

Office Use Only

Pro Account ☐ Yes ☐ No

Staff Account ☐ Yes ☐ No

Offshore Resident ☐ Yes ☐ No

Insider/Control Person Account ☐ Yes ☐ No

New Client Account Application Form (Individual, Registered, Joint Account, In-Trust for Minor Child)

WELCOME TO LEEDE FINANCIAL INC.

Please read Leede's Client Agreement, a copy of which can be found on Leede's web site at www.leede.ca and all of the disclosures and notices which can also be found on that web site under the link entitled [Disclosure Documents](#). For ease of reference, in this Form we refer to the Client Relationship Disclosure, Agreement and notices collectively as the "Client Agreement".

Your signature on this application confirms you have read and understood the Client Agreement and that you agree to be bound by it, as it may be amended by Leede from time to time in accordance with the terms of the Client Agreement.

Once completed, please return this application, together with any other required documents and/or information, to your Leede Investment Advisor. A copy of your Account Application will be returned to you for your records. If any of the information provided in this application changes, please notify your Leede Investment Advisor immediately.

References to "Leede", "us", "our" or the like are to Leede Financial Inc., its successors and assigns; and references to "I", "you", "your" and "yours" and the like are to the Applicant or Applicants in the case of joint account applications.

Applicant's Name _____

Co-Applicant's Name (if applicable) _____

Investment Advisor's Name _____

Investment Advisor's Code Number _____

ARE YOU:

Opening your first Leede Account(s)? ☐ Yes ☐ No

Opening an additional Leede Account(s)? ☐ Yes ☐ No

Updating your existing Account(s)? ☐ Yes ☐ No Account Number(s) _____
Please indicate changes with highlight

An Investment Industry professional? ☐ Yes ☐ No

Are you, or someone you live with, a director partner officer or employee of a firm or corporation acting as a securities dealer or registrant in Canada?
If yes, provide employer written authorization.

A. ACCOUNT PARTICULARS

Are you applying for (Check all that apply)

- ☐ An investment account

☐ Individual☐ Joint (Additional Documents Required)
- ☐ A self-directed registered account (Additional Documents Required)
- ☐ An account held in-trust for a minor child (Additional Documents Required)
- ☐ Updating your existing account

What kind of investment account would you like to open? (Check all that apply)

- ☐ Cash Account☐ CAD☐ USD

☐ Commission☐ Fee-Based☐ ManagedSMA
- ☐ Margin Account☐ CAD☐ USD☐ With Options

☐ Commission☐ Fee-Based☐ ManagedSMA
- ☐ Long☐ Short

What kind of self-directed registered account would you like to open? (Check all that apply)

- ☐ RSP☐ CAD☐ USD☐ With Options

☐ Commission☐ Fee-Based☐ ManagedSMA
- ☐ Spousal RSP☐ CAD☐ USD☐ With Options

☐ Commission☐ Fee-Based☐ ManagedSMA
- ☐ RIF☐ CAD☐ USD☐ With Options

☐ Commission☐ Fee-based☐ ManagedSMA
- ☐ Spousal RIF☐ CAD☐ USD☐ With Options

☐ Commission☐ Fee-based☐ ManagedSMA
- ☐ LIF☐ CAD☐ USD☐ With Options

☐ Commission☐ Fee-based☐ ManagedSMA
- ☐ LIRA☐ CAD☐ USD☐ With Options

☐ Commission☐ Fee-based☐ ManagedSMA
- ☐ LRIF☐ CAD☐ With Options

☐ Commission☐ Fee-based☐ ManagedSMA
- ☐ TFSA☐ CAD☐ USD☐ With Options

☐ Commission☐ Fee-based☐ ManagedSMA
- ☐ RESP☐ CAD☐ With Options

☐ Commission☐ Fee-based☐ ManagedSMA
- ☐ RDSP☐ CAD☐ With Options

☐ Commission☐ Fee-based☐ ManagedSMA

Are you transferring a self-directed registered plan account(s)?

