

## AVISO FINANCIAL SELF-DIRECTED TAX FREE SAVINGS ACCOUNT (TFSA) APPLICATION FORM

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700 - 1111 West Georgia Street Vancouver, BC, Canada V6E 4T6 604.605.4199 Toll Free 1.877.787.2330

04/24

Internal Use Only: Confirm	nation #		Contra	ct #		Username				
1. ACCOUNT DETAILS										
Are you an existing custome	r? If so, please provide your	Client ID #								
,			aur TESA Aggaunts	O Long Col	la and Duta	Covered Writing				
Currency:	US\$	Features available with y	our TFSA Account:	Long Ca	Is and Puts _	Covered Writing				
2. APPLICANT / HOLD	DER INFORMATION AND P	ROFILE								
							· ·			
O Mr. O Mrs. O Ms.										
○ Miss ○ Dr.	Applicant / Holder Name (Fir	st, Initial, Last)	Email /		ddress	Busi	Business Phone			
Home Address (PO Box & G	eneral Delivery not acceptable)		City	Province	e Postal Code	Social Insurance Number	Home Phone			
Mailing Address (if different	rom above)		City	Province	e Postal Code	Date of Birth (dd/mm/yyyy)	Cellular Phone			
O Single O Divorced										
<ul><li>○ Married ○ Separated</li><li>○ Common ○ Widowed</li></ul>				Industry Occupation						
Law										
	Employer Address (PO Box &	General Delivery not acceptable)		Citizenship (L	ist all countries)					
Spousal Profile	○ Mr. ○ Mrs. ○ Ms. ○ Miss ○ Dr.									
(Required for married,			f Spouse or Common-La	w Partner						
common law & separated.)										
	Employment Status Emplo	yer Name		Industry		Occupation				
3. SUCCESSOR HOLD	ER / BENEFICIARY DESIG	NATION								
O Successor Holder Des	ignation: I designate my sr	oouse or common-law partner n	amed helow if then livin	a as the Succes	sear Halder of this	TESA upon my death and a	cauires all of the holder's			
O 00000001 1101001 200	rights as the hold	ler of the arrangement, and the ement or relating to property hel	unconditional right to r	evoke any bene	ficiary designation	made, or similar direction in	mposed by the individual			
Beneficiary Designation	· ·	erson(s) named below, if then		•	ds pavable under	this account in the event of	my death (and, if I have			
O Bononolary Boorgham	designated a Suc	ccessor Holder, in the event the	e Successor Holder pre	deceases me).	If a designated b	eneficiary is not living at my	death, any amount that			
	designation of be	neficiary is legally valid.		·		•	· ·			
CAUTION: Beneficiary desi changed automatically by an	gnations by way of this form y future marriage or divorce.	are not available for residents If you wish to the change bene e signed by the account own	of Quebec. In some p ficiary(ies) of this accou	rovinces, your d nt in the future,	esignation of ben ou can do so by	eficiary by means of this for completing a Change of Ben	m will not be revoked or eficiary Form. If you are			
making a beneficiary design seeking to designate a benef	ation below, this form <b>must b</b> e ficiary on behalf of an adult, co	e signed by the account own ontact your lawyer for advice.	er. Á beneficiary design	ation purported	to be made pursu	ant to a Power of Attorney m	nay be invalid. If you are			
					Percentage					
Name (First, Initial, Last)				relationship to	100		1 ercentage			
4. APPLICANT INVEST	MENT PROFILE									
Estimated annual income from all sources:	Spouse's estimated annual income from all sources:	Estimated net family liqu (cash + securities - loans	id assets against securities) +	Estimated net	family fixed assets	s t fixed assets) = Estimated	total family net worth:			
			agamor occanico)		so nasintoo agamo	, , , , , , , , , , , , , , , , , , ,	total family fiet worth.			
\$	\$	\$		\$		\$				
In which of the following do	you have investment experien	nce?								
None Mutual Fu	nds Stocks Bonds	Options:	Long Calls or Puts	Covered Writin	g Spreads	Uncovered Writing				
5. OTHER INTERESTS	IN THE ACCOUNT									
With respect to the account	Have Trading Authority (T	(A)?	No O Yes If yo	os complete a T	radina Authorizati	on Form	·			
With respect to the account, will any other person(s):	Have Trading Authority (T Have a financial interest (	(excluding your spouse)?	No O Yes If ye	es, name of othe						
	Guarantee your account? Have Power of Attorney (I			, ,	uarantee of Accor	<i>unt Form</i> <i>Form</i> and notarized copy of t	he original POA			
	Provide directions to you			es, complete the		orm and notarized copy or t	ne originar i OA			
			none Principal E	usiness Date of Birth Relation		nship If Corporation:				
Third Party Name	Address		ımber or Occupa		m/yyyy) to Appli		Place of Incorporation			
6. ELECTRONIC FUND	S TDANSEED									
6. ELECTRONIC FUNDS TRANSFER										
Do you wish to enable your b	panking account(s) for Electron	nic Funds Transfer ("EFT") to ar	nd from your online brok	erage account(s	)? O No	O Yes				
If yes, please provide a pers	onalized void cheque for each	banking account you wish to en	nable. Please note that	the banking acco	ount(s) information	n received will apply to all ac	counts held by you under			
this registration now, or in the accounts is not available.	ie tuture, unless otherwise ac	dvised by you. Bánking inform	ation can be changed b	y completing an	Electronic Funds	ranster (EFT) Set-up Forn	1. EFI to and from US\$			



