LIGHTYEAR CAPITAL INC
Suite 660-202 6th Avenue SW Calgary, Alberta T2P 2R9

New Client Account Application Form

(Individual, Registered, Joint Account, In-Trust for Minor Child)

WELCOME TO LIGHTYEAR CAPITAL INC.

Please read Lightyear Capital Inc's ("Lightyear") Client Agreement, a copy of which can be found on Lightyear's web site at www.lightyearcapital.com, and all of the disclosures and notices which can also be found on that website under the link entitled **Regulatory Notices**. For ease of reference, in this Form we refer to the Client Agreement and the disclosures and notices collectively as the "Client Agreement". **Your signature on this application confirms you have read and understood the Client Agreement and that you agree to be bound by it, as it may be amended by Lightyear from time to time in accordance with the terms of the Client Agreement.**

Once completed, please return this application, together with any other required documents and/or information, to your Investment Advisor. A copy of your Account Application will be returned to you for your records. If any of the information provided in this application changes, please notify your Investment Advisor immediately.

References to "Lightyear", "us", "our" or the like are to Lightyear Capital Inc., its successors and assigns; and references to "I","you", "your" and "yours" and the like are to the Applicant or Applicants in the case of joint account applications.

Applicant's Name _____

Co-Applicant's Name (if applicable) _____

Investment Advisor's Name _____

Investment Advisor's Number _____

ARE YOU:

☐ Opening your first Lightyear Account(s)?

☐ Opening an additional Lightyear Account(s)?

☐ Updating your existing Account(s)? Account Number(s) _____

_____

☐ An Investment Industry professional? If so, please provide details:

CIPF Canadian Investor Protection Fund MEMBER

Clients' accounts are protected by the Canadian Investor Protection Fund within specified limits. A brochure describing the nature and limits of coverage is available upon request.

A. ACCOUNT PARTICULARS

Are you applying for (Check all that apply.)

☐ An investment account

☐ Individual ☐ Joint (Additional Documents Required)

☐ A self-directed registered account (Additional Documents Required)

☐ An account held in-trust for a minor child (Additional Documents Required)

☐ Updating your existing account

What kind of commission based investment account would you like to open? (Check all that apply.)

☐ Cash Account ☐ CAD ☐ USD

☐ Margin Account ☐ CAD ☐ USD

What kind of commission based self-directed registered account would you like to open? (Check all that apply.)

☐ RSP ☐ CAD ☐ USD

☐ Spousal RSP ☐ CAD ☐ USD

☐ RIF ☐ CAD ☐ USD

☐ Spousal RIF ☐ CAD ☐ USD

☐ LIRA ☐ CAD ☐ USD

☐ LRIF ☐ CAD ☐ USD

☐ TFSA ☐ CAD ☐ USD

☐ RESP ☐ CAD ☐ USD

Are you transferring a self-directed registered plan account(s)?

☐ Yes, complete an "Direct Transfer of Registered Plan/TFSA" form

☐ No, please indicate initial contribution $ _____

Is your self-directed plan locked-in?

☐ Federally ☐ Provincially - Regulated under the Province of _____

If yes, please include a completed and signed Locked-in Addendum.
Your investment advisor will provide you with this form.

Lightyear Office Use Only

AMO Code _____

Pro Account ☐ Yes ☐ No

Staff Account ☐ Yes ☐ No

Offshore Resident ☐ Yes ☐ No

Discretionary Account ☐ Yes ☐ No

Insider/Control Person Account ☐ Yes ☐ No

Account Number Assigned (Office Use Only)

_____

_____

Account Number Assigned (Office Use Only)

_____

_____

_____

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_____

_____

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_____

_____

B. PERSONAL INFORMATION

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Other _____

Family Name	First Name	Initial(s)

Residential Address ☐ Rent ☐ Own	City	Province	Postal Code	Country

Home Phone Number	Business Phone Number	Cell Phone Number	Facsimile Number	Email Address

Mailing Address (If different than above.)	City	Province	Postal Code	Country

Social Insurance Number	Date of Birth month/day/year	Citizenship	Number of Dependents

Employment Status

☐ Employed ☐ Self-employed ☐ Student ☐ Homemaker

☐ Unemployed (Please indicate previous employment information) ☐ Retired (Please indicate previous employment information)

Applicant's Occupation	Employer Name	Employer Address	Type of Business

Occupation Supplement

If the occupation disclosed above covers a wide range of expertise (e.g.Consultant or Manager) please elaborate on the specific field of work or services provided in that employment below:

Are you married or living common law? ☐ Yes ☐ No

Is the Co-Applicant your spouse? ☐ Yes ☐ No, complete the following about your spouse:

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Other _____

Family Name	First Name	Initial(s)

