

ACCOUNT APPLICATION FORM

New Account Client Update Us Citizen/ FATCA Leveraged

Client Information: Mr. Mrs. Ms. Dr. Company

Surname _____ First Name and Initials _____
Date of Birth (dd/mm/yyyy) _____ Social Insurance Number (Req. by CRA) _____
Street _____ Apt./Unit _____
City _____ Postal Code _____
Home Phone _____ Work Phone _____
Mobile Phone _____ Other Phone _____
E-Mail _____ Number of Dependents _____

Joint / Spousal Information (if applicable): Mr. Mrs. Ms. Dr.

Surname _____ First Name and Initials _____
Date of Birth (dd/mm/yyyy) _____ Social Insurance Number (Req. by CRA) _____
Phone _____ Relationship _____
Occupation _____

Client's Employer

Name _____ Type of Business _____
Client's Occupation _____ Company Pension - Yes or No (Details) _____

Account Type Information

Open Regular RRSP LIRA
 RRIF Family RESP TFSA
 Individual RESP Spousal RRSP Other _____

Will Any Other Party:

Have trading authorization in this account (documentation attached)?
 Yes No _____
If Yes provide particulars and attach documents
Have a financial interest in this account?
 Yes No _____
If Yes provide particulars

Client Income	Client Net Worth	Investment Knowledge	Time Horizon	Risk Tolerance	Investment Objective
<input type="checkbox"/> \$0 – \$30,000	<input type="checkbox"/> \$0 – \$2€0,000	<input type="checkbox"/> Ú [] @ a b e r á	<input type="checkbox"/> Less Than 1 Year	<input type="checkbox"/> High	<input type="checkbox"/> Ú] ^ & a a ^
<input type="checkbox"/> \$30,001 – \$50,000	<input type="checkbox"/> \$2€0,001 - \$H 0,000	<input type="checkbox"/> Good	<input type="checkbox"/> 1 - H Years	<input type="checkbox"/> Moderate/High	<input type="checkbox"/> Growth
<input type="checkbox"/> \$50,001 – \$70,000	<input type="checkbox"/> \$H 0,001 - \$i €0,000	<input type="checkbox"/> O e a	<input type="checkbox"/> 4 - 5 Years	<input type="checkbox"/> Moderate	<input type="checkbox"/> Balanced
<input type="checkbox"/> \$70,001 – \$100,000	<input type="checkbox"/> \$i €0,001 - \$F00,000	<input type="checkbox"/> Š a a	<input type="checkbox"/> i - Á Years	<input type="checkbox"/> Low/Moderate	<input type="checkbox"/> Income
<input type="checkbox"/> \$100,001 – \$200,000	<input type="checkbox"/> \$F00,001 - \$G00,000		<input type="checkbox"/> i Á 0 Years	<input type="checkbox"/> Low	
<input type="checkbox"/> \$200,001 - A H e e e e	<input type="checkbox"/> Over \$200,000		Time before you need to access a significant portion of the money invested in account.	See attached definition	See attached definition
<input type="checkbox"/> Over \$300,000					

Banking Information:

PREPRINTED VOID CHEQUE ATTACHED, OR:

Bank Name _____ Branch Address _____ Account Number _____ Transit Number _____

Client Identification:

Along with the social insurance number we are required to collect one other form of government photo identification. (OHIP card not valid) PHOTO ID ATTACHED, OR: _____
Photo ID Description, Number and Expiry date

INVESTOR ACKNOWLEDGEMENT: I hereby acknowledge that CANDOR FINANCIAL GROUP INC. in its capacity as a licensed Mutual Fund Dealer has provided me the following documents, and I understand and agree with the contents:

Client Initials _____ Client Initials _____ A signed copy of this application and Dealer Disclosure Document

X _____
Client Signature _____ Date (dd/mm/yyyy) _____ Advisor Name (print) _____
X _____
Client Signature _____ Date (dd/mm/yyyy) _____ Advisor Signature _____ Date (dd/mm/yyyy) _____
Compliance Officer Signature _____ Date (dd/mm/yyyy) _____