

DEALER CODE: 7767		REP CODE:		NEW CLIENT		CLIENT UPDATE	
Oakhaven Client Reference #:		Nominee Account # (s):		Client Name Account # (s):			
WHAT TYPE OF ACCOUNT ARE YOU OPENING?		Open (\$CAD)	TFSA	RIF	LRIF	RLIF	
Nominee	Client Name	Open (\$US)	LIRA	Spl RIF	RLSP	RDSP (client name only)	
		Open IT (\$CAD)	RSP	LIF	PRIF	RESP (client name only)	
		Open JT (\$US)	Spl RSP	Other (specify)			
1. CLIENT INFORMATION						NO CHANGE	
Last Name of Client - (Check one)		Mr.	Mrs.	Miss	Ms.	Dr.	First Name & Initial(s)
Residential Address		City		Province		Postal Code	
Country	Main Phone	Work Phone		Email address (See Disclosure in Section 13)			
Birthdate MM / DD / YYYY		Social Insurance Number/Tax ID No.			Citizenship		
Name of employer - Retired (provide previous employer)		Occupation/Job Title			Type of Business		
Employer address		Employer phone number			Number of years with employer		
Marital Status:		Married	Single	Divorced	Separated	Widowed	Common Law
					# of dependents:		
2. JOINT CLIENT INFORMATION						NO CHANGE	
Last Name of Joint Client - (Check one)		Mr.	Mrs.	Miss	Ms.	Dr.	First Name & Initial(s)
Residential Address		City		Province		Postal Code	
Country	Main Phone	Work Phone		Email address (See Disclosure in Section 13)			
Birthdate MM / DD / YYYY		Social Insurance Number/Tax ID No.			Citizenship		
Name of Joint Client's employer - Retired (provide previous employer)		Occupation/Job Title			Type of Business		
Employer address		Employer phone number			Number of years with employer		
Marital Status:		Married	Single	Divorced	Separated	Widowed	Common Law
					# of dependents:		
3. SPOUSAL SECTION						NO CHANGE	
Last Name of Spouse - (Check one)		Mr.	Mrs.	Miss	Ms.	Dr.	First Name & Initial(s)
Residential Address		City		Province		Postal Code	
Country	Main Phone	Work Phone		Email address (See Disclosure in Section 13)			
Birthdate MM / DD / YYYY		Social Insurance Number/Tax ID No.			Citizenship		
Name of employer - Retired (provide previous employer)		Occupation/Job Title			Type of Business		
Employer address		Employer phone number			Number of years with employer		

4. JOINT CLIENT SPOUSAL					NO CHANGE	
Last Name of Joint Client - (Check one) Mr. Mrs. Miss Ms. Dr. First Name & Initial(s)						
Residential Address			City	Province	Postal Code	
Country	Main Phone	Work Phone		Email address (See Disclosure in Section 13)		
Birthdate MM / DD / YYYY		Social Insurance Number/Tax ID No.		Citizenship		
Name of Joint Client's employer - Retired (provide previous employer)		Occupation/Job Title		Type of Business		
Employer address			Employer phone number	Number of years with employer		
5. TRUSTED CONTACT PERSON INFORMATION					NO CHANGE	
<p>We are required to ask you for the name and contact information for a person that you trust to assist us in protecting your investments. This person does not make any financial decisions or act on your behalf. We would contact this person to confirm or make inquiries about any of the following:</p> <ul style="list-style-type: none"> • Possible financial exploitation or mistreatment affecting you or your account • Concerns about your mental capacity or health status as it relates to your financial decision making • The identity of your legal guardian, executor, trustee, or other personal or legal representative • Your current contact information <p>If you would like to appoint a Trusted Contact Person, please complete the information below. By completing this section and signing this application, you authorize your advisor or dealer to contact your Trusted Contact Person named below to obtain the information needed to validate the concerns about you or to disclose to the Trusted Contact Person such information as the Trusted Contact Person may require in order to obtain the information or help needed. You acknowledge having read and understood the section "Trusted contact Person" – Additional Information disclosed at the end of this form.</p>						
Primary Trusted Contact Person						
Last Name of Trusted Contact - (Check one) Mr. Mrs. Miss Ms. Dr. First Name & Initial(s)						
Residential Address			City	Province	Postal Code	
Country	Main Phone	Work Phone		Email address (See Disclosure in Section 13)		
Relationship to the client						
In the event the Trusted Contact person named above refuses or is unavailable to provide assistance or is financially mistreating you, the dealer or the advisor may contact the following person:						
Alternate Trusted Contact Person						
Last Name Alt. Trusted Contact - (Check one) Mr. Mrs. Miss Ms. Dr. First Name & Initial(s)						
Residential Address			City	Province	Postal Code	
Country	Main Phone	Work Phone		Email address (See Disclosure in Section 13)		
Alternate Trusted Contact Person						
I decline to provide a Trusted Contact Person						
6. JOINT ACCOUNT AGREEMENT (for joint accounts only)					NO CHANGE	
<p>The Client and Joint Applicants signing this document below intend that ownership of this account be held as (check one):</p> <p>Joint tenants with rights of survivorship and not as tenants in common</p> <p>Tenants in Common: Percentage split – Client: % Joint Client: %</p> <p>Note the Joint Account Agreement is for information purposes only. The specific terms and conditions relating to a joint account that is "Joint tenants with rights of survivorship" versus "Tenants in Common" will be contained in the Client Account Agreement you open.</p>						