☐ Yes, complete an "Direct Transfer of Registered Plan/TFSA" form☐ No, please indicate initial contribution \$

Is your self-directed plan locked-in?

- ☐ Federally☐ Provincially - Regulated under the Province of

If yes, please include a completed and signed Locked-in Addendum.
Your investment advisor will provide you with this form.

Credit Bureau check acceptable? ☐ Yes☐ No

B. PERSONAL INFORMATION

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Other _____				First Name		Family Name		Middle Initial(s)					
Residential Address <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live w/parents				City		Province		Postal Code		Country			
Home Phone Number		Business Phone Number		Cell Phone Number		Facsimile Number		Email Address					
Mailing Address (If different than above.)				City		Province		Postal Code		Country			
Social Insurance Number		Date of Birth month/day/year		Citizenship (List all)					Number of Dependents				
Employment Status													
<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Student <input type="checkbox"/> Homemaker <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired (Please indicate previous employment information)													
Employer Name			Employer Address			Type of Business			Applicant's Occupation				
What is your marital status? <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Common Law													
Relationship of Co-applicant? _____ Complete the following about your spouse: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other													
First Name		Last Name		Initial(s)		Spouse's Employer's Name		Type of Business		Occupation		Spouse's Annual Income	

C. FINANCIAL ASSETS AND ANNUAL INCOME**D. BANKING INFORMATION**

APPLICANT		A +B =C	APPLICANT		
Estimated Net Liquid Assets \$ _____			Financial Institution		
Estimated Net Fixed Assets \$ _____			Branch Address		
Estimated Total Net Worth \$ _____			Bank Reference Name		
Current Annual Income From All Sources \$ _____			Transit Number		Account Number
If you are NOT currently employed, Indicate the source of your income					

E. TAX RESIDENCY INFORMATION

(a) Country of Birth: _____

(b) Are you a United States Person for Tax Purposes? (see note below) **No** **Yes**

(c) Jurisdiction for tax purposes (list all): _____

(d) Foreign Tax Identification Number (TIN) with respect to each reportable jurisdiction (if applicable): _____

U.S. Persons include U.S. Citizens (including persons with dual or multiple citizenship), U.S. Resident Aliens, most persons born in the U.S. that have not renounced their U.S. citizenship, U.S. lawful residents or persons who meet the substantial presence test for U.S. residency. For more information, please visit <https://www.irs.gov/individuals/international-taxpayers/foreign-persons>

F. COMMUNICATION WITH BENEFICIAL OWNERS OF SECURITIES (National Instrument 54-101)

FORM 54-101F1 - CLIENT RESPONSE

We are required under securities law to obtain your instructions concerning the various matters below relating to your holding of Securities in your Account(s). Please read the part of the Client Agreement entitled "Communications with Beneficial Owners of Securities-Form 54-101F1-Explanation to Clients".

(a) **Disclosure of Beneficial Ownership Information**

Please mark the corresponding box to show whether you **DO NOT OBJECT** or **OBJECT** to Leede disclosing your name, address, electronic mail address, Securities holdings and preferred language of communication to issuers of Securities you hold with Leede and to other persons or companies in accordance with securities law.

☐ **I DO NOT OBJECT** to Leede disclosing my beneficial ownership information described above.

☐ **I OBJECT** to Leede disclosing my beneficial ownership information described above. If you indicate that you **OBJECT**, securityholder materials that are required to be sent to you under securities law will be sent by us and a fee per delivery may be charged to your account.

(b) **Receiving Security holder Materials**

Please mark the corresponding box to show what materials you want to receive. Security holder materials sent to beneficial owners of securities consist of the following materials: (a) proxy-related materials for annual general and special meetings; (b) annual reports and financial statements that are not part of proxy-related materials; and (c) materials sent to security holders that are not required by corporate or securities law to be sent.