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7. INFORMATION REQUIRED BY REGULATORS					
A. Your business relationship with us is for? O Investment Purposes O Other:					
B. What is the intended use for the account? O Short term investing O Income source O Wealth accumulation O Retirement savings O Education savings O Major purchase					
C. Trusted Contact Person: A Trusted Contact Person (TCP) may be a close friend, family member, or caregiver that can be trusted to ensure your interests come first. This protects you, by authorizing us to contact, discuss concerns and disclose certain personal information about you to the TCP, if we suspect you are experiencing financial exploitation or mistreatment, or have concerns about your ability to make financial decisions. A TCP is not the same as a power of attorney; a TCP does not have authority to make financial decisions for you.					
Would you like to add a Trusted Contact Person to your account? O No O Yes If yes, complete the following information:					
Trusted Contact Person First Name Last Name Relationship to You Phone Number Email Address					
D. Are you or any member of your immediate family a Politically Exposed Person (PEP) or Head of International Organization (HIO), or a close associate of a PEP or HIO, as defined on the PEP and HIO form?					
Primary Applicant: O No O Yes Joint Applicant: O No O Yes If yes, complete a PEP and HIO form.					
E. Do you own, or have control or direction over, directly or indirectly, alone or as part of a group, 10% or more of the voting rights of an issuer or publicly traded company or other entity (i.e. Insider, Significant Shareholder, Control Person)?					
O No O Yes If yes, specify name(s) of company(ies) and % owned %					
F. Are you a Director or Senior Officer, or an individual performing similar functions, or a promotor/investor relations, of an issuer or publicly traded company or other entity whose shares trade on a marketplace (i.e. Reporting and Non-reporting Insider)?					
○ No ○ Yes If yes, specify name(s) of company(ies)					
G. Are you, your spouse or common-law partner or any member of your household an employee, Director, Partner or Officer of a securities dealer?					
○ No ○ Yes If yes, specify name(s) of security dealer(s)					
H. Do you trade or intend to trade with other investment firms?					
○ No ○ Yes If yes, specify firm(s)					
I. Identification: For each Applicant include a legible photocopy of valid government issued photo ID and select from the 'Verified Identification Methods' (see Application Checklist section for details).					
O Passport O Driver's License (front & back) Other ID Type & Number					
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(Acceptable ID must have Unique Identifier, Signature and Expiry Date)					
(Acceptable ID must have Unique Identifier, Signature and Expiry Date)  8. NATIONAL INSTRUMENT 54-101 COMMUNICATION WITH BENEFICIAL OWNERS OF SECURITIES  I have read and understand the Explanation to Clients provided to me in connection with this form and the choices indicated by me below apply to all of the securities held in all accounts held by me under					
(Acceptable ID must have Unique Identifier, Signature and Expiry Date)  8. NATIONAL INSTRUMENT 54-101 COMMUNICATION WITH BENEFICIAL OWNERS OF SECURITIES  I have read and understand the Explanation to Clients provided to me in connection with this form and the choices indicated by me below apply to all of the securities held in all accounts held by me under this registration now, or in the future, unless I advise you otherwise in writing. The Explanation to Clients can be found in the Customer Agreements & Disclosure Documents booklet (the "Booklet").					
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I understand that the materials I receive will be in my preferred language of communication if the materials are available in that language.



