>d. Alternative Securities</td> <td>\$ _____</td> <td>- Other (specify): _____</td> <td>\$ _____</td> </tr> <tr> <td colspan="2"></td> <td><b>= Estimated Total Net Worth</b></td> <td>\$ _____</td> </tr> </table>					+ Cash & Investments	\$ _____	+ Fixed Assets & Real Estate	\$ _____	a. Cash and Cash Equivalents	\$ _____	- Loans and Credit Card Balances	\$ _____	b. Fixed Income Securities	\$ _____	- Lines of Credit	\$ _____	c. Equities	\$ _____	- Mortgages	\$ _____	d. Alternative Securities	\$ _____	- Other (specify): _____	\$ _____			<b>= Estimated Total Net Worth</b>	\$ _____
+ Cash & Investments	\$ _____	+ Fixed Assets & Real Estate	\$ _____																												
a. Cash and Cash Equivalents	\$ _____	- Loans and Credit Card Balances	\$ _____																												
b. Fixed Income Securities	\$ _____	- Lines of Credit	\$ _____																												
c. Equities	\$ _____	- Mortgages	\$ _____																												
d. Alternative Securities	\$ _____	- Other (specify): _____	\$ _____																												
		<b>= Estimated Total Net Worth</b>	\$ _____																												
LANGUAGE OF CORRESPONDENCE <input type="checkbox"/> English <input type="checkbox"/> French																															

Is the Entity a US Person or a Resident Alien of the United States for tax purposes?  
☐ Yes  
☐ No

### #1 Individual with Authority Over the Account (officers of corporations, sole owners, partners, executors for estates, trustees, attorneys)

YOU ARE COMPLETING THIS SECTION AS:  
☐ Officer  
☐ Executor  
☐ Partner  
☐ Trustee  
☐ Owner  
☐ Director  
☐ Other (please specify) \_\_\_\_\_

<input type="checkbox"/> MR. <input type="checkbox"/> MISS <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> DR.	FIRST NAME	MIDDLE NAME	LAST NAME	DATE OF BIRTH
PERMANENT RESIDENCE	STREET NUMBER	STREET NAME	STREET TYPE	STREET DIRECTION
CITY	PROVINCE		POSTAL CODE	
PRIMARY PHONE NUMBER (   )		SECONDARY PHONE NUMBER (   )		OTHER PHONE NUMBER (   )
EMAIL ADDRESS				CITIZENSHIP (CHECK ALL THAT APPLY) <input type="checkbox"/> Canadian <input type="checkbox"/> US <input type="checkbox"/> Other (specify): _____

ARE YOU A CITIZEN OF THE UNITED STATES OR A RESIDENT ALIEN OF THE UNITED STATES FOR TAX PURPOSES?  
☐ YES  
☐ NO

EMPLOYMENT STATUS:  
☐ Employed  
☐ Self-employed  
☐ Not employed  
☐ Retired  
☐ Other: (please specify) \_\_\_\_\_

If retired or not employed, please provide pre-retirement occupation or former employment: \_\_\_\_\_

EMPLOYER'S NAME	EMPLOYER'S ADDRESS
NATURE OF BUSINESS (e.g. "Retail Sales" not "Sales")	OCCUPATION/POSITION (e.g. "Retail Store Manager" not "Manager")

### #2 Individual with Authority Over the Account (officers of corporations, sole owners, partners, executors for estates, trustees, attorneys)

YOU ARE COMPLETING THIS SECTION AS: <input type="checkbox"/> Officer <input type="checkbox"/> Executor <input type="checkbox"/> Partner <input type="checkbox"/> Trustee <input type="checkbox"/> Owner <input type="checkbox"/> Director <input type="checkbox"/> Other (please specify) _____							
<input type="checkbox"/> MR. <input type="checkbox"/> MISS <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> DR.	FIRST NAME	MIDDLE NAME	LAST NAME	DATE OF BIRTH			
PERMANENT RESIDENCE	STREET NUMBER	STREET ADDRESS	STREET TYPE	STREET DIRECTION	UNIT TYPE	UNIT NUMBER	
CITY	PROVINCE		POSTAL CODE		COUNTRY		