Important note: These instructions do not apply to any specific request you give or may have given to a reporting issuer concerning the sending of interim financial statements of the reporting issuer. In addition, in some circumstances, the instructions you give in this Account Application Form will not apply to annual reports or financial statements of an investment fund that are not part of proxy-related materials. An investment fund is also entitled to obtain specific instructions from you on whether you wish to receive its annual report or financial statements, and where you provide specific instructions, the instructions in this Form with respect to financial statements will not apply.

☐ **I WANT** to receive **ALL** securityholder materials sent to beneficial owners of securities.

☐ **I DECLINE** to receive **ALL** securityholder materials sent to beneficial owners of securities. (Even if I decline to receive these types of materials, I understand that a reporting issuer or other person or company is entitled to send these materials to me at its expense and this only applies to certain types of material.)

☐ **I WANT** to receive **ONLY** proxy-related materials that are sent in connection with a special meeting.

(c) **Preferred Delivery**

Please mark the corresponding box to show your preferred method of delivery of materials.

☐ **I WANT** and **CONSENT** to receive materials by electronic mail delivery from Leede or from the Canadian reporting issuer, when available, and provide my e-mail address with respect to such delivery: _____.

☐ **I WANT** to receive my materials by regular mail.

Language

(d) I understand that the materials I receive will be in English only.

(e) On behalf of the beneficial owner(s) of the Account(s) opened from this application, I have read and understood the explanation that you have provided me in connection with National Instrument 54-101, Communication with Beneficial Owners of Securities of a Reporting Issuer. The choices I have indicated above apply to all of the Securities held in the Account(s).

(f) This description only applies to issuers of securities that are governed by Canadian provincial securities laws. It does not apply to issues of securities that are governed by the laws of the United States or other countries. If you indicate that you do not wish to receive securityholder materials, Leede may be required to send securityholder materials of non-Canadian issuers to you.

G. MANDATORY INVESTOR IDENTIFICATION

For each Applicant and, if applicable, Co-Applicant, **prior to execution of the first transaction in the Account(s)**, we are required to validate a copy of your valid driver's license, passport or other government issued identification in accordance with applicable laws. Please contact your Investment Advisor to arrange for an acceptable method of validation.

What identification (ID) are you providing?

☐ Driver's License ☐ Passport ☐ Other*, specify: _____

ID Number: _____

Issuing Jurisdiction: _____

Expiry Date: _____

*Other appropriate forms of ID include a permanent residence card or other similar document issued by a federal, provincial or territorial government.

H. INTENDED USE OF ACCOUNT, SOURCE OF WEALTH, AND POLITICALLY EXPOSED PERSONS/HIOs

What is the intended use of the account?

- ☐ Wealth Accumulation ☐ Retirement Savings ☐ Children's Education ☐ Generating Income ☐ Receive in securities to liquidate
☐ Major Purchase ☐ Estate Planning ☐ Market Speculation ☐ Other (please specify) _____

What is your source of wealth?

Please indicate the source of the funds that you are investing by selecting all applicable choices to your situation.

- ☐ Business Undertakings ☐ Family Estates ☐ Employment Income (previous or current) ☐ Investments
☐ Real Estate ☐ Inheritance ☐ Lottery Winnings ☐ Gift from Living Family Member
☐ Other (please specify) _____

1. FOREIGN PEP (PEFP)

Do you, your spouse, common-law partner, ex-spouse and partners, child, mother, father, brother, sister, half-brother or half-sister (that is, any other child of your mother or father) spouse's or common-law partner's mother or father, or any other such person hold, now or at any time in the past, one or more of the following offices on behalf of a state other than Canada:

- head of state or head of government;
- member of the executive council of government or member of a legislature;
- deputy minister or equivalent rank;
- ambassador, or attaché or counsellor of an ambassador;
- military officer with a rank of general or above;
- president of a state-owned company or a state-owned bank;
- head of a government agency;
- judge of a supreme court, constitutional court or other court of last resort; or
- leader or president of a political party represented in a legislature
- are you closely associated for personal or business reasons with any person described above