Options Supervisor

Comments:

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Date (dd/mm/yyyy)

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9.	APPLICANT / HOLDER CONSENTS AND ACKNOWLEDGEMENTS	
A.	l acknowledge, understand and agree that: (i) the Canadian securities regulators have granted Qtrade Direct Investing (hereafter referred to as "you") an exemption from the requirement to trades for suitability; (ii) you will not provide me with any advice or recommendation regarding any security or investment or their purchase or sale nor any legal, tax or accounting any recommendation; (iii) you are not responsible for making a suitability determination of my trades and will neither determine my general investment needs and objectives nor review my trades investment to suitability; (iv) I am solely responsible for my own investment decisions and understand the implications of not having my trades reviewed for suitability; (v) you will not consider my financial so investment knowledge, investment objectives and risk tolerance when accepting orders from me; (vi) you and your employees and agents are not authorized to provide me with the aforeme advice, recommendations or suitability determination, and I will neither solicit nor rely upon any such advice, recommendation or suitability determination from you or any of your employe agents; and (vii) you and your officers, employees, agents and affiliates will have no liability whatsoever with respect to transactions in or for my account(s) or for my investment decisions.  O I Acknowledge Note: This account cannot be opened without this acknowledgment.	dvice or ades for ituation, entioned
	Collection, Use and Sharing of Personal Information: I acknowledge that Qtrade Direct Investing is a division of Aviso Financial Inc. ("AFI"), which is a wholly owned subsidiary of Aviso Inc. ("Aviso"). Aviso is a wholly owned subsidiary of Aviso Wealth LP, which in turn is owned 50% by Desjardins Financial Holding Inc. and 50% by a limited partnership owned by the five Pt Credit Union Centrals and The CUMIS Group Limited. Qtrade Direct Investing makes its services available in association with participating financial organizations and their affiliates, incluing organization that referred me to Qtrade Direct Investing (my "Referring Organization"). I acknowledge that the collection, use and disclosure of my personal information and data provided to Direct Investing is governed by the Privacy Policy at www.qtrade.ca/en/investor/privacy-policy ("Privacy Policy"). By signing below, I confirm that I have read the Privacy Policy and I understand that the Privacy Policy may be revised from time to time by Aviso and its affiliates. I acknowledge that I may an access the personal information Qtrade Direct Investing holds about me at any time, or inquire about Aviso's privacy policies generally, by contacting you.	rovincial ding the Otrade
	Consent to share personal information: By choosing "I Consent", I acknowledge that Qtrade Direct Investing and my Referring Organization are separate legal entities, and I agree that Direct Investing may share my personal information and data with my Referring Organization, its affiliates and agents in accordance with the Privacy Policy, which enables these entities to me with a full range of available products and services. I understand that I may withdraw my consent at any time (except where limited by applicable law) but doing so may limit the ability or Direct Investing, its affiliates or my Referring Organization to provide me with some or all products and services. I understand that whether or not I consent, Qtrade Direct Investing may be to share information about me and my account(s) to meet regulatory obligations or as otherwise required by law.	provide f Qtrade
	O I consent O I do not consent	
C.	Are you applying for this account in the office of a Canadian Financial Institution?	
_	O No O Yes If yes, I have read the Disclosure in Respect of Securities Related Activities in a Canadian Financial Institution in the Booklet.	
D.	Trusted Contact Person: By providing the name and contact information of my Trusted Contact Person above, I acknowledge and agree that you may contact such person to confirm inquiries about matters such as possible financial exploitation, concerns about capacity as it relates to my ability to make decisions involving financial matters, the name and contact inform my legal representative, and my current contact information. I acknowledge that I have read and agree to the terms set forth in the "Trusted Contact Person" section in the Booklet.	or make nation of
10	. APPLICANT / HOLDER AGREEMENT (READ CAREFULLY BEFORE SIGNING)	