7. YOUR PERSONAL INVESTMENT PROFILE						NO CHANGE	
Your Investment Experience - the types of investments you have had experience with in the past							
Client:	Mutual Funds	Stocks	Bonds	Options	Futures	Short Sales	None
Joint Applicant:	Mutual Funds	Stocks	Bonds	Options	Futures	Short Sales	None
Your Investment Knowledge - which statement best describes your current level of investment knowledge							
Client:	High	Sophisticated	Good	Knowledgeable	Average/Fair	Poor/None	
Joint Applicant:	High	Sophisticated	Good	Knowledgeable	Average/Fair	Poor/None	
Your Financial Profile				Client		Joint Applicant	
What is your annual Income from all sources?				\$		\$	
What is your spouse's annual Income (optional)?				\$		\$	
What is your net worth?							
A. Estimated Liquid Assets (minus liabilities)				\$		\$	
B. Estimated Fixed Assets (minus liabilities)				\$		\$	
C. Estimated Total Net Worth (A+B=C)				\$		\$	
D. Estimated amount available for investment				\$		\$	
Account Number:	#	#	#	#	#	#	#
Risk Tolerance							
High	%	%	%	%	%	%	%
Medium	%	%	%	%	%	%	%
Low	%	%	%	%	%	%	%
Investment Objective							
Growth:	%	%	%	%	%	%	%
Income:	%	%	%	%	%	%	%
Safety:	%	%	%	%	%	%	%
Time Horizon							
0 to < 1 year							
1 to <3 years							
3 to <5 years							
5 to <10 years							
10 to <20 years							
20+ years							
For Non-registered accounts, what is the intended use? (Retirement savings, cottage, education, etc.)							

8. IDENTIFICATION SECTION						NO CHANGE	
Is the Representative registered in the province where the client resides?		Client	Yes	No	Joint Applicant:	Yes	No
Has the Representative met the client in person		Client	Yes	No	Joint Applicant:	Yes	No
When did the representative first meet the client?		Client	MM / DD / YYYY		Referral	Joint Client	MM / DD / YYYY
				Yes	Referral		Yes
Client ID Verification Driver's Licence Passport Other							
Jurisdiction or Place of Issuance		Identification Number		Identification Issuance Date		Identification Expiry Date	
				MM / DD / YYYY		MM / DD / YYYY	
2 nd Identification Type & Issuer		Identification Number		Identification Issuance Date		Identification Expiry Date	
				MM / DD / YYYY		MM / DD / YYYY	
I have seen the Identification (Name and title of individual who verified Identification)				Signature		Date Identification Was Verified	
Joint Applicant ID Verification Driver's Licence Passport Other							
Jurisdiction or Place of Issuance		Identification Number		Identification Issuance Date		Identification Expiry Date	
				MM / DD / YYYY		MM / DD / YYYY	
2 nd Identification Type & Issuer		Identification Number		Identification Issuance Date		Identification Expiry Date	
				MM / DD / YYYY		MM / DD / YYYY	
I have seen the Identification (Name and title of individual who verified Identification)				Signature		Date Identification Was Verified	
9. INFORMATION ABOUT YOU AND INVESTING						NO CHANGE	
If yes to any of these questions please provide your comments in the section below.							
Are you (client/joint applicant) or anyone you live with an employee or a sales representative of Oakhaven Wealth Advisors Inc. Client: Yes No Joint Applicant: Yes No				Will any person(s) other than the person(s) named on the account have any financial interest in the account? Client: Yes No Joint Applicant: Yes No			
Do you (client/joint applicant) currently have any existing accounts or are you opening multiple accounts at the present time with Oakhaven Wealth Advisors or control of such accounts? Client: Yes No Joint Applicant: Yes No				Will any person(s) other than the person(s) named on the account guarantee this account? Client: Yes No Joint Applicant: Yes No			
Do you (client/joint applicant) have accounts with other brokerage firms? Client: Yes No Joint Applicant: Yes No				Does your representative have a direct or Indirect interest in the account other than an interest in commissions or fees? Client: Yes No Joint Applicant: Yes No			
Will any person(s) other than the person(s) named on the account have trading authority over the account? Client: Yes No Joint Applicant: Yes No				Will this account be used by or on behalf of a third party? Client: Yes No Joint Applicant: Yes No			
COMMENTS (Please attach further details on a separate page, if necessary.)							
Corporate Insider Information							
Are you a "reporting insider" for the purposes of securities regulations that may apply to you? For example an officer or director of a reporting issuer or any other issuer whose securities are publicly traded (e.g. an entity whose securities are traded on a stock exchange or an over-the-counter market or an officer or director of a company which is itself and insider or an subsidiary of such issuer? Client: Yes No Joint Applicant: Yes No				Do you or as part of a group, hold or control an Issuer? Client: Yes No Joint Applicant: Yes No			
If yes, please list the Issuer(s):				If yes, please list the Issuer(s):			
Do you beneficially own; or have control or direction over; or have a combination of beneficial ownership of, and control or direction over, directly or indirectly, securities of an Issuer carrying more than 10% of the voting rights attached to all of the Issuer's outstanding voting securities? Client: Yes No Joint Applicant: Yes No				Are you or anyone you live with or are married to an employee, officer, director or partner of an IIROC firm? Client: Yes No Joint Applicant: Yes No			
If yes, please list the Issuer(s):				If yes, please list the Issuer(s):			
COMMENTS (Please attach further details on a separate page, if necessary.)							

10. NATIONAL INSTRUMENT 54-101 - CLIENT RESPONSE FORM - NOMINEE ONLY

NO CHANGE

PART 1 - RECEIVING SECURITYHOLDER MATERIALS

Please mark the corresponding box to show what materials you want to receive. Securityholder materials sent to beneficial owners of securities consist of the following materials:

- (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 securityholders that are not required by corporate or securities law to be sent.

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.)

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

(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 client response 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 of financial statements, and where you provide specific instructions, the instructions in this form with respect to financial statements will not apply.)

PART 2 – 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 address, 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.

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

I OBJECT to you disclosing the information described above.

11. BORROWING MONEY TO BUY SECURITIES/INVESTMENT FUNDS (LEVERAGING)

At the present time are you using borrowed money to make investments in any of these accounts No Yes (complete additional leverage disclosure)

12. POLITICALLY EXPOSED PERSONS AND/OR HEAD OF INTERNATIONAL ORGANIZATION

NO CHANGE

Please refer to the definition of Politically exposed Foreign Person ("PEFP"), Politically Exposed Domestic Person ("PEDP"), "Head of an International Organization ("HIO") and the definition of Prescribed Family Member ("PFM") included on this application form.

