

**SECOND PARTY ACCOUNT SUPPLEMENT**

ALL QUESTIONS ON THIS PAGE MUST BE COMPLETED

INVESTMENT ADVISOR USE ONLY

ACCOUNT NUMBER					
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IA NO.			
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 PREFERRED LANGUAGE: ENGLISH FRENCH JOINT ACCOUNT T/A
ACCOUNT INFORMATION

PLEASE PRINT NAME IN FULL MR. MRS. MS. MISS DR.	FIRST	LAST	SOCIAL INSURANCE NO.
Residence Address			Apt. No.
City			Province Postal Code
Home Telephone			() ()
Alternate Address / Company Name			Cellular
Street No. and Name			Suite No.
Business Telephone			() ()
City			Province Postal Code
Fax			() ()
Mail To: <input type="checkbox"/> Residence or <input type="checkbox"/> Alternate Address			E-Mail

Information Required by Securities Regulators

ACCOUNT HOLDER PROFILE	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	SPOUSAL PROFILE
Date of Birth	Country of Residence	Citizenship
M / D / Y		
Employer Name and Address	Type of Business	Name of Spouse
Occupation	Years with Employer	Date of Birth
		Country of Residence
		Citizenship
Approximate Annual Income From All Sources		M / D / Y
ESTIMATED NET LIQUID ASSETS	+ ESTIMATED NET FIXED ASSETS	=
(Cash and securities less loans outstanding against securities)	(Fixed assets less liabilities outstanding against fixed assets)	ESTIMATED TOTAL NET WORTH
		Employer
		Type of Business
		Approximate Annual Income From All Sources
		Years with Employer
		Number of Dependents

Bank Reference	Account Number
Bank Name _____ Branch _____	

Are you a senior officer, director or insider of a company whose shares are traded on an exchange or over the counter? If so please specify the issuer

Do you, alone or as part of a group, hold or control any such company? If so, please specify.

 Have you authorized anyone to use discretion in handling your account? NO YES If yes, please complete Discretionary Agreement

 Has the Investment Adviser a direct or indirect interest in the account other than an interest in commissions? NO YES If yes, give details

 Are you or your spouse an Employee, Director, Partner or Officer of a securities dealer, or of a stock exchange itself or of the Investment Industry Regulatory Organization of Canada? NO YES If yes, give details

 Do you trade or intend to trade with other investment firms? NO YES If yes, give name(s) or firm(s).

 Do you have any other accounts with the firm? NO YES Account Number(s)

 Investment Knowledge Sophisticated Good Limited Poor / Nil
SECOND PARTY SIGNATURE VERIFICATION

Pursuant to the implementation by the Federal Government of the Proceeds of Crime (Money Laundering) and Terrorist Financing Act we are obligated to verify the signatures of any person(s) involved with an account. This includes any individual authorized to give instructions in respect of an account.

Acceptable verification includes a valid driver's licence, passport, or a provincial health insurance card (where permitted by law). Unacceptable forms of verification include credit cards, social insurance cards or bank cards.

NOTE: IF SIGNATURE HAS NOT BEEN VERIFIED USING ONE OF THE DOCUMENTS LISTED BELOW, VERIFICATION MUST BE DONE USING ALTERNATIVE ACCEPTABLE METHODS.

SECOND PARTY'S NAME (PLEASE PRINT) _____ SIGNATURE OF SECOND PARTY _____

DATE _____

 VERIFIED AGAINST: PASSPORT DRIVER'S LICENCE PROV HEALTH INS. CARD (where permitted by law)

NUMBER _____ EXPIRY DATE _____ PLACE OF ISSUANCE _____

I ATTEST THAT I HAVE SEEN THE ORIGINAL DOCUMENT INDICATED HEREIN AND HAVE VERIFIED THE CLIENT'S SIGNATURE AGAINST IT _____ VERIFIED BY INITIALS _____

Politically Exposed Foreign Persons (PEPs)
 I certify that I am I am not a Politically Exposed Foreign Person (PEP) as defined below.

A PEP is defined as a person who holds or has held offices or positions in or on behalf of a foreign state:

- | | |
|---|---|
| (a) head of state or head of government; | (f) president of a state-owned company or a state-owned bank; |
| (b) member of the executive council of government or member of a legislature; | (g) head of a government agency; |
| (c) deputy minister or equivalent rank; | (h) judge; |
| (d) ambassador or attaché or counsellor of an ambassador; | (i) leader or president of a political party represented in a legislature; or |
| (e) military officer with a rank of general or above; | (j) holder of any prescribed office or position |

as well as the spouse, common-law partner, child, mother, father, brother, sister, spouse's or common-law partner's mother or father of any such person.

If Yes, please indicate why: _____