Spouse's Employer's Name	Occupation	Type of Business	Spouse's Annual Income

C. BANKING INFORMATION

APPLICANT

Financial Institution	
Branch Address	
Bank Reference Name	
Transit Number	Account Number

D. FINANCIAL ASSETS AND ANNUAL INCOME

APPLICANT

(in Canadian $)

Estimated Liquid Assets	$	A
Estimated Fixed Assets	$	+B
Less Liabilities	$	-C
Estimated Total Net Worth	$	=D

Current Annual Income From All Sources $

If you are NOT currently employed, indicate the source of your annual income below:

E. MANDATORY INVESTOR IDENTIFICATION

For each Applicant and, if applicable, Co-Applicant, **prior to execution of the first transaction in the Account(s)**, we are required to validate a copy of your valid driver's license, passport or other government issued identification in accordance with applicable laws. Please contact your Investment Advisor to arrange for an acceptable method of validation.

What identification are you providing?

☐ Driver's License ☐ Passport

☐ Other:_____

Identification number: _____

Issuing Jurisdiction: _____

Expiry Date: _____

1. Do you, your spouse, common-law partner, child, mother, father, brother, sister, half-brother or half-sister (that is, any other child of your mother or father) spouse's or common-law partner's mother or father, or any other such person hold, now or at any time in the past, one or more of the following offices on behalf of a state other than Canada:

- head of state or head of government;
- member of the executive council of government or member of a legislature;
- deputy minister or equivalent rank;
- ambassador, or attaché or counsellor 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 of a supreme court, constitutional court or other court of last resort; or
- leader or president of a political party represented in a legislature
- are you closely associated for personal or business reasons with any person described above

☐ No ☐ Yes, *please complete the information in Section 4 below*

2. Do you, your spouse, common-law partner, child, mother, father, brother, sister, half-brother or half-sister (that is, any other child of your mother or father) spouse's or common-law partner's mother or father, or any other such person hold, now or at any time with in the past 5 years, one or more of the following offices in or on behalf of the Canadian federal government, a Canadian provincial government, or a Canadian municipal government:

- Governor General, lieutenant governor or head of government;
- member of the Senate or House of Commons or member of a legislature;
- deputy minister or equivalent rank;
- ambassador, or attaché or counsellor of an ambassador;
- military officer with a rank of general or above;
- president of a corporation that is wholly owned directly by Her Majesty in right of Canada or a province;
- head of a government agency;
- judge of an appellate court in a province, the Federal Court of Appeal or the Supreme Court of Canada;
- leader or president of a political party represented in a legislature; or
- mayor
- are you closely associated for personal or business reasons with any person described above

☐ No ☐ Yes, *please complete the information in Section 4 below*

3. Do you, your spouse, common-law partner, child, mother, father, brother, sister, half-brother or half-sister (that is, any other child of your mother or father) spouse's or common-law partner's mother or father, or any other such person act now or at any time in the past as the head of an international organization as follows:

- the head of an international organization established by the governments of states; or
- the head of an institution established by an international organization.

☐ No ☐ Yes, *please complete the information in Section 4 below*

4. Please provide the following details:

Source of Funds (for the account)

_____

Name of person who holds or has held any of the above offices or positions_____ Relationship to Applicant _____

Name of International Organization, Foreign State, or Canadian Government _____

Position Held_____ Position Held From_____ (Month/Year) to_____ (Month/Year)

F. MANDATORY INVESTOR INFORMATION

The response below applies to the Applicant. Co-Applicant(s) to complete a separate form.

(a) Are you an officer, director or insider of a company whose shares are traded on an exchange, quotation system or in the over-the-counter markets?

☐ No ☐ Yes, please provide particulars: _____

(b) Do you individually or as part of a group directly or indirectly own or exercise direction and control over 20% or more of the voting rights of a public company?

☐ No ☐ Yes, please provide particulars: _____

(c) Do you have, or exercise authority over, any brokerage account(s) with other securities dealers?

☐ No ☐ Yes, please provide particulars: _____

(d) Does any other person have a financial interest in your Account(s)?

☐ No ☐ Yes, please complete a Personal Information Disclosure Form.

(e) Are you, or is someone you live with, a director, partner, officer or employee of a firm or corporation acting as a securities dealer or registrant in Canada, or elsewhere (i.e. a "pro" for regulatory purposes)?

☐ No ☐ Yes, please provide particulars and written employer authorization _____

(f) Will any other person have trading authority over your Account(s)?

☐ No ☐ Yes, please complete a Trading Authorization Form (Individual Account) and a Personal Information Disclosure Form

G. INVESTMENT KNOWLEDGE AND EXPERIENCE

Complete for the Applicant. Co-Applicant(s) to complete a separate form.