Are you a PEFP or a PEFP because you are a PFM of a PEFP or are you closely associated, for personal or business reasons, with a PEFP?

Client: Yes No Joint Applicant: Yes No

Are you a PEDP or a PEDP because you are a PFM of a PEDP or are you closely associated, for personal or business reasons, with a PEDP?

Client: Yes No Joint Applicant: Yes No

Are you a HIO or a HIO because you are a PFM of a HIO or are you closely associated, for personal or business reasons, with a HIO?

Client: Yes No Joint Applicant: Yes No

13. SIGNATURE AND VERIFICATION AND FOR NON-REGISTERED ACCOUNTS - ADDITIONAL TAX RESIDENCE DISCLOSURE

I/We hereby certify that the information in this application is complete and accurate.

I am aware that there is an Investor Privacy Notice, a Client Complaint Information Form, and important definitions following this section.

A separate Relationship Disclosure, Fundfacts Receipt and Pre-Trade Cost Disclosure must be signed by you before your first investment purchase.

I/We undertake to advise my Dealer in writing of any change to the Information in this application.

Privacy Protection - By signing this application form below, I acknowledge reading the Privacy Protection Notice attached to this application and I consent to my personal information being collected, held, used and disclosed by (i) each company with whom I have an account In the ways and for the purposes Identified In the Investor Privacy Notice. If I/We have provided information concerning any other person, I/We confirm that I/We are authorized to provide such information.

I/We acknowledge that Oakhaven Wealth Advisors may obtain and use client personal information posted/communicated via the internet for the purpose of opening/servicing a client account.

Anti-Spam – I/We agree to receive Commercial Electronic Messages ("CEM") from Oakhaven Wealth Advisors, Inc. (or any of Advisors) for the purpose of investment related information such as newsletters, market commentary, invitations to programs or events. I understand I/we can withdraw consent at any time.

Client: Yes No Joint Applicant: Yes No

Does this New Account Application involve a Non-Registered Account? Yes No

If Yes, is a Declaration Of Tax Residence form enclosed with this New Account Application? Client: Yes No Joint Applicant: Yes No

Name of Client	Signature X	Date
Name Of Joint Applicant	Signature X	Date

14. INTERNAL USE ONLY

Is this a staff account Yes No

Name of Representative (1)	Signature X	Date
Name of Representative (2)	Signature X	Date
Name of Designated Supervising Individual	Signature X	Date

Trusted Contact Additional Information

By signing this Application form, you understand and agree that:

Only the information necessary to discuss the concerns about you and assist you may be disclosed to your Trusted Contact Person(s). This could include but is not limited, to medical information, details of your personal life, financial holdings and transactions.

A temporary hold on transactions may be placed by the dealer or advisor for the time that is necessary to address the situation and concerns about you. You will be notified if such a hold is placed.

The dealer or advisor will first contact the Primary Trusted Contact Person. The Alternate Trusted Contact Person will be contacted in the event the Primary Trusted Contact Person refuses, is unable or unavailable to assist or is suspected of financial exploiting or mistreating you.

You will be solely responsible for notifying your Trusted Contact Person of this appointment, the circumstances under which they may be contacted and the fact that you have given their contact information to the dealer or advisor. You confirm that you are duly authorized by your Trusted Contact Person(s) to do so.

Only you may revoke this consent or change your Trusted Contact Person(s) at any time by notifying in writing the dealer or advisor.

Your Trusted Contact Person(s) cannot execute any transactions, make any financial decisions or act on your behalf.

The dealer or advisor may contact your Trusted Contact Person(s) should one of the situations mentioned in the Trusted Contact Person Information section of this document occur, but they are not legally obligated to do so and cannot be held in any way responsible for not doing so.

Investor Privacy Notice

As an organization that collects, uses and discloses personal information, Oakhaven Wealth Advisors Inc. is subject to the federal Personal Information Protection and Electronic Document Act (or by similar laws in the provinces of Alberta, British Columbia and Quebec), effective January 1st, 2004. In complying with these laws, it is important that Oakhaven Wealth Advisors Inc. provides you with information so that you may fully understand the purposes for which your personal information is collected.

Over the course of your relationship with Oakhaven Wealth Advisors Inc. and your investment funds advisor, personal information will be collected in order to administer your mutual fund account. This information typically includes your financial information and investment objectives, in addition to your current investments, banking information and your social insurance number. This information allows for but is not limited to the buying and selling of mutual funds on your behalf, in addition to providing you with reporting and the administration of your account in a compliant and regulatory manner.

At times, Oakhaven Wealth Advisors Inc. may be required to provide this information to mutual fund companies in which you invest, self-regulatory organizations, securities regulators, law enforcement agencies and to companies that perform services on our behalf. These organizations, like Oakhaven Wealth Advisors Inc. are bound and must comply with the same federal/provincial privacy act(s). Oakhaven Wealth Advisors Inc. does not disclose your information to any other organization(s) to use for their own purposes and in particular will never sell or trade your personal information.

The purposes for which we collect, use and disclose your personal information are central to our being able to provide you with our services. Should you have objections to the collection and disclosure of your personal information, as listed in the foregoing, Oakhaven Wealth Advisors Inc. will no longer be in a position to provide you with these services. Therefore, by maintaining your

account with Oakhaven Wealth Advisors Inc. we will consider that you have consented to our collecting, using and disclosing your personal information.

In representing Oakhaven Wealth Advisors Inc. your investment funds advisor is acting on behalf of the mutual fund dealer, Oakhaven Wealth Advisors Inc. Your investment funds advisor may also be licensed to sell other products and, therefore may wish to provide you with advice and services in that other capacity. Should they do so, your investment funds advisor will communicate with you directly regarding any additional use or disclosure of your personal information.