☐ No ☐ Yes, please complete the information in Section 4 below

2. DOMESTIC PEP (PEDP)

Do you, your spouse, common-law partner, ex-spouse and partners, child, mother, father, brother, sister, half-brother or half-sister (that is, any other child of your mother or father) spouse's or common-law partner's mother or father, or any other such person hold, now or at any time with in the past 5 years, one or more of the following offices in or on behalf of the Canadian federal government, a Canadian provincial government, or a Canadian municipal government:

- Governor General, lieutenant governor or head of government;
- member of the Senate or House of Commons or member of a legislature;
- deputy minister or equivalent rank;
- ambassador, or attaché or counsellor of an ambassador;
- military officer with a rank of general or above;
- president of a corporation that is wholly owned directly by His Majesty in right of Canada or a province;
- head of a government agency;
- judge of an appellate court in a province, the Federal Court of Appeal or the Supreme Court of Canada;
- leader or president of a political party represented in a legislature; or
- mayor reeve or other similar chief officer of a municipal or local government
- are you closely associated for personal or business reasons with any person described above

☐ No ☐ Yes, please complete the information in Section 4 below

3. HEAD OF AN INTERNATIONAL ORGANIZATION (HIO)

Do you, your spouse, common-law partner, ex-spouse and partners, child, mother, father, brother, sister, half-brother or half-sister (that is, any other child of your mother or father) spouse's or common-law partner's mother or father, or any other such person act now or at any time in the past as the head of an international organization as follows:

- the head of an international organization established by the governments of states;
- the head of an institution established by an international organization; or
- the head of an international sports organization

☐ No ☐ Yes, please complete the information in Section 4 below

4. Please provide the following details:

Name of person who holds or has held any of the above offices or positions _____

Relationship _____

Foreign State _____

Position Held _____

Position Held From _____ to _____

Source of funds (for account): _____

Month/Year

Month/Year

I. INVESTMENT KNOWLEDGE AND EXPERIENCE Complete for the Applicant. Co-Applicant(s) to complete a separate form.

(a) **How many years have you been investing?** (Check one statement that best describes your circumstances.)

☐ less than one year ☐ between one and five years ☐ between five and ten years ☐ more than ten years, specify _____

(b) **Check the types of investment instruments with which you have had experience.** (Check all that apply.)

CASH:

☐ T-bills ☐ Government Bonds ☐ Money Market Mutual Funds

FIXED INCOME:

☐ GICs ☐ Bond Mutual Funds ☐ Corporate Bonds

EQUITY:

☐ Preferred Shares ☐ Common Stocks ☐ Real Estate and Royalty Investment Trusts ☐ Tax Shelters

☐ Mutual Funds ☐ Options ☐ Exchange Traded Funds (ETFs) ☐ Hedge Funds ☐ Short Sales ☐ Futures

OTHER:

☐ Prospectus Offerings ☐ Brokered Private Placements ☐ Non-Brokered Private Placements

☐ Employee Stock Options ☐ Other, specify _____

OR:

☐ I have no investment experience in any of the above.

(c) **How would you describe your investment knowledge?** (Check one statement that best describes your circumstances.)

☐ Excellent/Sophisticated

(I have had extensive experience with a variety of financial investments and strategies.)

☐ Good

(I have had moderate to extensive experience with a variety of financial investments and strategies.)

☐ Fair/Limited

(I have had limited to moderate experience with a variety of financial investments.)

☐ Poor/Nil

(I have had very little experience with financial investments.)

(d) **If option trading has been requested, how many years have you been trading options?**

(Check one statement that best describes your circumstances.)

☐ less than one year ☐ between one and five years ☐ between five and ten years ☐ more than ten years, specify _____

(e) **If option trading has been requested, please describe the types of options with which you have had experience.**

(Check all applicable choices.)