(a) **How many years have you been investing?** (Check one statement that best describes your circumstances.)

☐ less than one year ☐ between five and ten years

☐ between one and five years ☐ more than ten years, specify _____

(b) **Check the types of investment instruments with which you have had experience.** (Check all that apply.)

CASH: ☐ T-bills ☐ Government Bonds ☐ Money Market Mutual Funds

INCOME: ☐ GICs ☐ Bond Mutual Funds ☐ Corporate Bonds

EQUITY: ☐ Preferred Shares ☐ Common Stocks ☐ Real Estate and Royalty Investment Trusts ☐ Tax Shelters ☐ Mutual Funds ☐ Options ☐ Exchange Traded Funds (ETFs) ☐ Hedge Funds ☐ Short Sales

OTHER: ☐ Prospectus Offerings ☐ Brokered Private Placements ☐ Non-Brokered Private Placements ☐ Employee Stock Options ☐ Other, specify _____

OR:

☐ I have no investment experience in any of the above.

(c) **How would you describe your investment knowledge?** (Check one statement that best describes your circumstances.)

☐ Sophisticated *(I have had extensive experience with a variety of financial investments and strategies.)*

☐ Good *(I have had moderate to extensive experience with a variety of financial investments and strategies.)*

☐ Limited *(I have had limited to moderate experience with a variety of financial investments.)*

☐ Poor/Nil *(I have had very little experience with financial investments.)*

H INVESTMENT OBJECTIVES AND RISK TOLERANCE

The response below applies to the Applicant. Co-Applicant(s) to complete a separate form.

Please answer the following questions so we can determine what investments are suitable for you. Please answer the questions having regard to section 3 of our Relationship Disclosure.

1. What is the intended use and primary purpose of your Accounts?

I plan to use my non-registered accounts for the following (check all that apply)

- ☐ Generate Income for current or future expenses
- ☐ Partially fund my retirement
- ☐ Fully fund my retirement
- ☐ Major Purchase
- ☐ Preserve wealth and pass it on to my heirs
- ☐ Pay for children's education
- ☐ Market Speculation
- ☐ Other (please specify) _____

The primary purpose of my non-registered account:

- ☐ Retirement Savings
- ☐ Estate
- ☐ Children's education or major purchase
- ☐ Current income
- ☐ Discretionary income
- ☐ Other (please specify) _____

The primary purpose of my registered account(s) is:

- ☐ Partially fund my retirement
- ☐ Fully Fund my retirement
- ☐ Preserve Wealth and pass it on to my heirs
- ☐ Other (please specify)
- ☐ Children's Education (In the case of a RESP account only)

2. In this section:

Investment Objective means the overall financial goal you wish to achieve with the investments in your account.

Risk Tolerance means your willingness to accept risk and withstand volatility and possible losses. To assist us in helping you determine which Account selection(s) are suitable for you we ask you to describe your Risk Tolerance for each of your Account(s). Please refer to Schedule "A" or section 2.1A of the Client Agreement for the specific categories of Risk Tolerance we use herein.

Risk Capacity your ability to sustain temporary and permanent losses of capital. A person's risk capacity will depend on their overall level of savings, their ability to generate income in the future, and their expected future expenses. The higher a person's risk capacity, the better they are able to sustain temporary and permanent losses of their invested capital.

Time Horizon is the length of time over which investments for your Account are made or held before they are required to be liquidated and not reinvested in similar types of investments.

Cash:

My Time Horizon is: ☐ 1-3yrs ☐ 3-5yrs ☐ 5-10yrs ☐ >10yrs

My Risk Tolerance is: ☐ Low ☐ Medium ☐ Med/High ☐ High

My Risk Capacity: ☐ Low ☐ Medium ☐ Med/High ☐ High

Registered:

My Time Horizon is: ☐ 1-3yrs ☐ 3-5yrs ☐ 5-10yrs ☐ >10yrs

My Risk Tolerance is: ☐ Low ☐ Medium ☐ Med/High ☐ High

My Risk Capacity: ☐ Low ☐ Medium ☐ Med/High ☐ High

Margin:

My Time Horizon is: ☐ 1-3yrs ☐ 3-5yrs ☐ 5-10yrs ☐ >10yrs

My Risk Tolerance is: ☐ Low ☐ Medium ☐ Med/High ☐ High

My Risk Capacity: ☐ Low ☐ Medium ☐ Med/High ☐ High

TFSA:

My Time Horizon is: ☐ 1-3yr ☐ 3-5yrs ☐ 5-10yrs ☐ >10yrs

My Risk Tolerance is: ☐ Low ☐ Medium ☐ Med/High ☐ High

My Risk Capacity: ☐ Low ☐ Medium ☐ Med/High ☐ High

3. What account type best describes your investment objectives and risk tolerance?

A INCOME - Your principal Investment Objective is to maintain the value of your invested capital and generate income, and possibly, some ancillary growth. You want to minimize the risk of losing any money over the short or long term and are willing to accept lower returns for greater safety of capital. Your investments will be principally focused in investment grade or higher quality fixed income investments or funds, ETFs, and other products which invest in similar types of investments. An Income Account is only appropriate for persons who have at least a Low Risk Tolerance and a Low Risk Capacity and accept that all investments carry some risk of temporary or permanent loss of capital.