If you wish to review or make changes to your personal information you may do so by making a written request to:

Privacy Officer,
Oakhaven Wealth Advisors, Inc.
4 Cedar Pointe Drive, Unit B1 Barrie ON L4N 5R7

Should you have any questions or concerns regarding the use of your personal information we encourage you to speak with your investment funds advisor. Alternatively, you may contact the designated Privacy Officer at:
Oakhaven Wealth Advisors Inc., 4 Cedar Pointe Dr., Unit B1, Barrie ON L4N 5R7
Telephone: (705) 812-2168

MUTUAL FUND DEALERS ASSOCIATION OF CANADA Client Complaint Information Form

Clients of a mutual fund dealer who are not satisfied with a financial product or service have a right to make a complaint and to seek resolution of the problem. MFDA Member dealers have a responsibility to their clients to ensure that all complaints are dealt with fairly and promptly. If you have a complaint, these are some of the steps you can take:

Contact your mutual fund dealer. Member firms are responsible to you, the investor, for monitoring the actions of their representatives to ensure that they are in compliance with by-laws, rules and policies governing their activities. The firm will investigate any complaint that you initiate and respond back to you with the results of their investigation within the time period expected of a Member acting diligently in the circumstances, in most cases within three months of receipt of the complaint. It is helpful if your complaint is in writing.

Contact the Mutual Fund Dealers Association of Canada ("MFDA"), which is the self-regulatory organization in Canada to which your mutual fund dealer belongs. The MFDA investigates complaints about mutual fund dealers and their representatives, and takes enforcement action where appropriate. You may make a complaint to the MFDA at any time, whether or not you have complained to your mutual fund dealer. The MFDA can be contacted:

- By completing the on-line complaint form at www.mfda.ca
- By telephone in Toronto at (416) 361-6332, or toll free at 1-888-466-6332
- By e-mail at complaints@mfda.ca¹
- In writing by mail to 121 King Street West, Suite 1000, Toronto, ON M5H 3T9 or by fax at (416) 361-9073

Compensation:

The MFDA does not order compensation or restitution to clients of Members. The MFDA exists to regulate the operations, standards of practice and business conduct of its Members and their representatives with a mandate to enhance investor protection and strengthen public confidence in the Canadian mutual fund industry. If you are seeking compensation, you may consider the following:

Ombudsman for Banking Services and Investments ("OBSI"): You may make a complaint to OBSI after you have complained to the dealer, at either of the following times:

- If the dealer's Compliance Department has not responded to your complaint within 90 days of the date you complained, or;
- After the dealer's Compliance Department has responded to your complaint and you are not satisfied with the response.

Please note that you have 180 calendar days to bring your complaint to OBSI after receiving the dealer's response.

OBSI provides an independent and impartial process for the investigation and resolution of complaints about the provision of financial services to clients. OBSI can make a non-binding recommendation that your firm compensate you (up to \$350,000) if it determines that you have been treated unfairly, taking into account the criteria of good financial services and business practice, relevant codes of practice or conduct, industry regulation and the law. The OBSI process is free of charge and is confidential. OBSI can be contacted:

- By telephone in Toronto at (416) 287-2877, or toll free at 1-888-451-4519
- By e-mail at ombudsman@obsi.ca

Legal Assistance: You may consider retaining a lawyer to assist with the complaint. You should be aware that there are legal time limits for taking civil action. A lawyer can advise you of your options and recourses. Once the applicable limitation period expires, you may lose rights to pursue some claims.

Manitoba, New Brunswick and Saskatchewan: Securities regulatory authorities in these provinces have the power to, in appropriate cases, order that a person or company that has contravened securities laws in their province pay compensation to a claimant. The claimant is then able to enforce such an order as if it were a judgment of the superior court in that province. For more information, please visit:

Manitoba: www.msc.gov.mb.ca

New Brunswick: www.nbsc-cvmnb.ca

Saskatchewan: www.fcaa.gov.sk.ca

Quebec:

- If you are not satisfied with the outcome or with the examination of a complaint, the Autorite des marches financiers (“AMF”) can examine your complaint and may provide dispute resolution services.
- If you think you are a victim of fraud, fraudulent tactics or embezzlement, you can contact the AMF to see if you meet the eligibility to submit a claim to the *Fonds d’indemnisation des services financiers* (“Financial Services Compensation Fund”).
- An indemnity up to \$200,000 can be payable through monies accumulated in the fund for an eligible claim.
- For more information:
- Contact the AMF by telephone at (418) 525-0337 (in Quebec) or toll free at 1-877-525-0337.
- Visit www.lautorite.qc.ca.

¹You may wish to consider issues of internet security when sending sensitive information by standard e-mail.

KNOW YOUR CLIENT DEFINITIONS

TIME HORIZON

The time horizon information provided by you under the Investment Information - Plan section of this Know Your Client Form is intended to document the period from now to when you will need to access a significant portion of the money you invest in your plan.

RISK TOLERANCE

The risk tolerance information provided by you under the Investment Information - Plan section of this Know Your Client Form is intended to document your willingness to assume risk and should reflect the relative type(s) of investments you wish to hold in your account. Definitions for the risk tolerance terms are provided below.