☐ None ☐ Covered ☐ Spreads ☐ Long calls or puts ☐ Naked ☐ Other, specify _____

(f) **Are you using borrowed funds outside of Leede for the purposes of investing?**

☐ No ☐ Yes, amount borrowed: _____

J. TRUSTED CONTACT PERSON (TCP)

A TCP is a close friend, family member or caregiver (age 19 or older) you trust with your personal information and who you identify and authorize Leede to contact when it deems necessary to obtain required information about your account(s). A TCP may be contacted to ascertain your current contact information, health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney; to address any concerns about your possible financial exploitation; or as otherwise permitted by the Canadian Investment Regulatory Organization. A TCP is not the same as a person having the authority to make financial decisions on your behalf like a power of attorney or a person having a trading authority over your account. Ideally, a TCP has no financial authority over your account(s) or other involvement in making financial decisions for you.

Would you like to designate a TCP for your account(s)? Yes _____ No _____

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

Email Address: _____

K. INVESTMENT OBJECTIVES AND RISK TOLERANCE

Investment Objective means the overall financial goal you wish to achieve with the investments in your account.

Risk Tolerance means your willingness to accept risk and withstand volatility and possible losses. To assist us in helping you determine which Account selection(s) are suitable for you we ask you to describe your Risk Tolerance. for each of your Account(s). Please refer to the following page or section 2.1A of the Client Agreement for the specific categories of Risk Tolerance we use herein.

Risk Capacity your ability to sustain temporary and permanent losses of capital. A person's risk capacity will depend on their overall level of savings, their ability to generate income in the future, and their expected future expenses. The higher a person's risk capacity, the better they are able to sustain temporary and permanent losses of their invested capital.

Time Horizon is the length of time over which investments for your Account are made or held before they are required to be liquidated and not reinvested in similar types of investments.

What account type best describes your investment objectives and risk tolerance?

- A** **INCOME** - Your principal Investment Objective is to maintain the value of your invested capital and generate income, and possibly, some ancillary growth. You want to minimize the risk of losing any money over the short or long term and are willing to accept lower returns for greater safety of capital. Your investments will be principally focused in investment grade or higher quality fixed income investments or funds, ETFs, and other products which invest in similar types of investments. An Income Account is only appropriate for persons who have at least a Low Risk Tolerance and a Low Risk Capacity and accept that all investments carry some risk of temporary or permanent loss of capital.
- B** **BALANCED** - Your principal Investment Objective for your investments is to have some potential for growth over the long term without taking on high levels of risk. Your investments will be principally focused on higher quality stocks and investment grade or higher quality fixed income investments or funds, ETFs, and other products which invest in similar types of investments. You understand that a temporary and permanent loss of some capital is possible. A Balanced Account is only appropriate for persons who have a time horizon of five (5) years or more and have at least a Medium Risk Tolerance and Medium Risk Capacity.
- C** **GROWTH** - Your principal objective for your investments is capital appreciation over the long term. You accept increased risk and volatility of your investment returns. Your investments will be principally focused in stocks of medium to large cap companies or funds, ETFs, and other products which invest in similar types of investments. You understand that a temporary and permanent loss of capital is possible. A Growth Account is only appropriate for persons with a Time Horizon of five (5) years or more and who have at least a Medium-High Risk Tolerance and a Medium-High Risk Capacity.
- D** **AGGRESSIVE GROWTH** - Your primary Investment Objective is to maximize the eventual return of your capital. **You are willing to accept very high levels of risk and volatility, including the potential for significant temporary and permanent loss of your capital.** You do not require your account to be diversified, to produce or supplement your income, and you are prepared to accept periods of illiquidity. An Aggressive Growth Account is only appropriate for persons with a Time Horizon of five (5) years or more, and who have at least a High Risk Tolerance and a High Risk Capacity.

The overall risk profile of your Account will be achieved by a blend of its investments and not by reference to any one of its holdings. This will permit the flexibility of different investment strategies and even the holding of certain individual investments which may be higher risk than the overall risk profile of your Account.

