

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

### 1. Account Type

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"/> Spousal Registered Retirement Savings Plan (Spousal RRSP)         |
| <input type="checkbox"/> Registered Retirement Income Fund (RRIF)              | <input type="checkbox"/> Spousal Registered Retirement Income Fund (Spousal RRIF)          |
| <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"/> Registered Education Savings Plan (RESP)              |  |

b) Please specify the type of account to be opened (Corporate and Informal Trust Account require additional forms.)

- Individual       Corporate       Informal Trust       Joint

c) 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°

Citizenship

Email Address

Social Insurance Number

Date of Birth (dd/mm/year)

Preferred Language:

English

French

Name of Employer

Address of Employer

City	Province	Postal Code
<hr/>		
Type of business	Occupation/Position	
<hr/>		
Civil Status	Number of Dependents	
<hr/>		
Name of Spouse	Citizenship of Spouse	
<hr/>		
Name of Employer of Spouse		
<hr/>		
Type of Business of Employer of Spouse	Occupation/Position of Spouse	
<hr/>		

### 3. Financial Information and Investment Knowledge of Account Holder

a) Bank Account Information

Name of Institution: \_\_\_\_\_ Transit N°: \_\_\_\_\_  
 Institution N°: \_\_\_\_\_ Account N°: \_\_\_\_\_

b) Total Net Worth: \_\_\_\_\_

c) Percentage of Net Worth held in Liquid Assets (Cash and Securities less loans outstanding): \_\_\_\_\_%

d) Annual Income

Less than \$25,000       \$25,000 to \$50,999       \$51,000 to \$74,999  
 \$75,000 to \$99,999       \$100,000 to \$149,999       \$150,000 or more

e) Initial Deposit: \_\_\_\_\_

f) Investment Experience and Knowledge

Novice       Limited       Good       Sophisticated

g) Past experience by Transaction Type and number of years of experience

Stocks \_\_\_\_\_ years       Options \_\_\_\_\_ years       Rights and Warrants \_\_\_\_\_ years  
 Bonds \_\_\_\_\_ years       Mutual Funds \_\_\_\_\_ years       Short Selling \_\_\_\_\_ years

h) Level of experience with an online trading platform

Novice       Intermediate       Advanced

i) Intended use of the Account

Long or short term personal savings  
 Income generation  
 Market speculation (day trading)  
 Investment of retained earnings of a Corporation  
 Other, please specify \_\_\_\_\_

### 4. Account Information

a) Do you have any other accounts or do you control the trading in such accounts at **Jitneytrade**?

Yes     No

*If yes, please provide the account numbers:* \_\_\_\_\_

b) Do you or your spouse have any other accounts or control the trading in such accounts at other brokerage firms?

Yes     No

*If yes, please provide the account types and the brokerage firms:* \_\_\_\_\_

c) Are you or your spouse employed by a brokerage firm or are you considered a professional in the securities industry?

Yes     No

*If yes, please attach a letter of confirmation from a director or partner of your firm authorizing you to open this account.*

d) Are you or your spouse considered an insider of a public company?

Yes  No

e) Will any other person(s) have a financial interest in the account?

Yes  No

*If yes, please explain:* \_\_\_\_\_

f) Will any other person(s) have trading authorization in the account(s)?

Yes  No

*If yes, a duly signed trading authorization or a power of attorney is required.*

g) Will any other person(s) guarantee the account(s)?

Yes  No

*If yes, please attach a duly signed guarantee of account.*

## 5. Politically Exposed Foreign Persons (PEFP)

a) Do you hold or have you ever held one of the following offices or positions on behalf of a foreign state: head of state or head of government; member of the executive council of government or member of a legislature; deputy minister or the equivalent rank; ambassador or attaché or counselor of an ambassador; military officer with a rank of general or above; president of a state-owned company or a state-owned bank; head of a government agency; judge; leader or president of a political party represented in a legislature.

Yes  No

*If yes, please specify the position held:* \_\_\_\_\_

b) Do you have a prescribed family member who is considered a politically exposed foreign person? Prescribed family members include: spouse or common law partner, child, mother or father, mother or father of the spouse or common law partner (mother-in-law or father-in-law), child of the mother or father (brother, sister, step-brother, step-sister).

Yes  No

*If yes, please specify the position held:* \_\_\_\_\_

## 6. Specific Account Information

a) Are you or your spouse a director or senior officer of a public company or do you control 10% or more of the voting rights of a public company listed on an exchange?

Yes  No

*If yes, please provide the symbol(s) and the exchange(s):* \_\_\_\_\_

b) Do you or your spouse beneficially own, directly or indirectly, individually or in combination with other persons, 20% or more of a public company?

