

Additional Account Application Short Form For Order Execution Only

For internal use only
Principal Account Number

Additional Account Number

360, Saint-Jacques Street West, Suite 5-118
Montréal (Québec) H2Y 1P5

1. Type de compte

a) Please check all that applies. All cash and margin accounts will be opened in Canadian and US currencies. Additional forms will need to be completed for the opening of all registered accounts. Applicable fees to registered accounts will be charged as per instructed on the appropriate form.

- | | |
|--|--|
| <input type="checkbox"/> Cash Account | <input type="checkbox"/> Margin Account* (borrow against investments) |
| <input type="checkbox"/> with payment on delivery to another institution (COD) | <input type="checkbox"/> with short selling* <input type="checkbox"/> with option trading* |
| <input type="checkbox"/> Registered Retirement Savings Plan (RRSP) <input type="checkbox"/> US | <input type="checkbox"/> Spousal Registered Retirement Savings Plan (Spousal RRSP) <input type="checkbox"/> US |
| <input type="checkbox"/> Registered Retirement Income Fund (RRIF) <input type="checkbox"/> US | <input type="checkbox"/> Spousal Registered Retirement Income Fund (Spousal RRIF) <input type="checkbox"/> US |
| <input type="checkbox"/> Locked-in Retirement Account (LIRA)** | <input type="checkbox"/> Life Income Fund (LIF)** |
| <input type="checkbox"/> Locked-in Retirement Income Fund (LRIF)** | <input type="checkbox"/> Tax Free Savings Account (TSFA) <input type="checkbox"/> US |
| <input type="checkbox"/> Registered Education Savings Plan (RESP) | |

b) If opening a Margin Account with option trading*, please chose one of the proposed levels of activity:

- | | |
|---|---|
| <input type="checkbox"/> Level 1 (Purchasing Puts and Calls only) | <input type="checkbox"/> Level 2 (Level 1 + Covered Call Writing) |
| <input type="checkbox"/> Level 3 (Level 2 + Spreading) | <input type="checkbox"/> Level 4 (Level 3 + Uncovered Writing) |

*Minimum equity requirements apply to all Margin Accounts.
**Pension Legislation required. Please contact Client Services.

2. Account Holder Information

Name/Name of the Corporation	First Name	

Address		

City	Province	Postal Code
_____	_____	_____
Mailing Address (if different from residence address)		

City	Province	Postal Code
_____	_____	_____
Telephone N°	Cellular Telephone N°	
_____	_____	

3. Principal Account Information

I **certify** that all information provided in the principal account opening form # _____ is still accurate as of today.

Date _____
(dd/mm/year)

Initials _____

4. Signatures

PRIVACY POLICY

I have reviewed **Jitneytrade's** Privacy Policy found in the "Client Agreements and Disclosure Documents, Privacy Policy".

I certify that all information provided in this application form is true, accurate and complete and that Jitneytrade may rely thereon. I hereby agree to send written notice of any significant changes.

I acknowledge and agree that in the course of providing services to me, neither **Jitneytrade** nor its investment representatives provide advice or recommendations regarding the purchase or sale of any security or make any determination of my general investment needs and objectives or the suitability regarding the purchase or sale of any security, and that **I am responsible** for my investment decisions and transactions as well as for any profits or losses that may result. **I further acknowledge and agree** that in the course of providing services to me, neither **Jitneytrade** nor its investment representatives provide me with any legal, tax or accounting advice or advice regarding the profitability of any security or investment or any decision in respect thereof, nor does **Jitneytrade** nor its investment representatives consider my financial situation, investment knowledge, investment objectives and risk tolerance when accepting orders from me. **I will not solicit** any such advice from **Jitneytrade** or any of its employees and in making investment decisions with respect to transactions in or for the account(s) or for any other matter, **I will consult with and rely upon** my own advisors and not **Jitneytrade**.

Account Holder Signature X	Date (dd/mm/year)
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RESPONSABILITIES

I acknowledge and agree that my responsibility is, at all times:

- To know the positions I hold, the value of my account and the margin related to my positions;
- To know my open orders and the status of these orders;
- To be aware of any information related to my holdings;
- To immediately report to **Jitneytrade** any discrepancy and/or inconsistency in my account(s);
- To understand the risks inherent in online trading: **Jitneytrade** is neither responsible nor liable to the client for any loss or damage resulting from the use of a platform (security problem, telecom failure, delay or interruption and/or technology failure);
- To comply with all regulatory requirements enforced by self-regulatory organizations, by RUIIM and by the TMX.

I understand that **Jitneytrade** reserves the rights to modify, remove or reject an order given by a client, at all times and without notice.

Account Holder Signature X	Date (dd/mm/year)
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SIGNATURE REQUIRED FOR OPENING ALL ACCOUNT TYPES

I request to open a trading account. By signing below, **I hereby acknowledge** that I have read this application form and that I have received and read the document entitled « Client Agreements and Disclosures, Notice to Clients », that I have understood the information in these documents and have agreed to the terms therein.

Account Holder Signature X	Date (dd/mm/year)
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SIGNATURE REQUIRED FOR OPENING A MARGIN ACCOUNT (IN ADDITION TO YOUR SIGNATURE FOR ALL ACCOUNT TYPES)

I request to open a margin account. By signing below, **I hereby acknowledge** that I have received and read the document entitled « Client Agreements and Disclosures, Notice to Clients », that I agree to the terms therein and that I understand the functioning of a margin account and the risk associated. **I understand** the financial risk involved when purchasing positions with borrowed money. When borrowing money to purchase positions, I have a continuing obligation to repay principle and interest even if the value of the investment goes down.

Account Holder Signature X	Date (dd/mm/year)
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SIGNATURE REQUIRED FOR OPENING A MARGIN ACCOUNT WITH OPTION TRADING (IN ADDITION TO YOUR SIGNATURE FOR ALL ACCOUNT TYPES)

I request to open a margin account with option trading. By signing below, **I hereby acknowledge** that I have received and read the document entitled « Client Agreements and Disclosures, Notice to Clients », that I agree to the terms therein and that I understand the functioning of a margin account with option trading and the risk associated.

Account Holder Signature X	Date (dd/mm/year)
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FOR INTERNAL USE ONLY

Credit verification <input type="checkbox"/> Yes <input type="checkbox"/> No	Account N°: _____	Approved Activity: <input type="checkbox"/> Cash <input type="checkbox"/> Margin <input type="checkbox"/> Short Selling
Cheque received <input type="checkbox"/> Yes <input type="checkbox"/> No	Rep Code: _____	X _____ Date _____
Client met face-to-face <input type="checkbox"/> Yes <input type="checkbox"/> No		Signature of Authorized Officer
Initial Deposit/Value of transfer in _____		Level of Activity approved for option trading
Comment _____		<input type="checkbox"/> Level 1
_____		<input type="checkbox"/> Level 2
_____		<input type="checkbox"/> Level 3
_____		<input type="checkbox"/> Level 4
	X _____	Date _____
	Signature of DROP or AROP	