B BALANCED - Your principal Investment Objective for your investments is to have some potential for growth over the long term without taking on high levels of risk. Your investments will be principally focused on higher quality stocks and investment grade or higher quality fixed income investments or funds, ETFs, and other products which invest in similar types of investments. You understand that a temporary and permanent loss of some capital is possible. A Balanced Growth Account is only appropriate for persons who have a time horizon of five (5) years or more and have at least a Medium Risk Tolerance and Medium Risk Capacity.

C GROWTH - Your principal objective for your investments is capital appreciation over the long term. You accept increased risk and volatility of your investment returns. Your investments will be principally focused in stocks of medium to large cap companies or funds, ETFs, and other products which invest in similar types of investments. You understand that a temporary and permanent loss of capital is possible. A Growth Account is only appropriate for persons with a Time Horizon of five (5) years or more and who have at least a Medium-High Risk Tolerance and a Medium-High Risk Capacity.

D AGGRESSIVE GROWTH - Your primary Investment Objective is to maximize the eventual return of your capital. **You are willing to accept very high levels of risk and volatility, including the potential for significant temporary and permanent loss of your capital.** You do not require your account to be diversified, to produce or supplement your income, and you are prepared to accept periods of illiquidity. An Aggressive Growth Account is only appropriate for persons with a Time Horizon of five (5) years or more, and who have at least a High Risk Tolerance and a High Risk Capacity.

The risk and volatility of each account type is achieved through the entire blend of its holdings and not by reference to any one or more of its holdings.

Will any income or cash flow be required from your Account? ☐ **Yes** ☐ **No**

If yes, please provide details: _____

Please enter the appropriate account description (A, B, C, or D) that best describes your investment objectives for each of your Account(s), and confirm your selection by initialling in the space provided:

For my Cash Account(s)	Account Description_____	Applicant's Initials_____
For my Margin Account(s)	Account Description_____	Applicant's Initials_____
For my Registered Account(s)	Account Description_____	Applicant's Initials_____
For my Tax Free Savings Account(s)	Account Description_____	Applicant's Initials_____

Is there any additional information concerning your Investment Objectives, Risk Tolerance, Risk Capacity, or other material information or special instructions which is not adequately described above? If so, please describe below:

I. LEVERAGED INVESTMENT PURCHASES

Leveraged Investment Purchases

Using borrowed money to finance the purchase of securities involves greater risk than using cash resources only. If you borrow money to purchase securities, your 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.

☐ **Margin Trading**

I would like margin trading privileges and have read and understood Part 4 – Margin Agreement of the Client Agreement. I understand that using borrowed money to finance the purchase of securities involves greater risk than using cash resources only and that if I borrow money from you to purchase securities my responsibility to repay the loan and interest as required by the Client Agreement remains the same even if the value of the securities purchased declines.

SIGN HERE ➤ _____ _____

Applicant's Signature | Date

SIGN HERE ➤ _____ _____

Co-Applicant's Signature | Date

J. COMMUNICATION WITH BENEFICIAL OWNERS OF SECURITIES (National Instrument 54-101)

FORM 54-101F1 - CLIENT RESPONSE

We are required under securities law to obtain your instructions concerning the various matters below relating to your holding of Securities in your Account(s).

(a) **Disclosure of Beneficial Ownership Information**

Please mark the corresponding box to show whether you **DO NOT OBJECT** *or* **OBJECT** *to Lightyear disclosing your name, address, electronic mail address, Securities holdings and preferred language of communication to issuers of Securities you hold with Lightyear and to other persons or companies in accordance with securities law.*

☐ **I DO NOT OBJECT** to Lightyear disclosing my beneficial ownership information described above.

☐ **I OBJECT** to Lightyear disclosing my beneficial ownership information described above. If you indicate that you OBJECT, securityholder materials that are required to be sent to you under securities law will be sent by us and a fee per delivery may be charged to your account.

(b) **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 general 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.

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 Account Application 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 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.

☐ **I WANT** to receive **ALL** securityholder materials sent to beneficial owners of securities.