	I the undersigned: (i) certify that the information I have provided in this application is true, complete and accurate and you may rely thereon, and agree to notify you in writing within 30 day change that causes the information to be untrue, incomplete or inaccurate; (ii) consent to and authorize you to conduct a credit and/or financial institution reference check with regard to any application; (iii) consent to and authorize you to obtain credit or other information about me, to the extent permitted by law; and to give other credit grantors and credit bureaus information the application and any credit experience with me; (iv) confirm that I have read and understand the Electronic Delivery of Documents Agreement in the Booklet and consent to the eldelivery of all documents and communications pertaining to my account(s); (v) acknowledge and agree that you may share information you hold relating to my account(s) with your appregulators to fulfill your regulatory obligations; (vi) understand and agree that contributions or transferred funds and securities will be valued at current market value when you have receive and (vii) acknowledge and understand that Qtrade Direct Investing is a division of Aviso Wealth Financial Inc. ("AWF") an affiliate of Northwest & Ethical Investments L.P., the manager of Funds and a related issuer to Fiera Capital Corporation, manager of the Fiera Capital Mutual Funds, and to Desjardins Group. By signing this form, I acknowledge receipt of this disclos consent to you effecting transactions for my account(s), as I instruct you from time to time, in mutual funds or other investment products issued, managed or administered by a related or co issuer to you, including Northwest & Ethical Investments L.P., Fiera Capital Corporation or members of Desjardins Group.	oproving on about ectronic oplicable ed them; the NEI sure and
	By signing below, I acknowledge, confirm and agree that: (i) I have reviewed, understand and agree with the "Privacy Policy", "Terms of Use" and "Security" terms, each of which is found as at the bottom of every page on your securities trading platform website, as well as the terms, conditions and disclosures contained in the Booklet, which contains, among other things, the Holder Agreement, the National Instrument 54-101 Explanation to Clients regarding securityholder materials, the Joint Account Agreement, the Risk Disclosure Statement (including lever disclosure), the Electronic Delivery of Documents Agreement, the AWF Relationship Disclosure (including conflict of interest and related issuer disclosure) and client Complaint Handling Proc and is found on the Forms page of your securities trading platform website; (ii) neither you nor any of your affiliates, directors, officers, employees, agents or third party suppliers will be liable for, and I agree to indemnify each of you from any harm whatsoever that may arise from, any errors or omissions in connection with my reliance on or use of in any way whatsoever of (A) data, research or any other information whatsoever provided to me by you or your third party suppliers; (B) systems, platforms, tools or any other technology services of any kind whatsoever to me by you or your third party suppliers; or (C) the handling of, or orders relating to, the purchase, sale, execution or expiration of a security or any matter related thereto by you or any of your your third party supplier's securities trading platform and that I undertake any action whatsoever against my referring organization (if any) in connection with my use of your or your third party supplier's securities trading platform.	Account age risk cedures, le to me market provided our third
	To Canadian Western Trust Company (the "Trustee"): I the undersigned acknowledge receipt of a Declaration of Trust for the Aviso Wealth Financial Inc. Self-Directed Tax Free Savings Account") in accordance with the terms and conditions of this Application. By signing below, I certify and agree that: (i) I have read, understand and agree to the terms of the Declaration under section 146.2 of the Income Tax; (ii) the information given in this Application is true, correct and complete; (iii) I request that the Trustee file an election to register the qualifying arrar as a Tax Free Savings Account under the <i>Income Tax Act</i> (Canada); (iv) I am solely responsible for my investment decisions and for determining my contribution limits; and (v) I am respon determining whether an investment is qualified under tax laws, and I am aware of the consequences of acquiring and holding investments which are not qualified.	of Trust
By	signing below, I acknowledge, agree and consent to all of the foregoing under this Applicant / Holder Agreement section and that the information, acknowledgements, agreeme nsents I have provided in this application will apply to all accounts held by me under this registration now, or in the future, except to the extent I advise you otherwise in writing.	nts and
v		
X A	oplicant / Holder Signature Date (dd/mm/y	ууу)
	r Options Trading Privileges Only: By signing below, I certify and agree that I have received, read, understand and agree to the options terms and conditions in the Booklet, and I am awar is involved in options trading as outlined in the Booklet under Risk Disclosure Statement and am willing to take those risks.	re of the
х		
	oplicant / Holder Signature Date (dd/mm/y	ууу)
11	REFERRAL INFORMATION (IF APPLICABLE)	
Fi	nancial Institution Name Representative Name Branch Name	
Qtr	rade Direct Investing Partner employees: Work email address:	
12	. APPROVAL (FOR INTERNAL USE ONLY)	
12	- ALT-NOVAE (FOR INTERNAL OSE ONEI)	
х		
	uthorized Officer or Branch Manager Signature (Accepted on behalf of the Trustee by its Agent)  Date (dd/mm/yg	ууу)