PRIMARY PHONE NUMBER (     )	SECONDARY PHONE NUMBER (     )	OTHER PHONE NUMBER (     )
EMAIL ADDRESS		CITIZENSHIP (CHECK ALL THAT APPLY) <input type="checkbox"/> Canadian <input type="checkbox"/> US <input type="checkbox"/> Other (specify): _____
ARE YOU A CITIZEN OF THE UNITED STATES OR A RESIDENT ALIEN OF THE UNITED STATES FOR TAX PURPOSES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EMPLOYMENT STATUS: <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Not employed <input type="checkbox"/> Retired <input type="checkbox"/> Other: (please specify) _____ If retired or not employed, please provide pre-retirement occupation or former employment: _____		
EMPLOYER'S NAME	EMPLOYER'S ADDRESS	
NATURE OF BUSINESS (e.g. "Retail Sales" not "Sales")	OCCUPATION/POSITION (e.g. "Retail Store Manager" not "Manager")	

**Required Regulatory Information**

**Is the legal entity or one of its authorized individuals a reporting insider within the meaning of the regulation?**    ☐ Yes    ☐ No  
 If yes, indicate the name of the company or companies and their stock symbol(s): \_\_\_\_\_

**Does the legal entity or one of its authorized individuals, as an individual or as part of a group, hold a controlling interest in such a company (more than 20% of the outstanding voting securities of an issuer)?**    ☐ Yes    ☐ No  
 If yes, indicate the name of the company or companies and their stock symbol(s): \_\_\_\_\_

**Is anyone authorized to use discretion in handling the account?**    ☐ Yes    ☐ No  
 If yes, please state name and complete appropriate agreement (eg. discretionary, managed account, IPS): \_\_\_\_\_

**Do any of the authorized individuals named on the account, or any other person(s), guarantee this account?**    ☐ Yes    ☐ No  
 If yes, state name and include guarantee form: \_\_\_\_\_

**Will the account be used by a person other than the legal entity and its authorized individuals or for the benefit of a third party?**    ☐ Yes    ☐ No  
 If yes, please state name and complete the Third Party Determination Form 127: \_\_\_\_\_

**Is one of the authorized individuals of the legal entity or a member of their family (spouse, children, parents) with whom they live an employee, officer or a director of a securities broker, a stock exchange itself or IIROC?**    ☐ Yes    ☐ No  
 If yes, please provide full name of individual and employer: \_\_\_\_\_

**Does the Investment Advisor have a direct or indirect interest in the account other than an interest in commissions or in compensation relating to the services provided?**    ☐ Yes    ☐ No  
 If yes, please provide details: \_\_\_\_\_

**Do you trade or intend to trade with other investment firms?**    ☐ Yes    ☐ No  
 If yes, give name(s) or firm(s): \_\_\_\_\_

**Do you have any other accounts with us?**    ☐ Yes    ☐ No  
 Account Number(s): \_\_\_\_\_

**Do you use leverage or borrowing to finance the purchase of securities?**    ☐ Yes    ☐ No  
 If yes, please discuss the risks and suitability of this strategy with your Investment Advisor.

**Is any Individual with Authority over the account, or any person who has control or direction over the account or an interest in the account, a Politically Exposed Person (PEP) / Head of an International Organization (HIO) as defined under AML regulations?**

**Note: You may also be considered a PEP/HIO if you are a family member or close associate of a PEP or HIO.**

(a) Foreign Politically Exposed Person    ☐ Yes    ☐ No   
 (b) Domestic Politically Exposed Person    ☐ Yes    ☐ No   
 (c) Head of an International Organization    ☐ Yes    ☐ No

If yes, please indicate why: \_\_\_\_\_    Source of Wealth: \_\_\_\_\_

**ELECTRONIC DELIVERY OF DOCUMENTS**

You will be signed up for electronic access and delivery of documents (statements, confirms and tax receipts). You will receive an e-mail notification advising when your documents are available via My Portfolio+.

My Portfolio+ User ID: \_\_\_\_\_    Email address: \_\_\_\_\_  
(Please indicate your current user ID if applicable)    (Required for sign-up and notifications)

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

**INVESTMENT KNOWLEDGE**

☐ Sophisticated    ☐ Good    ☐ Limited    ☐ Poor / None

**GUIDELINES FOR INVESTMENT KNOWLEDGE**

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

**SOPHISTICATED** experience would include those individuals who have 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** experience would include those individuals who have either traded in or have 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** experience would include those individuals who have had 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** would include those individuals who have very limited or no knowledge of the basic attributes of investment securities.