☐ **I DECLINE** to receive **ALL** securityholder 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 and this only applies to certain types of material.*)

☐ **I WANT** to receive **ONLY** proxy-related materials that are sent in connection with a special meeting.

(c) **Preferred Delivery**

Please mark the corresponding box to show your preferred method of delivery of materials.

☐ **I WANT** and **CONSENT** to receive materials by electronic mail delivery from Lightyear or from the Canadian reporting issuer, when available, and provide my e-mail address with respect to such delivery: _____.

☐ **I WANT** to receive my materials by regular mail.

(d) **Language**

I understand that the materials I receive will be in English only.

(e) On behalf of the beneficial owner(s) of the Account(s) opened from this application, I have read and understood the explanation that you have provided me in connection with National Instrument 54-101, Communication with Beneficial Owners of Securities of a Reporting Issuer. The choices I have indicated above apply to all of the Securities held in the Account(s).

(f) This description only applies to issuers of securities that are governed by Canadian provincial securities laws. It does not apply to issues of securities that are governed by the laws of the United States or other countries. If you indicate that you do not wish to receive securityholder materials, Lightyear may be required to send securityholder materials of non-Canadian issuers to you.

K. DUPLICATE DELIVERY *(Please indicate below if you would like either or both your statements and your trade confirmations sent to an additional person.)*

Address Type: ☐ Civic ☐ Rural

Account Statements ☐ Yes ☐ No Trade Confirmations ☐ Yes ☐ No

Delivery to: ☐ Individual ☐ Company Care of ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss. ☐ Other

Last Name	First Name	Initial(s)	If applicable, Company Name	Affiliation to Applicant

Civic # / RR #	Street Name / RR	Street Type	Street Direction	Unit Type	Unit #

Country	Province	Postal Code	City

SCHEDULE A - RISK TOLERANCE DEFINITIONS

Risk Tolerance means your willingness to accept volatility in the value of your investments and the risk that some or all of your invested capital may be lost. Higher levels of Risk Tolerance will often provide investors with more potential for superior returns, however as your Risk Tolerance increases, the possibility of volatility, illiquidity, and permanent loss of capital also increase.

To assist us in assessing and understanding your Risk Tolerance, we use the following categories of Risk Tolerance to assist us in helping you determine which Account selection(s) are suitable for you.

Low Risk Tolerance: Your primary focus is to preserve your investment capital. You are willing to accept lower returns and potential for inflation risk for greater safety of capital. You seek to invest capital in investments with low volatility commonly associated with GIC's or government and investment grade corporate bonds. You understand that all investments carry some investment risk and volatility.

Medium Risk Tolerance: You seek moderate growth in your investments in the medium to long term and are willing to accept a moderate level of risk and volatility commonly associated with the senior stock markets indices. You understand that investment values change and that you might need to hold an investment for a longer period than originally intended to recover from loss or to achieve a desired return. You also understand and accept that a significant portion of the capital you invest in some investments may be lost. Investors with a Medium Risk Tolerance will not typically invest all of their capital in individual stocks but will diversify their investments to include at least some cash, bonds or other lower risk or less volatile alternative products.

Medium-High Risk Tolerance: You seek moderate to long term growth over the medium to long term and are willing to accept a moderate-high level of risk and volatility commonly associated with a 100% equity focused portfolio. You are accepting of the attendant risks of higher volatility commonly associated with the broader stock markets, which would include some investments in higher risk securities. The risks associated with medium-high risk tolerance include owning investments that may have decreased in value when you might otherwise wish to sell them. You also understand and accept that a significant portion of the capital you invest in any one or more investments may be lost.

High Risk Tolerance: You seek superior growth and are willing to accept a high or very high level of volatility, significant short and long term fluctuations in your portfolio value, and loss of liquidity in exchange for potentially higher long term returns. You are willing to take substantial risks and understand that a significant portion of your capital investment may be permanently lost.

The overall risk profile of your Account will be achieved by a blend of its investments and not by reference to any one of its holdings. This will permit the flexibility of different investment strategies and even the holding of certain individual investments which may be higher risk than the overall risk profile of your Account. The Risk Tolerance descriptions assume typical market risk and do not account for the extreme market dislocations associated with major global or other financial or industry specific crisis.

Introducing and Carrying Broker Disclosure:

We advise of the appointment of Haywood Securities Inc. (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, delivery, and the safekeeping of funds and securities received from the Introducing Broker;
3. be responsible for issuing confirmation slips and the statement of accounts for all transactions directed through the Carrying Broker;
4. bear full responsibility for damages to the client resulting from errors or negligence in your account caused by the Carrying Broker. However, the Carrying Broker may refuse to accept a client or to make a particular trade;
5. accept and execute trades in compliance with the instructions given them by the Introducing Broker with respect to transactions effected for the Client, subject to paragraph 4 above;and
6. bear full responsibility for maintaining regulatory capital required of the Carrying Broker by the Investment Industry Regulatory Organization of Canada.