# AVISO FINANCIAL SELF-DIRECTED TAX FREE SAVINGS ACCOUNT (TFSA) APPLICATION FORM

700 - 1111 West Georgia Street Vancouver, BC, Canada V6E 4T6 604.605.4199 Toll Free 1.877.787.2330

### APPLICATION CHECKLIST

nclude the following with this Application Form (Signed and dated by Applicant in all applicable areas (including options signature lines)):									
Account	Funding In	structi	ions (provide at least one):						
0			ble to "Aviso Financial Inc."						
O	_		s Transfer:						
0	Completed Authorization to Transfer Investments Form  Electronic Funds Transfer ("EFT") / Bill Payment								
dontifics	ntion (Note:	ID is	not required if you have an existing account with us)						
	•								
	. ,		oceeds of Crime (Money Laundering) and Terrorist Financing Act, we are required to verify the identity of all persons involved with an account.  I a verified ID method are required for each person (applicant, trading authority and/or power of attorney).						
1.	Photocop	y of va	lid (not expired) Federal, Provincial or Territorial Government Photo ID:						
	0	Pass	sport O Driver's License (front and back) Other ID Type (Acceptable ID must have a unique identifier, photo and legal name)						
2.	Verified Id	lentific	eation Method (select either Single Process Credit File or Dual Method)						
	0	Sing	le Process Credit File (must be derived from more than 1 source and in existence for at least 3 years) – we will obtain the credit file report						
	0		I Method (In addition to the photocopy of the Photo ID provided in item 1 above, select one of the following options):						
			Credit File (must be derived from more than 1 source and in existence for at least 6 months but less than 3 years) – we will obtain the credit file report						
			Bank/Credit account statement (must be current and show legal name and account number) or Personal Cheque (counter cheques, bank drafts or money orders are not acceptable for identity verification) – we will verify each person's identity by clearing a personal cheque payable to Aviso Financial Inc., for a minimum of \$10, for deposit to your Qtrade Direct Investing account. For joint accounts, provide either personal cheques drawn on a joint account (one for each person) or individual personal cheques (one for each person)						
			Document from a reliable and independent source – Provide a recent and un-altered paper or electronic file of a document, received directly from the issuer, showing each person's name and address from a:						
			Canadian government (e.g. CRA Notice of Assessment)						
			Canadian utility (e.g. a utility bill for electricity, gas, water or telecommunications)						
JS Citize	ns and Res	idents	s:						
0	Complete	d Form	n W9 and Waiver of Client Confidentiality (both available on our online brokerage website). Include your Tax Identification Number.						
Mail or o	deliver the ition metho	origin d) to:	al copy of the application with all necessary additional forms and documents (i.e. supplementary forms, trading authorizations, valid photo ID and verified						
700 – 111	irect Invest 1 West Geo er, BC, Cana	rgia St							
Note: W	e are unabl	e to ac	ccept faxed copies.						
,			you will receive a Welcome Package containing all the necessary information to manage your account via either: (1) email (where email address was provided); or (2) mail. ur account to fully cover your first purchase.						
			FOR FURTHER INFORMATION VISIT US ONLINE OR EMAIL DIRECTINVESTING@QTRADE.CA OR CALL 1.877.787.2330						