**INVESTMENT OBJECTIVES, RISK TOLERANCE, TIME HORIZON, PURPOSE OF ACCOUNT AND SOURCE OF FUNDS**

Please carefully read this section, which refers to all investments held through the Introducing Broker, before you complete it. The information you provide will assist your Investment Advisor in determining what investments to recommend for your account(s). The investment objectives and risk tolerance 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:** 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 TOLERANCE** is linked to your willingness and ability to accept risk and absorb investment losses.

- **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:

- Short-term savings
- Investing for a specific use eg. education, major purchase
- Income
- Retirement Savings
- Long-term Investment
- Speculation
- Other (please specify)

ACCOUNT TYPE	INVESTMENT OBJECTIVES (SELECTION MUST TOTAL 100%)					RISK TOLERANCE (SELECTION MUST TOTAL 100%)			TIME HORIZON A = < 3 yrs B = 3-5 yrs C = 6-10 yrs D = 11-20 yrs E = > 20 yrs	PURPOSE OF ACCOUNT (SELECT ONE FOR EACH ACCOUNT)	TRANSFER IN
	Liquidity	Safety	Income	Growth	Spec	Low	Med	High			
	(M)	(X)	(B)	(G)	(S)						
Cash CDN											
Cash US											
Margin CDN											
Margin US											
Margin Short CDN											
Margin Short US											
Additional:											
Additional:											

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Source of funds:**

Please indicate the source of the funds that you are investing by selecting all applicable choices to your situation.

- |                                              |                                           |                                              |                                               |                                      |
|----------------------------------------------|-------------------------------------------|----------------------------------------------|-----------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Employment Earnings | <input type="checkbox"/> Sale of property | <input type="checkbox"/> Investment earnings | <input type="checkbox"/> Rental income        | <input type="checkbox"/> Savings     |
| <input type="checkbox"/> Retirement income   | <input type="checkbox"/> Gift/Donation    | <input type="checkbox"/> Inheritance         | <input type="checkbox"/> Insurance settlement | <input type="checkbox"/> Other _____ |

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, risk tolerance, time horizon, and purpose of account.

Account Holder's Signature: **X** \_\_\_\_\_

DATE (MM/DD/YYYY) : \_\_\_\_\_

Account Holder's Signature: **X** \_\_\_\_\_

DATE (MM/DD/YYYY) : \_\_\_\_\_

## NATIONAL INSTRUMENT 54-101 CLIENT RESPONSE

I have read and understand the explanation to clients that you have provided me in connection with the Accounts and Services Agreement and Disclosures and that the choices indicated by me apply to all of the securities held in the account(s) identified on this application.

### PART 1 - Disclosure of 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 security holder 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.

Important Notice: Notwithstanding the instructions set out above, you agree that National Bank Financial Inc., through its National Bank Independent Network (NBIN), may be required to disclose information about you such as your name, address(es) and details of the securities you hold (i) to a company with registered office(s) in the European Union which is admitted to trading on a European stock exchange to the extent that you hold more than a certain percentage of shares or voting rights of such issuer at the time of the request and/or (ii) to a foreign issuer if required to do so by applicable laws.

### PART 2 - Receiving Security Holder Materials

Please mark the corresponding box to show what materials you want to receive. Security holder 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 security holders that are not required by corporate or securities law to be sent.

☐ I WANT to receive ALL security holder materials sent to beneficial owners of securities.

☐ I DECLINE to receive ALL security holder 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.

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 on whether you wish to receive its annual report or financial statements. Finally, you agree that NBIN may provide you with information relating to general meetings of companies with registered office(s) in the European Union which are admitted to trading on a European stock exchange ("European Securities") in order to enable you to exercise the rights flowing from the European Securities you hold.

## SECTION B: MARGIN/MARGIN SHORT ACCOUNT SIGNATURE

### 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 he/she is aware of the risks involved in trading on margin or selling short and confirms that he/she is willing to take those risks. The undersigned represents having read and understood the Margin Account Agreements contained in the Accounts and Services Agreement booklet and Disclosures document and agrees to be bound by such terms and conditions.

### LEVERAGE RISK DISCLOSURE

Using borrowed money to finance the purchase of securities involves greater risk than using cash resources only. If I borrow money to purchase securities, it is my responsibility to repay the loan and pay interest as required by its terms remains the same even if the value of the securities purchased declines. I further acknowledge that I have reviewed the Client Margin Account Agreement and agree to the terms and conditions set out in the Accounts and Services Agreement and Disclosures booklet.

