

Account Number(s): _____ (hereinafter referred to as "the account")

Investor Name(s): _____ & _____

Nominee(s):

_____	_____
Name (please print)	Social Insurance Number
_____	_____
Name (please print)	Social Insurance Number
_____	_____
Name (please print)	Social Insurance Number

Important Note: The nominee(s) listed above must complete a *KYC Supplemental Form*.

To: **Credentialial Direct** (hereinafter referred to as "Credential Direct")

In consideration of Credential Direct opening and/or maintaining an account as noted above, I/we the undersigned client hereby agree that the account and all transactions between myself/ourselves and Credential Direct shall be governed by the Account Agreement and any other supplemental agreements applicable to the account (of which I/we have received copies), on the following terms:

1. My/Our liability to Credential Direct in respect of the account shall be as the beneficial owner of the account and Credential Direct may deal with me/us as though I/we were the beneficial owner.
2. Credential Direct has no responsibility to observe the terms of any trust, whether written, verbal, implied, or constructive that may exist between myself/ourselves and the nominee(s).
3. I/We will operate the account with the understanding that Credential Direct has not and will not provide any advice, counsel or opinion whatsoever in respect of trusts, tax planning, or estate planning.
4. I/We agree to indemnify Credential Direct against any loss, claim, damages, liability, or expenses (including legal costs) arising from the operation of the account in accordance with the instructions and authority set out in this agreement.
5. Credential Direct shall only permit me/us to operate the account and shall accept any and all instructions required to operate the account exclusively from me/us.
6. If there is any difference between this agreement and the Account Agreement, this agreement shall apply.
7. This agreement is binding on Credential Direct's successors and assigns and on myself/ourselves and the nominee(s) and our heirs, executors, administrators or legal representatives, in the event of my/our death(s), bankruptcy or mental incompetence. This agreement shall continue to govern the account in the event of death, bankruptcy, or mental incompetence of the/a nominee.
8. I/We acknowledge that I/we have read and understood all of the provisions contained in this agreement and that I/we have received a copy of this agreement.

SIGNED and DATED at _____, this _____ day of _____, 20_____.

Investor Name (please print)

X _____
Investor Signature

Joint Investor Name (please print)

X _____
Joint Investor Signature

Witness Name (please print)

X _____
Witness Signature

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.