

TRADE ORDER FORM

Title: ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Dr. ☐ Prof. ☐ Co. Client Type: _____

Account Registration(1): _____ Gender: _____
 First Initials Last

Age: _____ Date of Birth (MM/DD/YYYY) (1): _____ Marital Status: _____ SIN # (1): _____ Citizenship: _____

Mailing Address: _____ City: _____ Province: _____

Postal Code: _____ Country: _____ Home Phone: _____ Cell: _____ E-mail: _____

ID # and type _____ Expiry _____ ID # and type (2) _____ Expiry (2) _____

Acct. Reg. (RESP, ITF, Joint): _____ Date of Birth(2): _____ SIN # (2): _____
 First Last

Address (RESP, ITF, Joint): _____ City: _____ Province: _____ Postal Code: _____

Your Income: _____ Occupation: _____ Employer: _____ Type of Business: _____

Employer Address: _____ Phone: _____ Fax: _____

Spouse Name: _____ Spousal Occupation: _____ Spousal Income: _____ # of Dependents: _____

Bank Name: _____ Transit #: _____ Bank Code _____ Bank Account No.: _____

Personal Info Consent: ☐ Rep. Multi. Occ. Consent: ☐

Account Registration: ☐ Mgt Co Administered ☐ Other Power of Attorney: ☐ Leveraged: ☐ Distribution: _____

Account Type: ☐ Non-registered ☐ RSP ☐ Spousal RSP ☐ LIRA ☐ LIRSP ☐ RIF
☐ LIF ☐ LRIF ☐ RESP ☐ GRSP ☐ GSRSP ☐ Other
☐ TFSA

Jurisdiction of LIRA, LIF and LRIF Plan if applicable (Locked-in Agreement Required)

☐ BC ☐ AB ☐ SK ☐ MB ☐ ON ☐ QC
☐ NB ☐ NS ☐ PEI ☐ NL ☐ Federal

Trading Authorization: ☐ Details: _____ Financial Interest In Account: ☐ Details: _____

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THIS FORM.

Client Signature _____ Client Name _____ Date _____

Joint Client Signature _____ Joint Client Name _____ Date _____

I verify the identity of the applicant(s) and confirm that I have reviewed the piece(s) of identification indicated above as per Altimum Policies and Procedures on Money Laundering.

7767-

Date Rep Signature Rep Code Compliance Officer Signature Date of Account Approval

KNOW YOUR CLIENT (KYC) INFORMATION – Applicable securities laws require that every client's account reflects his/her stated needs and objectives . In this regard, please complete the Financial Needs Analysis and Asset Allocation Survey (also known as the Analysis of Investment Suitability Form). This survey must be updated as required and no less than annually. It is the client's responsibility to inform Altimum Mutuals Inc. of any changes to this information. All client information is held in the strictest confidence.

CHANGE OF CUSTOMER ADDRESS:

Please change the address on my account to the following:

Street: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Bus. Phone: _____ e-mail address _____

Date of Move _____

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THIS FORM.

Client Signature _____ Client Name _____ Date _____

Joint Signature _____ Joint Name _____ Date _____

Rep Signature _____ Rep Code 7767 _____ Date _____

Compliance Officer Approval (Signature) _____ Date _____