Very Low	The very low risk rating applies to investors who are risk averse and are willing to accept lower returns in order to preserve their principal. Investments under the lowest risk rating include assets with low volatility including cash and equivalents, Canada Savings Bonds, and non-indexed GICs
Low	The low risk rating applies to investors who are willing to accept lower returns in order to preserve their principal. Investments under the low risk rating include investments with low volatility including money market mutual funds or equivalents.
Low to Medium	The low-medium risk rating applies to investors who are seeking a balance between safety and return on their investment. Investments under the low-medium risk rating include investments with a low to medium volatility and may include bond or balanced mutual funds.
Medium	The medium risk rating applies to investors who are seeking moderate growth over a longer period of time. Investments under the medium risk rating include investments with medium volatility and may include blue chip and mid cap equity funds such as Canadian dividend, Canadian equity, U.S. equity, and certain international equity mutual funds.
Medium to High	The medium-high risk rating applies to investors who are seeking long-term growth. Investments under the medium-high risk rating include investments with medium to high volatility and may include mutual funds that invest in smaller companies such as Canadian small cap equity funds, and mutual funds that invest in specific market sectors or geographic areas.
High	The high risk rating applies to investors who are growth oriented and are willing to accept significant short-term fluctuations in portfolio value in exchange for potentially higher long-term returns. Investments under the high risk rating include investments with high volatility and may include labour-sponsored venture capital funds, funds that invest in specific market sectors or geographic areas such as emerging markets, science and technology, and precious metals, or funds that engage in speculative trading strategies including hedge funds that invest in derivatives, short sell or use leverage.

INVESTMENT OBJECTIVES

The investment objective information provided by you under Investment Information - Plan section of this Know Your Client Form is intended to document the result you desire from your investments and should reflect the relative type(s) of investments you wish to hold in your plan. Definitions for the investment objective terms are included below.

Safety	Investors seeking safety have an objective to preserve their principal investment and are less concerned with capital appreciation. Investors seeking safety of principle should be invested in securities that provide a guaranteed investment/par value at maturity such as cash, GICs, and money market and government debt instruments.
Income	Investors seeking income have an objective to generate current income from their investments and are less concerned with capital appreciation. Investors seeking income should be invested in securities that will generate a regular stream of income such as income paying debt instruments including bonds or money market funds.
Growth	Investors seeking growth have an objective to achieve capital appreciation from their investments and are less concerned with generating current income or preserving the safety of their principle. Investments in equities including Canadian dividend, Canadian equity, U.S. equity, certain international equity and Canadian small cap equity funds are generally appropriate for investors seeking growth and capital appreciation.
Speculation	Investors seeking to speculate have an objective to achieve maximum short-term or long-term gain and are willing to take on a high level of risk in exchange for the return they hope to achieve. Large weightings in sector and specialized funds such as emerging markets, science and technology, and precious metals, and investments that engage in venture capital and speculative trading strategies such as labour-sponsored venture capital funds and hedge funds are generally appropriate for investors seeking to speculate.

Definition of Politically Exposed Foreign Person

For purposes hereof 'politically exposed foreign person' means a person who holds *or* has held one of the following offices or positions In or 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 equivalent rank,
- ambassador or attache 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 of a supreme court, constitutional court or other court of last resort;
- leader or president of a political party represented in a legislature, or
- holder of any prescribed office or position

Definition of Prescribed Family Member

For purposes hereof “prescribed family members” of a politically exposed foreign person politically exposed domestic person and head of an International organization are:

the person's spouse or common-law partner
a child of the person;
the person's mother or father
the mother or father of the person's spouse or common-law partner; and
a child of the person's mother or father.

Definition of Politically Exposed Domestic Person

For purposes hereof “politically exposed domestic person” means a person who holds or has held one of the following offices or positions referred to in any of items (a) to (j) in or on behalf of the federal government or provincial government or the office or position referred to in Item (k) In a 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 attache 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;
- holder of any prescribed office or position; or
- mayor

Definition of Head of an International Organization

For purposes here of “head of an international organization” means the head of an international organization that is established by the governments of states or the head of an institution of any such organization.

Oakhaven Wealth Advisors Inc.

Disclosure of Conflict of Interest, Dual Occupation or Outside Employment

In the event that your Representative engages in a dual occupation or other employment outside Oakhaven Wealth Advisors Inc., MFDA rules require that disclosure be provided to the client. Such activity may include employment, business activities, or contractual relationships. In each of these instances the Representative is agreeing to use his or her services or professional expertise to benefit a third party in exchange for direct or indirect financial gain for the Representative or for his or her family. Definitions:

“Dual Occupation” is defined as a remunerated or fee-for-service activity undertaken by a Representative acting as an employee, a principal, or an agent other than in the normal course of business of the member, where a client might have a perception that the Representative was acting on behalf of the member. Activities undertaken with a mortgage broker’s license, or with a life insurance license would be an example of “dual occupation.”

“Outside Employment” is defined as any remunerated or fee-for-service activity undertaken by a Representative acting as an employee, a principal, or an agent other than in the normal course of business of Oakhaven Wealth Advisors Inc. where the client would not likely have a perception that the Representative was acting on behalf of the member. Income tax return preparation or accounting services, or any other employment in a role other than that of a financial advisor would be examples of “outside employment.”

Oakhaven Wealth Advisors Inc. does not assume responsibility and liability for any and all business undertaken by your Representative that is considered “outside employment”. The following disclosure must be made to third parties when a Representative engages in a dual occupation or outside employment. A copy is to be filed with the Compliance Department of Oakhaven Wealth Advisors Inc.

I propose to engage in the following dual occupation or outside employment. (e.g life insurance sales, income tax preparation, financial planning, mortgage brokerage).

- | | |
|----|----|
| a) | b) |
| c) | d) |

I hereby disclose that I am contracted with the following companies (life agencies, mortgage brokers, etc.)

- | | |
|----|----|
| a) | b) |
| c) | d) |

I am contracted to do business with the following companies (life insurance companies, banks, etc.)

- | | |
|----|----|
| a) | b) |
| c) | d) |
| e) | f) |

1. I hereby confirm that this does not constitute business of Oakhaven Wealth Advisors Inc.
2. I hereby confirm that this is not the responsibility of Oakhaven Wealth Advisors Inc.
3. I will update this disclosure promptly if my circumstances change.
4. I confirm that the answers on this form are accurate to the best of my knowledge.

Rep Signature _____ Rep Code 7767/ _____ Date _____

By signing below I acknowledge that I have received a copy of this form.