Lightyear Capital Inc., ("the Introducing Broker" or "Lightyear"),will:

1. be 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
2. bear full responsibility for damages to the client resulting from error or negligence in your account caused by Lightyear; and
3. bear full responsibility for maintaining regulatory capital required of the Introducing Broker by the Investment Industry Regulatory Organization of Canada.

Trusted Contact Person (TCP)

A TCP is a close friend, family member, or caregiver (age 19 or older) you trust with your personal information and who you identify and authorize Lightyear to contact when deemed necessary to obtain required information about your account(s). A TCP may be contacted to ascertain your current contact information, health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney; to address any concerns about your possible financial exploitation; or as otherwise permitted by the Investment Industry Regulatory Organizationof Canada. A TCP is not the same as a person having the authority to make financial decisions on your behalf like a power of attorney or a person having a trading authority over your account. Ideally, a TCP has no financial authority over your account(s) or other involvement in making financial decisions for you.

Would you like to designate a TCP for your account(s)? Yes☐ No☐

Name:_____Phone number:_____Relationship: _____

L. AGREEMENT AND AUTHORIZATION

I make the requests and give the authorizations and consents described above, I represent and warrant that the information set out above is accurate and sufficiently complete that it is not misleading, and confirm that I have read and understand the Client Agreement including s. 2.1A – Risk Tolerance Definitions and agree to be bound by the Client Agreement as it may be amended from time to time by Lightyear in accordance with its terms.

I certify that the information in this Account Application Form is true and complete and I agree to advise Lightyear in writing promptly upon the occurrence of any material change in this information.

I acknowledge that I am responsible for obtaining my own legal, tax and accounting advice with respect to the Account(s) and Transactions made from time to time in the Account(s).

I hereby consent to being contacted by you by telephone, e-mail or other form of electronic communication any time during your regular business hours or such other time you determine is reasonable or necessary in respect of any matter relating to my Account(s).

Without limiting the scope or effect of your *Protection of Personal Information-Privacy Policy* (the "Privacy Policy"), I consent to your collection of my Personal Information during the time my Account(s) is/are opened or maintained by you and using such Personal Information forthe purposes set out in the Privacy Policy or as may be permitted or required by the Applicable Laws, Rules and Regulations, and without limitation, I acknowledge that:

(a) you may, from time to time, use or be required pursuant to Applicable Laws, Rules and Regulations to disclose my Personal Information to securities regulatory and securities oversight organizations to which Lightyear is subject, including a stock exchange, the Investment Industry Regulatory Organization of Canada for the purposes of an audit or investigation relating to my Account(s) or my trading of securities, or Lightyear 's business generally and I consent to such use and disclosure;

(b) for credit and margin purposes which I may from time to time request, Lightyear may use or be required to disclose my Personal Information, including my social insurance number(s), to other lenders or credit reporting agencies for the purposes of conducting a credit check and otherwise determine my creditworthiness or for the purposes of identification verification and I consent to such use and disclosure;

(c) you may use my Personal Information to provide me with information about Lightyear 's or the Carrying Broker's products and services and other matters or, where not prohibited by law, for the purposes of referring life insurance, annuities and other specific insurance products and services provided by The Carrying Broker.

I further acknowledge that I may refuse or withdraw my consent for Lightyear to use my Personal Information in any manner set out above or as set out in the Privacy Policy in accordance with the procedures set out in the Privacy Policy but that, in such circumstances, Lightyear may not be able to open or continue my Account(s) or provide or continue a requested service without such consent.

It is the express wish of the undersigned signatories hereto that this Account Application Form, and the Client Agreement be in English. C'est la volonté expresse des soussignés que le présent formulaire de demande de compte, les conventions de compte et tous les formulaires, documents, avis et autres communications s'y rattachant, soient rédigés en anglais seulement.