Please enter the appropriate account description (A, B, C, or D) that best describes your investment objectives for each of your Account(s), and confirm your selection by initialling in the space provided:

For my Cash Account(s)		Account Description_____	Applicant's Initials_____	Co-Applicant's Initials_____
For my Margin Account(s)	<input type="checkbox"/> with options	Account Description_____	Applicant's Initials_____	Co-Applicant's Initials_____
For my Registered Account(s)	<input type="checkbox"/> with options	Account Description_____	Applicant's Initials_____	Co-Applicant's Initials_____
For my Tax Free Savings Account(s)	<input type="checkbox"/> with options	Account Description_____	Applicant's Initials_____	Co-Applicant's Initials_____

Risk Tolerance means your willingness to accept volatility in the value of your investments and the risk that some or all of your invested capital may be lost. Higher levels of Risk Tolerance will often provide investors with more potential for superior returns, however as your Risk Tolerance increases, the possibility of volatility, illiquidity, and permanent loss of capital also increase.

To assist us in assessing and understanding your Risk Tolerance, we use the following categories of Risk Tolerance to assist us in helping you determine which Account selection(s) are suitable for you.

Low Risk Tolerance: Your primary focus is to preserve your investment capital. You are willing to accept lower returns and potential for inflation risk for greater safety of capital. You seek to invest capital in investments with low volatility commonly associated with GIC's or government and investment grade corporate bonds. You understand that all investments carry some investment risk and volatility.

Medium Risk Tolerance: You seek moderate growth in your investments in the medium to long term and are willing to accept a moderate level of risk and volatility commonly associated with the senior stock markets indices. You understand that investment values change and that you might need to hold an investment for a longer period than originally intended to recover from loss or to achieve a desired return. You also understand and accept that a significant portion of the capital you invest in some investments may be lost. Investors with a Medium Risk Tolerance will not typically invest all of their capital in individual stocks but will diversify their investments to include at least some cash, bonds or other lower risk or less volatile alternative products.

Medium-High Risk Tolerance: You seek moderate to long term growth over the medium to long term and are willing to accept a moderate-high level of risk and volatility commonly associated with a 100% equity focused portfolio. You are accepting of the attendant risks of higher volatility commonly associated with the broader stock markets, which would include some investments in higher risk securities. The risks associated with medium-high risk tolerance include owning investments that may have decreased in value when you might otherwise wish to sell them. You also understand and accept that a significant portion of the capital you invest in any one or more investments may be lost.

High Risk Tolerance: You seek superior growth and are willing to accept a high or very high level of volatility, significant short and long term fluctuations in your portfolio value, and loss of liquidity in exchange for potentially higher long term returns. You are willing to take substantial risks and understand that a significant portion of your capital investment may be permanently lost.

The overall risk profile of your Account will be achieved by a blend of its investments and not by reference to any one of its holdings. This will permit the flexibility of different investment strategies and even the holding of certain individual investments which may be higher risk than the overall risk profile of your Account. The Risk Tolerance descriptions assume typical market risk and do not account for the extreme market dislocations associated with major global or other financial or industry specific crisis.

Cash:	Registered:
My Time Horizon is: <input type="checkbox"/> 1-3yrs <input type="checkbox"/> 3-5yrs <input type="checkbox"/> 5-10yrs <input type="checkbox"/> >10yrs	My Time Horizon is: <input type="checkbox"/> 1-3yrs <input type="checkbox"/> 3-5yrs <input type="checkbox"/> 5-10yrs <input type="checkbox"/> >10yrs
My Risk Tolerance is: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> Med/High <input type="checkbox"/> High	My Risk Tolerance is: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> Med/High <input type="checkbox"/> High
My Risk Capacity: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> Med/High <input type="checkbox"/> High	My Risk Capacity: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> Med/High <input type="checkbox"/> High