Client Signature _____ Client Name _____ Date _____

Joint Signature _____ Joint Name _____ Date _____

Compliance Officer Approval (Signature) _____ Date _____

Oakhaven Wealth Advisors Inc.
Fundfacts Receipt and Pre-Trade Cost Disclosure

The companies who manage Mutual Funds for you have designed forms which summarize key points about the funds you are purchasing, including investment objectives, past performance, suitability, and fees, called a Fundfacts Document. A Mutual Fund Dealer such as Oakhaven Wealth Advisors Inc. has a responsibility to deliver a Fundfacts document for each fund that you wish to purchase before the Dealer accepts the purchase instructions. The purpose of this document is to have you acknowledge receipt of the Fundfacts documents and to acknowledge that you understand any fees and charges prior to you purchasing the funds.

I acknowledge having received Fundfacts documents for each of the following funds:

- a.
- b.
- c.
- d.
- e.

(for additional funds, use a separate Confirmation of Receipt document)

Are DSC, Low Load, Front End Load (other than 0) or Switch Fees charged? No Yes (complete supplementary disclosure.)

With regard to my purchase today, I understand and acknowledge the following fees or charges:

1. For accounts using "F" class mutual funds the dealer will be paid a fee outlined below and will share a portion of that fee with your advisor. A separate fee agreement will be completed when your account is opened.

The fee will be at the annual rate of % per year (calculated daily and deducted monthly) indefinitely.

Or;

2. A Trailing Commission/Service Fee would be collected by the fund company and paid to my dealer as follows for each fund referred to above:

- a. At a rate of % per year indefinitely
- b. At a rate of % per year indefinitely
- c. At a rate of % per year indefinitely
- d. At a rate of % per year indefinitely
- e. At a rate of % per year indefinitely

I acknowledge that there may be fees or costs charged by the product manufacturer or the plan trustee depending on the investment product. There may also be fees charged at the time that I withdraw money or close my account. My representative has explained these fees to me and I have understood and accepted them. I understand that prior to the acceptance of any order in my account that would trigger such fees I shall be advised of any sales charges, service charges or any other fees that might be charged in respect of such transaction and my representative is required by Oakhaven Wealth Advisors Inc. to keep a record of that disclosure.

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

Client Signature _____ Name _____ Date _____

Joint Client/Guarantor's Signature _____ Name _____ Date _____

Rep Signature _____ Rep Code 7767/ _____ Date _____

Compliance Officer Approval (Signature) _____ Date _____

Oakhaven Wealth Advisors Inc.
Relationship Disclosure

By signing this Client Authorization I acknowledge that I have been informed of and understand the following:

Nature of the Advisory Relationship

I understand and agree that I must confirm every order placed by completion and submission of all appropriate forms to Oakhaven Wealth Advisors Inc. in order to process my trading instructions.

I understand that I am responsible for making investment decisions although I may rely on the advice given by my Representative and that my Representative is responsible for the advice and ensuring that it is suitable for me based on my investment objectives and risk tolerance as stated on my KYC forms as they relate to each individual account.

Suitability of Orders Accepted and Recommendations Made

I acknowledge that all transactions in this account are subject to the Rules of the Mutual Fund Dealers Association (**MFDA**) and securities legislation and that Oakhaven Wealth Advisors Inc. must ensure that each recommendation made is suitable in relation to my investment objectives, risk tolerance, investment knowledge and other personal circumstances.

The obligation to make a suitability determination applies to trades proposed by me whether or not a recommendation is made by my Representative.

Other circumstances may trigger an assessment of the suitability of investments, including:

- When assets are transferred into an account
- When there is a material change to my personal information
- When there is a change of advisors

KYC Terms

I acknowledge that I have received a copy of the KYC form and am aware of and accept the basis on which Oakhaven Wealth Advisors Inc. and my Representative have assessed the suitability of my investments. My representative has explained this to me and I understand the various categories of risk and investment objectives on that form, including those that I have selected as best representing my personal investment objectives and desired level of risk.

Nature of the Products and Services Offered

I acknowledge and understand that Oakhaven Wealth Advisors Inc. is a Mutual Fund Dealer and as such, Oakhaven Wealth Advisors Inc. is not responsible for the activities of agents except for the sale of Mutual Funds. Oakhaven Wealth Advisors Inc. only offers Mutual Funds for sale.

Compensation, Fees, Charges and Reference to Other Sources of Information

I acknowledge that Oakhaven Wealth Advisors Inc. may receive a commission at the time of sale of an investment and may receive: a fee directly from your account as per a fee agreement; or an ongoing commission (a 'trailer fee') for as long as I own the investment. I am aware of the details as described in the prospectus. I understand that I can speak to my advisor for more information about the nature of any fees or compensation paid to Oakhaven Wealth Advisors Inc. and may refer to the prospectus provided by the advisor for more specific product disclosures with respect to fees and costs. My representative has explained these charges to us with specific reference to the prospectus.

I acknowledge that there may be other fees or costs charged by the product manufacturer or the plan trustee depending on the investment product. There may also be fees charged at the time that I withdraw money or close my account, including Deferred Sales Charges (DSC fees) in certain cases. My representative has explained these fees to me and I have understood and accepted them. I understand that prior to the acceptance of any order in my account that would trigger such fees I shall be advised of any sales charges, service charges or any other fees that might be charged in respect of such transaction and my representative is required by Oakhaven Wealth Advisors Inc. to keep a record of that disclosure.

Content and Frequency of Reporting

All accounts held by Oakhaven Wealth Advisors Inc. are held in Nominee format through B2B Bank or in Client Name at the fund company, bank, or trust company. A quarterly Account Statement will be provided by Oakhaven Wealth Advisors Inc. The Account Statement will record the type of account, the account number, the period covered by the statement, the name of the advisor servicing the account, the name, address and telephone number of Oakhaven Wealth Advisors Inc., all deposits and

withdrawals or charges to the account, the quantity and description of each security purchased, sold or transferred, and the dates of each transaction. An annual Account Statement will be sent instead of the fourth quarter statement and will include a Cost and Compensation Report together with a Performance Report and this Annual Statement will cover the entire year including all transactions in the 12 month period.