Account Holder's Authorization: **X** \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_\_

Account Holder's Authorization: **X** \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_\_

## SECTION C: REQUEST FOR OPTION TRADING

Number of years trading options: \_\_\_\_\_ Knowledge of options: ☐ None or Little ☐ Average ☐ Good ☐ Excellent

Type of Option Trading requested: ☐ Purchase of Puts & Calls ☐ Covered Calls  
☐ Spread Puts & Calls (margin account only) ☐ Uncovered Option Writing (margin account only)

I understand the risks involved in options trading and I am prepared to assume them. I acknowledge having received, read and understood the Options Trading Agreement and agree to respect the provisions regarding options trading contained therein. I further acknowledge having received, read, understood and accepted the provisions contained in the Risk Disclosure Statement for Futures and Options.

Account Holder's Signature: **X** \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_\_

Account Holder's Signature: **X** \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_\_

### TRADING OPTIONS

(Please complete this section only for a legal entity having a beneficial owner of more than 50%) Following a new regulation of the Montreal Exchange (TMX), we are required to identify all beneficial owners who are a physical person or an entity, with more than 50% interest of the account holder for all accounts authorized to trade options. By interest we mean participation, control or influence. Please select one of the following:

☐ There is no beneficial owner with more than 50% interest

☐ If the beneficial owner of more than 50% is an individual, please submit the social insurance number (SIN) of the individual

Individual: \_\_\_\_\_ SIN: \_\_\_\_\_

☐ If the beneficial owner of more than 50% is a corporation, please submit its registration number

Corporation: \_\_\_\_\_ Registration Number: \_\_\_\_\_

☐ If the beneficial owner of more than 50% is any other type of entity (Trust, Estate etc.), please submit its complete legal name as shown on the relevant documents creating the said entity

Legal Entity: \_\_\_\_\_ Supporting Documentation Provided: \_\_\_\_\_

**SECTION D: AUTHORIZATION & ACKNOWLEDGEMENTS****INTRODUCING AND CARRYING BROKER DISCLOSURE**

We advise the appointment of National Bank Financial Inc. (through its National Bank Independent Network division) ("NBIN" or the "Carrying Broker") as our agent for trading, clearing and settlement of transactions with you. As our agent, the Carrying Broker will:

1. issue and receive cheques and deliver and receive securities on our behalf with respect to all transactions directed through the Carrying Broker with you;
2. be responsible for the receipt, the delivery, and the safekeeping of funds and securities received from us;
3. be responsible for issuing confirmation slips and the statements of accounts for all transactions directed through the Carrying Broker.
4. If we open a margin account for you, NBIN will loan you money for the purpose of purchasing or holding securities subject to the terms of NBIN's written Client Account Agreement, applicable regulatory margin requirements, and NBIN's and/or our margin policies which may be more stringent than regulatory minimums. NBIN will bear full responsibility for all client's regulatory capital required by the Investment Industry Regulatory Organization of Canada.

**The Carrying Broker does not control, audit or otherwise supervise the activities of the Introducing Broker, or its employees.**

The Introducing Broker will:

1. be solely responsible for determining or supervising the suitability of all trading activity, including the nature of securities purchased, the portfolio structure of the accounts and the opening and initial approval of accounts.

I understand the relationship between the Introducing Broker and NBIN.

**CLIENT ACCOUNT APPLICATION**

I certify that all the information provided herein is true, complete and accurate and the Introducing Broker may rely thereon. I undertake to notify the Introducing Broker should a change in circumstance result in the information provided to become incomplete or inaccurate within 30 days of such change in circumstance. I have carefully read and retained a copy of this account application form, understand the information in it, and agree to the terms and conditions set out therein.

I acknowledge having been provided, read and understood the document entitled Accounts and Services Agreement and Disclosures and to be bound by applicable agreements that I receive concerning my Accounts located at <https://www.pwlcapital.com/resource-category/important-documents/>

I acknowledge that I have been provided with the Regulatory Brochures and the PWL Transaction and Administration fees located at [www.pwlcapital.com/resource-category/important-documents/](http://www.pwlcapital.com/resource-category/important-documents/)

I acknowledge having received, read and understood the Introducing and Carrying Broker Disclosure and agree to the terms and condition set out therein.