Margin:	TFSA:
My Time Horizon is: <input type="checkbox"/> 1-3yrs <input type="checkbox"/> 3-5yrs <input type="checkbox"/> 5-10yrs <input type="checkbox"/> >10yrs	My Time Horizon is: <input type="checkbox"/> 1-3yrs <input type="checkbox"/> 3-5yrs <input type="checkbox"/> 5-10yrs <input type="checkbox"/> >10yrs
My Risk Tolerance is: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> Med/High <input type="checkbox"/> High	My Risk Tolerance is: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> Med/High <input type="checkbox"/> High
My Risk Capacity: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> Med/High <input type="checkbox"/> High	My Risk Capacity: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> Med/High <input type="checkbox"/> High

Is there any additional information concerning your Investment Objectives, Risk Tolerance, Risk Capacity, or other material information or special instructions which is not adequately described above? If so, please describe below:

L. MARGIN TRADING/OPTIONS TRADING

Margin Trading – Applicant's Initials _____

- ☐ I would like margin trading privileges and have read and understood the [Margin Agreement of the Client Agreement](#). I also understand that using borrowed money to finance the purchase of Securities involves greater risk than using cash resources only; and that if I borrow money to purchase Securities, my responsibility to repay the loan and pay interest as required by its terms remains the same even if the value of the Securities purchased declines.

Options Trading – Applicant's Initials _____

- ☐ I would like option trading privileges and have read and understood the [Options Trading Agreement of the Client Agreement](#) and the [Risk Disclosure Statement for Futures and Options](#) on the Leede website and I am also aware of the risks involved in options trading and I am willing to take those risks.

Levels of options trading requested

- ☐ 1 – Buy options (opening purchase)
- ☐ 2 – Buy and sell covered options
- ☐ 3 – Buy and sell covered and spread options *
- ☐ 4 – Buy and sell covered/uncovered and spread options*

*not eligible for registered accounts

M. MANDATORY INVESTOR INFORMATION The response below applies to the Applicant. Co-Applicant(s) to complete a separate form.

- (a) Are you an officer, director or insider of a company whose shares are traded on an exchange, quotation system or in the over-the-counter markets?
- ☐ No ☐ Yes, please provide particulars: _____
- (b) Do you individually or as part of a group directly or indirectly own or exercise direction and control over 20% or more of the voting rights of a public company?
- ☐ No ☐ Yes, please provide particulars: _____
- (c) Is the client a promoter, employed by or contracted to a public company; or the spouse of an insider or in any way associated with a public company?
- ☐ No ☐ Yes, please provide particulars: _____
- (d) Do you have, or exercise authority over, any brokerage account(s) with Leede or other securities dealers?
- ☐ No ☐ Yes, please provide particulars: _____
- (e) Will you or a listed trading authority be acting at the instruction of or for the financial benefit of a third party or entity not listed on this account?
- ☐ No ☐ Yes, please provide name and relationship: _____
- (f) Will any other person have trading authority over your Account(s)?
- ☐ No ☐ Yes, please provide name and relationship: _____
Please complete a Trading Authorization Form (Individual Account) and a Personal Information Disclosure Form
- (g) Are you currently under investigation or have you ever been the subject of a penalty in any securities related or fraud related criminal, regulatory or civil matter?
- ☐ No ☐ Yes, please provide particulars: _____

N. ELECTRONIC DELIVERY and ONLINE ACCOUNT ACCESS**Electronic Delivery of Trade Confirmations, Account Statements and Tax Reporting Documents**

- ☐ I consent to receive email notification of all documents that Leede elects to deliver to me electronically, including but not limited to trade confirmations, account statements, tax reporting documents for my Account(s) via the Leede website. I also understand that all available documents for these Account(s) will not be printed and mailed to me. Notification of the available documents will be sent to the following email address:

I agree to notify Leede in writing of any change to my email address. I understand that I may revert to the print-and-mail delivery service at any time by notifying Leede in writing. A password will be assigned.