Yes  No

*If yes, please provide the symbol(s) and the exchange(s):* \_\_\_\_\_

## 7. Special Instructions

a) Instructions for payment of delivery account (COD)

Name of Institution

\_\_\_\_\_  
CUID                      DTC                      Broker N°                      Agent Identification

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Account N°

## 8. Please read the following and indicate your preferences

### SHAREHOLDER COMMUNICATION (NATIONAL INSTRUMENT 54-101)

Based on your instructions, the securities in your account with us are held in registered form in the name of your broker, **Jitneytrade**, or in the name of **Jitneytrade's** carrying broker who holds your securities on our behalf. We are required under securities law to obtain your instructions concerning various matters relating to your holding of securities in your account.

**I have read and understand** the explanation provided to me (see brochure "Client Agreements and Disclosure Documents, Shareholder Communications") in connection with this form and the choices indicated by me apply to all securities held in the above account(s).

### PART 1 – Disclosure of Beneficial Ownership Information

Please mark the corresponding box to show whether you DO NOT OBJECT or OBJECT to us disclosing your name, address, electronic mail, 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 OBJECT to the disclosure of your beneficial ownership information by us, all materials to be delivered to you as a beneficial owner of securities will be delivered to you on our behalf by **Jitneytrade's** carrying broker or their agent. Please note that in circumstances where you object to the disclosure of your beneficial ownership information by us, and the reporting issuer or other intermediary has not agreed to pay the mailing and/or handling costs for security holder materials, you may be required to pay a nominal charge for mailing and/or handling.

**I DO NOT OBJECT** to you disclosing the information described above.

**I OBJECT** to you disclosing the information described above.

#### **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: (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** securities 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 special meetings.

*(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 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.)*

#### **PART 3 – Preferred Language of Communication**

Please mark the corresponding box 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.

#### **PART 4 – Electronic Delivery of Documents (Please mark one box only)**

**I AGREE** to receive documents by electronic delivery in circumstances where electronic delivery of documents is available and **I do not wish** to be asked for my consent thereto.

**I WISH** to be asked for my consent to receive documents by electronic delivery in future circumstances where electronic delivery of documents is available.

### **9. Delivery of Trade Confirmations and Statements of Account**

Please mark the corresponding box if **you wish** to receive your trade confirmations and/or statement(s) of account by mail delivery. Additional fees will apply.

**I WISH** to receive my trade confirmations by mail delivery.

**I WISH** to receive my statement(s) of account by mail delivery.

**I WISH** to send duplicates of my trade confirmations  and/or my statement(s) of account  by mail to the following address:

Name and complete address:

### **10. Verifications**

#### **IDENTITY VERIFICATION**

The undersigned understands that **Jitneytrade** is required, pursuant to federal anti-money laundering legislation, to verify the undersigned's identity. The undersigned hereby authorizes **Jitneytrade** to disclose any information to a third party information service provider to validate. The undersigned agrees that the information provided be compared to the consumer credit report.

#### **CREDIT VERIFICATION**

The undersigned hereby authorizes **Jitneytrade** to obtain his/her credit information or any other information to the extent permitted by law and to give credit grantors and credit bureaus information about this application and any credit experience. The undersigned also acknowledges and agrees that this application may be retained by **Jitneytrade** for its records.

### **11. References and other fees**

I acknowledge that fees may be paid by **Jitneytrade** to a third party, including an agent of mine, in connection with the opening of the account(s) and I consent to such payment being made. I understand that the details of any such payment are available on request.

I acknowledge that fees for products and services (including platform usage) may be debited directly from my account and I agree that such method be used. I understand that all details related to these fees are available on the **Jitneytrade** website.

### **BEFORE SIGNING, PLEASE REMEMBER...**

- To include a \$5.00 encoded cheque (electronically personalized) payable to Fidelity Clearing Canada, our carrying broker, to complete your identity verification.
- To provide a legible photocopy of a valid piece of identification (driver's license, passport, health insurance card, with the exception of Prince Edward Island, Manitoba and Ontario).
- To provide a photocopy of your last month's statement of account, especially if you are transferring your account.
- To initial all corrections you make to your account application form.
- To sign and date your documents.

## 12. 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
<u>Comment</u>		<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

## Individual Self-Certification

I certify that I am not a resident of the United States for tax purposes, nor am I a United States citizen. I agree to notify Fidelity Clearing Canada if events cause this certification to become false or misleading.

I declare that the information I have provided on this form is, to the best of my knowledge and belief, correct and complete.

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Account Holder Name (in print)

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Account number

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Account Holder Signature

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Date