SIGN HERE ➤ _____ Applicant's Signature _____ Date

SIGN HERE ➤ _____ Co-Applicant's Signature _____ Date

Declaration of Tax Residence for Individuals – Part XVIII and Part XIX of the Income Tax Act

- If you are an individual and you are planning to open a financial account or if you already have a financial account with a Canadian financial institution, it may ask you to fill out this or a similar form. For more information, see *How to fill out the form* on page 2.
- Canadian financial institutions are required under Part XVIII and Part XIX of the *Income Tax Act* to collect the information you provide on this form to determine if they have to report your financial account to the Canada Revenue Agency (CRA). The CRA may share this information with the government of a foreign jurisdiction that you are resident of for tax purposes. In the case of the United States, the CRA may also share the information with that country's government if you are a U.S. citizen. You can ask your financial institution if it reported your financial account to the CRA and what information it gave.
- Each account holder of a joint account has to fill out a declaration of tax residence form.
- Fill in all sections of this form that apply to you. If you do not have all the necessary information when you fill out the form, you may be given up to 90 days to give the missing information to your Canadian financial institution. If you do not give the missing information to your financial institution within the specified time frame, it may have to report your financial account to the CRA.
- If you need help with your tax residency information for this form, see Income Tax Folio, S5-F1-C1, *Determining an Individual's Residence Status*, which you can find on the CRA website.

Last name	First name and initial(s)	Date of birth (Year Month Day)

Policy/account number assigned by the financial institution

Permanent residence address

Apartment number – street number and name		City
Province, territory, state, or sub-entity	Country or jurisdiction	Postal or ZIP code

Mailing address (only if different from the permanent residence address)

Apartment number – street number and name		City
Province, territory, state, or sub-entity	Country or jurisdiction	Postal or ZIP code

Section 2 – Declaration of tax residence

Tick (M) all of the options that apply to you.

Social insurance number

☐ **I am a tax resident of Canada.** If you ticked this box, give your social insurance number.

☐ **I am a tax resident or a citizen of the United States**.
If you ticked this box, give your taxpayer identification number (TIN) from the United States.

TIN from the United States

If you do not have a TIN from the United States, have you applied for one?

☐ Yes ☐ No

☐ **I am a tax resident of a jurisdiction other than Canada or the United States**.
If you ticked this box, give your jurisdictions of tax residence and taxpayer identification numbers.

If you do not have a TIN for a specific jurisdiction, give the reason using one of these choices:

Reason 1: I will apply or have applied for a TIN but have not yet received it.

Reason 2: My jurisdiction of tax residence does not issue TINs to its residents.

Reason 3: Other reason.

For this form, "other reason" is enough. However, you still have to tell your financial institution the specific reason.

Jurisdiction of tax residence	Taxpayer identification number	If you do not have a TIN, choose reason 1, 2, or 3.

Section 3 – Certification

I certify that the information given on this form is correct and complete. I will give my financial institution a new form within 30 days of any change in circumstances that causes the information on this form to become incomplete or inaccurate.

Name (print) _____ Signature _____ Date (Year Month Day) _____

Personal information is collected under the *Income Tax Act* to administer tax, benefits, and related programs. It may also be used for any purpose related to the administration or enforcement of the Act such as audit, compliance and the payment of debts owed to the Crown. It may be shared or verified with other federal, provincial/territorial government institutions, and foreign governments to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. Under the *Privacy Act*, individuals have the right to access their personal information and request correction if there are errors or omissions. Refer to Info Source at cra.gc.ca/gncy/tp/nfsrc/nfsrc-eng.html, Personal Information Bank CRA PPU 005.

(Vous pouvez obtenir ce formulaire en français à arc.gc.ca/formulaires.)

Canada

How to fill out the form

Section 1 – Identification of account holder

Use Section 1 to identify the account holder. Sometimes the account holder's address may be different from the mailing address. If this is the case, give both addresses.

The **account holder** is the person listed or identified as the holder of the financial account by the financial institution that maintains the account. But, when a person other than a financial institution holds a financial account for the benefit of or for another person as an agent, custodian, nominee, signatory, investment advisor, or intermediary, they are not considered the account holder. In such cases, the account holder is the person for whom the account is held.

If a trust or an estate is listed as the holder of a financial account, the trust or the estate is the account holder, not the trustee or the liquidator. Similarly, if a partnership is listed as the holder of a financial account, the partnership is the account holder, not the partners in the partnership. In such cases, fill out Form RC519, *Declaration of Tax Residence for Entities – Part XVIII and Part XIX of the Income Tax Act*.

An account holder also includes any person who can access the cash value or designate a beneficiary under a cash value insurance contract or an annuity contract.

The **policy/account number** is the number your financial institution assigned to you. For example, enter the number assigned to you (such as a bank account number or insurance policy number) in this box. When you fill out this form as a controlling person of an entity, enter the policy or account number assigned to the entity, not your personal number. If you do not have such a number, leave this box blank.

Section 2 – Declaration of tax residence

Use Section 2 to identify the account holder's tax residence and taxpayer identification number. If the account holder does not have such a number, give the reason.

Generally, an individual will be a **tax resident** of a jurisdiction if, under the laws of that jurisdiction, they pay or should be paying tax there because of their domicile, residence, or a similar criterion.