Personal Information

I have received and understood the Oakhaven Wealth Advisors Inc. Investor Privacy Notice and given Oakhaven Wealth Advisors Inc. my personal information with informed consent and with an understanding of the intended uses and disclosures of the information.

Procedure Regarding Handling of Cash and Cheques

I acknowledge that cheques are never to be made payable to my representative and that my representative is not allowed to accept cash for the purchase of securities or the payment of fees. Oakhaven Wealth Advisors Inc. does not handle cash or engage in cash transactions. All cheques are to be made payable to the mutual fund company from which I am purchasing securities, or to the Trustee if it is a nominee account held by an intermediary, such as B2B Bank. Such intermediaries will deduct their additional fees directly from my account with them.

Investment Performance Benchmarks

Investment Performance Benchmarks ("benchmarks") are used to compare the relative performance of a specific portfolio (for example, mine) against the performance of a pre-determined, structured portfolio or index (or a group of them) with similar or identical risk/return characteristics and similar or identical categories of investment for the purpose of comparing how well my portfolio managers are performing against those standardized measurements.

Benchmarks often do not include fees in their calculation so the results may not be directly comparable. A portfolio manager is considered by many to be doing very well if he can match the performance of the benchmark after taking fees into account. On the other hand, some portfolio managers purposely invest without regard for the benchmark, in the belief that they may be able to outperform it by varying their investment holdings so as not to include many of the same holdings as these pre-determined portfolios or indices. I acknowledge that I understand the foregoing discussion about portfolio benchmarks.

Oakhaven Wealth Advisors Inc. has advised me that it does not provide benchmark information at this time, but that this information is often made available by the fund groups for the specific funds in which I have invested, and that my representative can assist me to obtain this information about investment performance benchmarks.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THIS FORM AND AGREE THAT I WILL NOTIFY OAKHAVEN WEALTH ADVISORS INC. IN WRITING OF ANY MATERIAL CHANGE TO MY PERSONAL INFORMATION

A copy of this form is required for each account, not for each client, so each client may have to sign several forms.

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

Client Signature _____ Name _____ Date _____

Joint Client/Guarantor's Signature _____ Name _____ Date _____

Rep Signature _____ Rep Code 7767/ _____ Date _____

Compliance Officer Approval (Signature) _____ Date _____



**Sign up for the E-delivery of your Quarterly Statement and make a difference.
The Environment is in your hands.**

Did you know that you have the option to receive an email notification when your statement is available for online viewing? Consider these advantages when considering the *Oakhaven Wealth Advisors Inc.* electronic statement delivery service:

Fast, easy access: You can access up to 7 years' worth of account history and activity all online for fast and easy retrieval.

Secure: The notification is sent to the email address you provide. You never need to worry that your statement will be misdirected, lost or damaged in the mail.

No paper: When you choose paperless delivery, you'll be simplifying your life and reducing paper and clutter. This is the "green" solution for many conscientious clients.

E-delivery Consent Form – Terms of Use

To: Consent to Electronic Delivery of Documents in accordance with National Policy 11 -201

I have read and understand the "Consent to Electronic Delivery of Document" and hereby provide you with my consent to electronic delivery of the documents listed below, in lieu of receiving such documents by mail, all in accordance with the following terms, conditions and instructions:

Explanation of Electronic Documents

The following documents are covered by this consent:

Client Account Statements in accordance with MFDA and Securities Regulation Requirements

Account Statements - Annual and Quarterly Statement of My Account (Confidential)

This consent agreement will also cover documents as they become available provided:

- *Oakhaven Wealth Advisors Inc.* is permitted, by law to provide the document electronically
- *Oakhaven Wealth Advisors Inc.* advises me by electronic mail or notice on the Web site that a document has been added
- My consent profile is updated to Include any additional documents

I acknowledge that I am not required to consent to electronic delivery of documents and that by electing to receive the documents electronically; I will no longer receive them by regular mail. However, I may receive, at no cost, a paper copy of any documents delivered electronically, by contacting us at:

Oakhaven Wealth Advisors Inc., Monday to Friday from 9:00 a.m. to 5:00 p.m. EST at (705) 812-2168 or 1-1-866-247-1593

I understand that I will be provided with a paper copy of any documents delivered electronically, if electronic delivery fails.

Customer Responsibilities

This consent agreement will also cover other documents as they become available provided:

- I will have obtained a valid W.accessUserID and password from *Oakhaven Wealth Advisors Inc.* prior to using this feature
- I will use this UserID and password to gain access to a secure area on the Dealer Web Site;
- I am solely responsible for retrieving and viewing documents after being notified via email by *Oakhaven Wealth Advisors Inc.* that my documents are ready; and

I am responsible for informing *Oakhaven Wealth Advisors Inc.* of any changes to my email address - which I can update through W.access "My Info"

Technical Requirements

To ensure secure transmission of customer information and maintain in confidence the clients personal information we use 128 bit (SSL) encryption technology. In addition appropriate firewalls and other security measures have been input into place.

In order to retrieve the documents, I will have the following hardware/services:

- o Internet Access;
- o An Internet capable personal computer; and
- o A valid Internet email address

In order to retrieve documents and view documents, I will have the following software:

- o Adobe Reader 9.0 or higher. Click on the link the download and install Adobe Reader FREE - <http://get.adobe.com/reader>

Revoking this Understanding

I have the option of revoking this consent through the “My Info” section within W.access and selecting the electronic delivery “unsubscribe” option. By clicking on the “I agree” option below, I acknowledge that I will receive all Documents electronically through W.access.

I have read and understand the “Consent to Electronic Delivery of Document” and hereby provide you with my consent to electronic delivery of the documents listed above. Please send all notifications to the email address below.

