

TO: Credential Direct (a division of Credential Securities Inc.) **Account Number:** _____

Directors² / Beneficial Owners¹ / Trustee / Trust Beneficiaries / Partners

¹With respect to beneficial Owners, this form is intended to capture ownership interests of 25% or greater during the operation of the account, including at account opening. At account opening only, a KYC Supplemental Form is additionally required for all beneficial owners holding an ownership interest of 10% or greater. ²Provide a current list of directors below. As directors are added or removed from the board, a new list should be completed to reflect any changes.

NOTE: If there are more than three Directors/ Beneficial Owners/Trustees/ /Beneficiaries/Partners, complete the information on an additional Non-Individual Accounts form. Completion of a KYC Supplemental form may still be necessary in certain circumstances. Please consult that form as required.

<hr/> <small>Full Name (Print name)</small>	<input type="checkbox"/> Director <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Trustee <input type="checkbox"/> Beneficiary <input type="checkbox"/> Partner	
<hr/> <small>Address</small>	<hr/> <small>Citizenship</small>	
<hr/> <small>City</small>	<hr/> <small>Province</small>	<hr/> <small>Postal Code</small>

<hr/> <small>Full Name (Print name)</small>	<input type="checkbox"/> Director <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Trustee <input type="checkbox"/> Beneficiary <input type="checkbox"/> Partner	
<hr/> <small>Address</small>	<hr/> <small>Citizenship</small>	
<hr/> <small>City</small>	<hr/> <small>Province</small>	<hr/> <small>Postal Code</small>

<hr/> <small>Full Name (Print name)</small>	<input type="checkbox"/> Director <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Trustee <input type="checkbox"/> Beneficiary <input type="checkbox"/> Partner	
<hr/> <small>Address</small>	<hr/> <small>Citizenship</small>	
<hr/> <small>City</small>	<hr/> <small>Province</small>	<hr/> <small>Postal Code</small>

I certify that the above is true, to the best of my knowledge.

SIGNED and DATED at _____ in the Province of _____ this ____ day of _____, 20__

<hr/> <small>Authorized Signatory (Print name)</small>	X	<hr/> <small>Authorized Signatory (Signature)</small>
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If more than one KYC Supplemental Form is being completed for the account, this is page _____ of _____.

Account Holder Information:

Investor Name _____ Account Number _____

Complete this form if you are a: (Select ALL that apply to the above listed account)

- beneficial owner of more than 10% of a corporation, partnership, sole proprietorship, foundation, investment club, estate, association, charitable organization or similar entity
- beneficial owner/beneficiary of a formal or informal trust
- trustee and/or settlor of a formal or informal trust
- executor/trix of an estate account
- person who is the Attorney of a General Power of Attorney to an account
- person with trading authority to a personal account
- person designated as trading officer with a corporation, partnership, sole proprietorship, foundation, investment club, estate, association, charitable organization or similar entity.

Supplemental Person/Entity Information

First Name		Middle Name		Last Name	
Legal Entity Name			Entity Type of Business		Business Number
Beneficial Ownership %					
Apt/Suite	Street Address			City	Province
Postal Code	Country	Residential Phone		Alternative Phone	
Relationship to Account Holder			Date of Birth (dd/mmm/yyyy)		Citizenship ¹
Employer Name			Occupation		

¹Note: If U.S., complete IRS W-9 form

Identification: ID Type: _____ Issuer: _____ ID #: _____

U.S Tax Status Self Certification:

Are you a U.S. resident for U.S. tax purposes or a U.S. citizen? No Yes *If "yes" please provide the U.S. tax identification number in the SSN field, if applicable and complete a W9 to determine whether the account will be subject to U.S. withholding taxes.*

Are you or a family member living in your household considered a Professional (PRO) working in the Securities Industry?

No Yes *If Yes, Please provide a letter of authorization completed by the securities professional's employer and complete the following:*

Name of PRO: _____ Employer: _____ Occupation: _____

Investment Information

Investment Experience (Tick all that Apply): Stocks Bonds Mutual Funds Options Commodities/Futures None

Investment Knowledge (Select One): Sophisticated Good/Average Limited Poor/Nil

Insider or Control Person Are you considered an "Insider" or "Control Person" of any public companies listed on a Canadian or U.S. exchange? No Yes, complete table below

Company Name	Ticker Symbol	Market	Insider/Director/Officer	Control Person	Insider Reporting
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Supplemental Person/Entity Authorization

By signing below, you hereby declare that the information provided above is full, true and complete. You also acknowledge that you have reviewed a copy of the Credential Direct Account Agreements and Disclosure Document booklet (available online) and agree to the terms therein. Credential Direct may rely on the information you have provided until you send us written notice of any changes.

X
Supplemental Person/Entity Signature _____ Date (dd/mmm/yyyy) _____ Existing Account # of Supplemental Person (if applicable) _____

How to Complete the Know-Your-Client Supplemental Form

The *Know Your Client* principle applies to all the individuals' names on the NAAF and any other individuals having control over or financial interest in the account. As such, full disclosure must be made of all persons that have trading authorization or beneficial/financial ownership on an account to satisfy KYC requirements. Use this form as supplemental information to accompany the New Account Application Form.

Account Holder Information

Enter the Account Holder Name and Account # of the account for which Supplemental Person/Entity Information is being added.

Supplemental Person/Entity Information

Legal Entity – enter the Legal Entity Name (and Business Number, if applicable) if the KYC Supplemental is being completed by an entity rather than an individual. In addition, entry fields such as *Investment Experience* and *Investment Knowledge* should be completed based on the 'entity' rather than an individual. Legal Entities may also be required to complete additional IRS Tax Treaty Documents.

Beneficial Ownership % – for beneficial owners, indicate the percentage of ownership you maintain.

Identification

Enter the identification information and attach a photocopy of a valid, original Driver's License, Passport or Permanent Resident Card.

Insider or Control Person

Regulations require Credential Direct to know if the Individual is considered an "Insider" or "Control Person" of a publicly traded company on any Canadian or US exchange.

Insider: an "Insider" is:

- An officer, director or promoter of a publicly traded Canadian or US company, and/or
- A person with direct or indirect beneficial ownership of, control or direction over (or combination thereof) 10% or more of the voting rights attached to the securities of a publicly traded company listed in Canada (5% or more for a publicly listed company in the U.S.)

Control: a "control person" holds or exercises control or direction over, or has any agreement, arrangement, commitment or understanding (whether or not in writing) individually or with any other persons with respect to 20% or more of the voting rights attached to the securities of a publicly traded company listed in Canada (10% or more for a publicly listed company in the U.S.)

Existing Account # of Supplemental Person – If the Supplemental Person/Entity has an account with Credential Direct, enter the account number.