I acknowledge that I have received a copy the Introducing Broker Relationship Disclosure, and acknowledge that I have received, read and understand the shared premise disclosure contained within the Introducing Broker Relationship Disclosure document.

(Quebec residents only) - I acknowledge having received a French version of this document and the Accounts and Services Agreement Disclosure. I also confirm it is my wish that this agreement and all related documents be drawn up in English.

(Résidents du Québec seulement) - Je reconnais avoir reçu la version française de ce document et du document des Conventions relatives aux comptes et aux services et autres informations. Je confirme également ma volonté que ce document et tous les documents s'y rattachant soient rédigés en anglais.

I authorize the Introducing Broker to conduct any customary investigation of my identity, my creditworthiness, and my credit with any credit reporting and assessment agencies, and I agree, for such purpose, that the Introducing Broker may request, obtain and communicate my personal information to these agencies.

Account Holder's Signature: **X** \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_\_

Account Holder's Signature: **X** \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_\_

**SECTION E: VERIFICATION OF IDENTITY****Account Holder**

Pursuant to the Proceeds of Crime (Money Laundering) and Terrorist Financing Act and the Investment Industry Regulatory Organization of Canada rules, we are required to verify the identity of all account holders, all persons empowered to give instructions for the account, and any person who has a financial interest in the account.

**VERIFICATION OF IDENTITY IN PRESENCE**

The client is physically present in front of the authorized representative (or an employee of their firm).

I attest that I have seen the original document indicated herein and have verified that it is authentic, valid and current.

Full Name \_\_\_\_\_ Signature \_\_\_\_\_ Date Verified (MM/DD/YYYY) \_\_\_\_\_

DOCUMENT PRESENTED: (Please select only one document, issued by Government of Canada, Quebec or other provinces)

☐ Government Issued Eligible Photo ID: \_\_\_\_\_

☐ Other (Identity not in person): \_\_\_\_\_

DOCUMENT NUMBER	EXPIRY DATE (MM/DD/YYYY)	PROVINCE OR STATE OF ISSUE	COUNTRY OF ISSUE
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**Account Holder**

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The client is physically present in front of the authorized representative (or an employee of their firm).

I attest that I have seen the original document indicated herein and have verified that it is authentic, valid and current.

Full Name \_\_\_\_\_ Signature \_\_\_\_\_ Date Verified (MM/DD/YYYY) \_\_\_\_\_

DOCUMENT PRESENTED: (Please select only one document, issued by Government of Canada, Quebec or other provinces)

☐ Government Issued Eligible Photo ID: \_\_\_\_\_

☐ Other (Identity not in person): \_\_\_\_\_

DOCUMENT NUMBER	EXPIRY DATE (MM/DD/YYYY)	PROVINCE OR STATE OF ISSUE	COUNTRY OF ISSUE
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**IMPORTANT: a photocopy of ID for each account holder is required for tax withholding purposes**

**FOR INVESTMENT ADVISOR USE ONLY:****COMMENTS:**

☐ I have advised the client of NBIN Accounts and Services Agreement & Disclosures, also available to client at: [www.nbin.ca/IBASA-English](http://www.nbin.ca/IBASA-English) and [www.nbin.ca/IBASA-French](http://www.nbin.ca/IBASA-French)

How long has the IA known the client?	Has the IA met the client face to face? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the IA registered in the province in which client resides? <input type="checkbox"/> Yes <input type="checkbox"/> No
Initial Proposed Transaction <input type="checkbox"/> Deposit of Securities <input type="checkbox"/> Deposit of Funds <input type="checkbox"/> Buy Order <input type="checkbox"/> Sell Order <input type="checkbox"/> Transfer of Account	Description of initial orders <input type="checkbox"/> Solicited <input type="checkbox"/> Unsolicited	
DAP Settlement Agent:	Account No:	CUID:

JOINT <input type="checkbox"/>	IA SIGNATURE: _____	DATE: _____	IA SIGNATURE: _____	DATE: _____
	BRANCH MANAGER/ADP/UDP APPROVAL: _____		DATE: _____	
	COMPLIANCE DEPARTMENT APPROVAL: _____		DATE: _____	
	OPTIONS SUPERVISOR APPROVAL: _____		DATE: _____	