

## ACCOUNT APPLICATION FORM

New Account  Client Update

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

Surname \_\_\_\_\_ First Name and Initials \_\_\_\_\_  
 Date of Birth (dd/mm/yy) \_\_\_\_\_ 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/yy) \_\_\_\_\_ 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 - \$25,000	<input type="checkbox"/> \$0 - \$25,000	<input type="checkbox"/> Excellent	<input type="checkbox"/> 0 - 4 years	<input type="checkbox"/> High	<input type="checkbox"/> Aggressive Growth
<input type="checkbox"/> \$25,001 - \$50,000	<input type="checkbox"/> \$25,001 - \$50,000	<input type="checkbox"/> Good	<input type="checkbox"/> 5 - 10 years	<input type="checkbox"/> Moderate/High	<input type="checkbox"/> Growth
<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> Average	<input type="checkbox"/> 11 - 20 years	<input type="checkbox"/> Moderate	<input type="checkbox"/> Balanced
<input type="checkbox"/> \$100,001 - \$200,000	<input type="checkbox"/> \$100,001 - \$200,000	<input type="checkbox"/> Minimal	<input type="checkbox"/> 20+ years	<input type="checkbox"/> Low/Moderate	<input type="checkbox"/> Income
<input type="checkbox"/> \$200,001 - \$400,000	<input type="checkbox"/> \$200,001 - \$400,000		Time before you need to access a significant portion of the money invested in account.	<input type="checkbox"/> Low	<input type="checkbox"/> Safety
<input type="checkbox"/> \$400,000 - \$1,000,000	<input type="checkbox"/> \$400,000 - \$1,000,000			See attached definition	See attached definition
<input type="checkbox"/> Over \$1,000,000	<input type="checkbox"/> Over \$1,000,000				
<input type="checkbox"/> Includes spouses income					

**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.  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/yy) \_\_\_\_\_ Advisor Name (print) \_\_\_\_\_  
 X \_\_\_\_\_  
 Client Signature \_\_\_\_\_ Date (dd/mm/yy) \_\_\_\_\_ Advisor Signature \_\_\_\_\_ Date (dd/mm/yy) \_\_\_\_\_  
 Compliance Officer Signature \_\_\_\_\_ Date (dd/mm/yy) \_\_\_\_\_