

## KYC Update Form

Date: \_\_\_\_\_  Client Update

**Ownership Information:**  Mr.  Mrs.  Ms.  Dr.  Company  
 For Charitable Organization: Is it a Not for Profit Account?   
 If yes, Is it Registered Charity?  If yes, is it Soliciting Public Fund?

Last Name \_\_\_\_\_ Initial \_\_\_\_\_ First Name \_\_\_\_\_

Company Name (If Applicable) \_\_\_\_\_

Date of Birth (dd/mm/yy) \_\_\_\_\_ Social Insurance Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Cellular \_\_\_\_\_ E-Mail \_\_\_\_\_

**Confirmation of Identity**

Passport  D.L.  Birth certificate  Others

ID Ref # \_\_\_\_\_ Place of issue \_\_\_\_\_

**Know Your Client Questionnaire** (Collection of this information is required by securities industry regulations and will be kept confidential)

Occupation: \_\_\_\_\_ Joint / Spouse's Occupation: \_\_\_\_\_ No. of Dependents: \_\_\_\_\_

Income	Net Worth	Objectives*	Portfolio Risk Rating
<input type="checkbox"/> <\$30,000 <input type="checkbox"/> \$30,001 - \$50,000 <input type="checkbox"/> \$50,001 - \$70,000 <input type="checkbox"/> \$70,001 - \$100,000 <input type="checkbox"/> >\$100,000 <input type="checkbox"/> <u>Accredited Investor</u>	<input type="checkbox"/> <\$20,000 <input type="checkbox"/> \$20,001 - \$35,000 <input type="checkbox"/> \$35,000 - \$60,000 <input type="checkbox"/> \$60,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$200,000 <input type="checkbox"/> >\$200,001	<input type="checkbox"/> Safety ** <input type="checkbox"/> Income <input type="checkbox"/> Balanced <input type="checkbox"/> Growth <input type="checkbox"/> Aggressive Growth <input type="checkbox"/> Speculation <div style="text-align: right; font-size: small;">*Please Select <u>One</u> Only **Cash/Money Market Only</div>	Very Low _____ % Low _____ % Low to Moderate _____ % Moderate _____ % Moderate to High _____ % High _____ % Total Must = <u>100</u> %
Knowledge	Liquid Net Worth (For leverage Acc Only)	Intended Use of Investment	Liquidity (Years)
<input type="checkbox"/> Novice (very low) <input type="checkbox"/> Fair (low) <input type="checkbox"/> Good (moderate) <input type="checkbox"/> Advanced (high)	Liquid Net Worth*: _____ *Liquid Net Worth would include those that are not subject to restrictions and are readily converted into cash without penalties.	<input type="checkbox"/> Retirement Savings <input type="checkbox"/> Estate Planning <input type="checkbox"/> Income Generation <input type="checkbox"/> Children's Education <input type="checkbox"/> Investment of retained earnings of a corporation <input type="checkbox"/> Others _____	<input type="checkbox"/> Less than 1 <input type="checkbox"/> 1 - 3 <input type="checkbox"/> 3 - 5 <input type="checkbox"/> 5 and Over

**INVESTOR ACKNOWLEDGEMENT:** I hereby acknowledge that FundEX Investments Inc. has provided me the following documents:  
 A signed copy of this application  A Current Mutual Fund Prospectus for each fund purchased

Your Representative has discussed with you your investing background and financial objectives. You believe your Representative has enough information in order to determine investment suitability and risk tolerance.

X \_\_\_\_\_  
 Client Signature Date (dd/mm/yy)

X \_\_\_\_\_  
 Client Signature Date (dd/mm/yy)

\_\_\_\_\_  
 Associate Signature Date (dd/mm/yy)

\_\_\_\_\_  
 Associate Name (print) Dealer/Rep #

\_\_\_\_\_  
 Designated Officer/Branch Manager Date (dd/mm/yy)

**Account Type Information**

Open  Regular RRSP  Spousal RRSP/RRIF  
 RRIF  LRIF/LIF  LIRA  TFSA  
 Individual RESP  Family RESP  Other \_\_\_\_\_  
 Leveraged Account - complete and attach a signed Leverage Disclosure Form

**Joint / Spousal Information:**  Mr.  Mrs.  Ms.  Dr.

JTWROS  JTIC  In-Trust For

Last Name \_\_\_\_\_ Initial \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth (dd/mm/yy) \_\_\_\_\_ Social Insurance Number \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_

Beneficiary \_\_\_\_\_ Social Insurance Number \_\_\_\_\_

Beneficiary \_\_\_\_\_ Social Insurance Number \_\_\_\_\_

**Confirmation of Identity (Joint / Spousal)**

Passport  D.L.  Birth certificate  Others

ID Ref # \_\_\_\_\_ Place of issue \_\_\_\_\_

**Advisor Disclosure**

(a) Have you any family or business relationship with this client (s)? Y / N  
 (b) Any proprietary interest in this account (except commissions)? Y / N  
 (c) Will any other person (s) have Power of Attorney on this account? Y / N  
 (d) Will any other person (s) have a financial interest in this account? Y / N  
 (e) Will a LAF/ LTA form be used for this account? Y / N

Please provide details of an affirmative answer to the above questions in the Advisor Notes section.

**Client Disclosure**

Are you or any members of your family considered a Politically Exposed Foreign Persons (PEFP)? Y / N

**Examples of PEFP**

Non-Canadian current or former heads of government, members of legislatures and heads of political parties, deputy ministers, ambassadors, senior military officers, heads of state-owned companies and institutions, and members of the judiciary.

**Advisor Notes**

\_\_\_\_\_  
 \_\_\_\_\_  
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