Individuals who are tax residents in more than one jurisdiction can rely on the tie–breaker rules in tax conventions (when they apply) to resolve cases of dual tax residence.

For more information on tax residency, talk to your tax adviser or go to oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/#d.en.347760.

A **taxpayer identification number**, often referred to by its abbreviation TIN, is a unique identifier made of letters or numbers that the jurisdiction assigns to an individual. The jurisdiction uses the TIN in administering its tax laws to identify the individual. Enter the TIN in its official format. For more details about acceptable TINs, go to oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/#d.en.347759.

If you do not have a TIN from the United States, you have 90 days to apply for one and 15 days after you receive it to give it to your financial institution.

Reasons that fall under "Reason 3: **Other reason**" for not having a TIN include not being eligible to receive one. However, if you are eligible to receive a TIN but you do not have one, you have 90 days to apply for one through your jurisdiction of residence. You have 15 days after you receive it to give it to your financial institution.

Section 3 – Certification

Make sure you fill in and sign Section 3 before you give this form to your Canadian financial institution.

Type of controlling person

Fill in this section **only** if you are filling out this form as a controlling person of an entity.

Controlling persons of an entity are the natural persons who exercise direct or indirect control over the entity. Generally, whether any person exercises control over an entity is determined in a way similar to how beneficial owners are identified for Canada's *Proceeds of Crime (Money Laundering) and Terrorist Financing Act*.

For example, a person is generally considered a controlling person of a corporation if they directly or indirectly own or control 25% or more of the corporation. When no natural person is identified as exercising control of the corporation, a director or senior official of the corporation is considered the controlling person.

In the case of a trust, controlling persons include its settlors, trustees, protectors (if any), beneficiaries (or class of beneficiaries), and any other natural persons exercising ultimate effective control over the trust.

A settlor, trustee, protector, or beneficiary of a trust may be an entity. If so, to determine the trust's controlling persons you have to look through the entity's chain of control or ownership to identify the natural persons exercising ultimate effective control over the entity. You then have to report those you find as controlling persons of the trust. Financial institutions may apply this requirement in a way similar to how beneficial owners are identified for Canada's Proceeds of Crime (Money Laundering) and Terrorist Financing Act.

In the case of a legal arrangement other than a trust, controlling persons are persons in equivalent or similar positions.

Type of controlling person*

***** Enter the description that best describes the type of controlling person:

1) Direct owner of a corporation or other legal person
2) Indirect owner of a corporation or other legal person (through an intermediary)
3) Director or senior official of a corporation or other legal person
4) Settlor of a trust
5) Trustee of a trust
6) Protector of a trust
7) Beneficiary of a trust
8) Other controlling person of a trust
9) Equivalent to a settlor of a legal arrangement other than a trust (e.g. partnership)
10) Equivalent to a trustee of a legal arrangement other than a trust (e.g. partnership)
11) Equivalent to a protector of a legal arrangement other than a trust (e.g. partnership)
12) Equivalent to a beneficiary of a legal arrangement other than a trust (e.g. partnership)
13) Other controlling person of a legal arrangement other than a trust (e.g. partnership)

TO BE COMPLETED BY THE INVESTMENT ADVISOR

How long have you known the Applicant(s)?_____ ☐ Years ☐ Months ☐ Weeks ☐ Days Have you met the Applicant(s) in person? ☐ Yes ☐ No

How do you know this Applicant(s)? ☐ Personal Contact ☐ Phone-In ☐ Existing Client ☐ Walk-In ☐ Referral

If a referral, referred by whom? _____

Do you have any direct or indirect interest in the Account(s) other than an interest in the commission and fees paid? ☐ Yes ☐ No

Are you registered in the Province or Country the Applicant(s) ordinarily resides? ☐ Yes ☐ No

INITIAL ORDER

☐ Buy - Specifics _____

☐ Sell - Specifics _____

☐ Unsolicited ☐ Solicited To

☐ be determined at a later date

☐ Wire Transfer	$	Source	
☐ Funds / Cheque Deposit	$	Source	
☐ Internal Transfer	$	Account No.	
☐ Transfer In (External)	$	Source	

HOW IS THE APPLICANT BEING VERIFIED?

☐ ID physically verified by Lightyear employee

☐ ID physically verified by Lightyear appointed notary

☐ Credit check & cheque/bank reference letter

☐ Credit File

☐ Other: _____

Comments and Approvals

Investment Advisor Comments	Investment Advisor Signature Month Day Year
Complinet/OFSI Database Search Completed	Employee Signature Month Day Year
Compliance/Officer Comments	Compliance/Officer Signature Month Day Year

PCMLTFA Risk Rating

☐ Low ☐ Medium ☐ High Employee Initials _____