E-mail Address

User ID

Temporary Password

Client Name

Signature

Date

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Sample for review purposes only. A fillable version is available at:

<https://www.canada.ca/en/revenue-agency/services/forms-publications/forms/rc518.html>

<https://www.canada.ca/content/dam/cra-arc/formspubs/pbg/rc518/rc518-fill-21e.pdf>



Protected B when completed

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

Fill out all sections of this form that apply to you and give it to your financial institution. Canadian financial institutions have to collect the information you give on this form to open and maintain a financial account. Each account holder of a joint account has to fill out a declaration of tax residence. If you need help to determine your tax residency, see Income Tax Folio, S5-F1-C1: Determining an Individual's Residence Status, at canada.ca/taxes.

For more information, see "General Information" and "How to Fill Out the Form" on page 2.

Section 1 – Identification of account holder				
Last name			First name and initial(s)	
Date of birth	Year	Month	Day	Social insurance number
				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 (✓) all of the options that apply to you.				
<input type="checkbox"/> I am a tax resident of Canada.				
<input type="checkbox"/> 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?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> 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 TINs or functional equivalent.				
If you do not have a TIN or functional equivalent 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, please specify: _____				
Jurisdiction of tax residence		Taxpayer identification number		Reason
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 name of signer)		Signature (account holder or authorized person)		Date (YYYY-MM-DD)

Personal information (including the SIN) is collected for the purposes of the administration or enforcement of the Income Tax Act and related programs and activities such as administering tax, benefits, audit, compliance, and collection. Personal information may be shared for purposes of other federal acts that provide for the imposition and collection of a tax or duty. Personal information may also be shared with other federal, provincial, territorial or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. The social insurance number and taxpayer identification number are collected under sections 237 and 281 of the Act and Article 2 of the Intergovernmental Agreement between Canada and the U.S. and are used for identification purposes. Under the Privacy Act, individuals have the right to access their personal information, request correction, or file a complaint to the Privacy Commissioner of Canada regarding the handling of the individual's personal information. Refer to Personal Information Bank CRA/PPU 047 on Info Source at canada.ca/ora-info-source.

General Information

Financial accounts held by non-resident individuals and/or U.S. persons have to be reported to the CRA.

Account information reported to the CRA is shared with the government of a foreign jurisdiction in which an individual is a resident for tax purposes when Canada has an information exchange agreement with that jurisdiction. The CRA shares account information with the U.S. Internal Revenue Service if an individual is a U.S. citizen or resident.

To find out if an institution reported your account information to the CRA and what information the institution gave, you may ask the institution. To find out if your information has been shared with the U.S. or another jurisdiction, you may contact the CRA.

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 social insurance number (SIN) of the account holder only has to be reported on this form if the account holder has a SIN and is a U.S. person or a non-resident.

If a financial account is opened by or for a child and the child is considered the account holder, the parent or the legal guardian can complete and sign the form for the child.

The policy/account number is the number the financial institution assigned to your account (such as a bank account number or insurance policy number). When this form is filled out for a controlling person of an entity, enter the policy or account number assigned to the entity account. If there is no such 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 they normally reside in that jurisdiction and not just because they receive income from that jurisdiction. Except for the U.S., your citizenship or your place of birth does not determine your tax residence.

An individual who is a tax resident in more than one jurisdiction can rely on any tiebreaker rules (when they apply) in a tax convention to resolve a case of dual tax residence. Otherwise, an individual should enter all of the jurisdictions where they are a tax resident and provide their taxpayer identification number (TIN) for each jurisdiction.

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

A taxpayer identification number or functional equivalent, often referred to by its abbreviation TIN, is a unique identifier made of letters or numbers that a 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/cra-implementation-and-assistance/tax-identification-numbers/#d.en.347759.

If you are a U.S. citizen or resident and do not have a TIN from the U.S., you have 90 days to apply for a TIN and 15 days after you receive it to give it to your financial institution. If you fail to provide your U.S. TIN to your financial institution, you are liable to a \$100 penalty.

If you are not a resident of Canada or the U.S. and do not have a TIN from your jurisdiction of residence, you have 90 days to apply for a TIN and 15 days after you receive the TIN to give it to your financial institution, unless your jurisdiction of residence does not issue or require the collection of TINs. If a TIN has not been provided for a jurisdiction of residence, you have to provide a reason for not having one. 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 and fail to provide one to your financial institution, you are liable to a \$500 penalty.

Section 3 – Certification

Make sure you fill out and sign Section 3 before you give this form to your financial institution. The form can be signed by any person authorized to sign for the account holder. If a person other than the account holder signs the form for the account holder, the institution must be given evidence of that person's authority to act for the account holder.

Definitions

United States person

A United States (U.S.) person is any of the following:

- a U.S. citizen or an individual who resides in the United States
- a partnership or corporation organized in the United States or under the laws of the United States or any State thereof
- a trust, if
 - a court in the United States would have the authority under applicable law to deliver orders or judgments about substantially all issues regarding the administration of the trust, and
 - one or more U.S. persons have the authority to control all the trust's major decisions
- the estate of a person that is a citizen or a resident of the United States

Type of controlling person

Financial accounts held by entities that are controlled by non-resident individuals and/or U.S. persons are also required to be reported to the CRA. Fill in this section only if you are filing 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.

The social insurance number (SIN) of a controlling person is only required to be reported on this form if the controlling person has a SIN and is a U.S. person or a non-resident.

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 controlling person of an entity may exercise control indirectly through another entity. If so, to determine the entity'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 entity. 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 where a trust exercises control over the entity, the controlling person of the entity include all natural persons who control the trust. In the case where a corporation exercises control over the entity, the controlling person of the entity include all natural persons who directly or indirectly own or control 25% or more of the corporation.

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

For the purposes of Part XVIII and Part XIX, a legal arrangement includes a corporation, a partnership, a trust or a foundation.

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

Type of controlling person*

* Type of controlling person:

- 1) Direct owner of a corporation
- 2) Indirect owner of a corporation (through an intermediary)
- 3) Director or senior official of a corporation
- 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)

Privacy Act, personal information bank number CRA-PPI 047