Online Account Access

- ☐ I wish to enroll in Leede's online Account Status service that provides on-demand access to daily account holdings, transactions, as well as recent and pending trades

O. ELECTRONIC BANKING SERVICES AUTHORIZATION

I hereby authorize Leede to link my Account(s) and my Canadian dollar account held at a Canadian financial institution (the "Bank Account") in order to allow electronic funds transfers. I have attached either:

- ☐ a **personal cheque** marked "VOID" containing my name, address, transit and bank account number of my Bank Account (temporary or counter cheques and cheques with a handwritten name and/or address, are not acceptable), or;
- ☐ a **letter signed by a financial institution** confirming name, address, transit and bank account number of my Bank Account.

I hereby authorize Leede to: (please select one or both of the following)

- ☐ **Deposit** Canadian funds to my Leede Account(s) and withdraw from my Bank Account as instructed by me from time-to-time, or periodically as detailed in the Recurring Payments Schedule below.

Account Type: ☐ Non Registered ☐ Registered

- ☐ **Withdraw** Canadian funds from the following Leede Account(s):

Account Type: ☐ Non Registered ☐ Registered

and deposit to my Bank Account as instructed by me from time-to-time, or periodically as detailed in the Recurring Payments Schedule below. I hereby warrant that all persons whose signatures are required to draw cheques on the Bank Account have signed this Account Application Form.

Recurring Payments Schedule (Except RIFs)

I hereby authorize Leede to initiate a recurring payment schedule as follows:

Account Type: ☐ Non Registered ☐ Registered beginning in the month of _____

I acknowledge that any cancellation requires a minimum of six business days notice to my Investment Advisor.

Day (Choose One)	Frequency (Choose One)	Deposit to my Leede Account and Withdraw from my Bank Account	Withdraw from my Leede Account and Deposit to my Bank Account
<input type="checkbox"/> 1st <input type="checkbox"/> 15th <input type="checkbox"/> 30th <input type="checkbox"/> other:	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Bi-weekly start date:	<input type="checkbox"/> Fixed Amount of: \$ _____	<input type="checkbox"/> Fixed Amount of: \$ _____

Please provide any additional details below:

P. DUPLICATE DELIVERY (Please indicate below if you would like either or both your statements and your trade confirmations sent to an additional person.)

Account Statements ☐ Yes ☐ No Trade Confirmations ☐ Yes ☐ No

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss. ☐ Other _____ First Name Family Name Initial(s)

Affiliation to Applicant	If applicable, Company Name	Street Address	
City	Province/State	Country	Postal Code/Zip Code

Q. AGREEMENT AND AUTHORIZATION

I make the requests and give the authorizations and consents described above, I represent and warrant that the information set out above is accurate and sufficiently complete that it is not misleading and confirm that I have read and understood the Client Agreement including Section 2.1A - Risk Tolerance Definitions, and agree to be bound by it, as it may be amended from time to time by Leede in accordance with the terms of the Client Agreement.

I certify that the information in this Account Application Form is true and complete and I agree to advise Leede in writing promptly upon the occurrence of any material change in this information.

I acknowledge that I am responsible for obtaining my own legal, tax and accounting advice with respect to the Account(s) and Transactions made from time to time in the Account(s).

I hereby consent to being contacted by you by telephone, e-mail or other form of electronic communication any time during your regular business hours or such other time you determine is reasonable or necessary in respect of any matter relating to my Account(s).

Without limiting the scope or effect of your *Protection of Personal Information-Privacy Policy* (the "Privacy Policy"), I consent to your collection of my Personal Information during the time my Account(s) is/are opened or maintained by you and using such personal information for the purposes set out in the Privacy Policy or as may be permitted or required by the Applicable Laws, Rules and Regulations and, without limitation, I acknowledge that:

(a) you may, from time to time, use or be required pursuant to Applicable Laws, Rules and Regulations to disclose my Personal Information to securities regulatory and securities oversight organizations to which Leede is subject, including a stock exchange, the Canadian Investment Regulatory Organization for the purposes of an audit or investigation relating to my Account(s) or my trading of Securities, or Leede's business generally and I consent to such use and disclosure;

(b) for credit and margin purposes which I may from time to time request, Leede may use or be required to disclose my Personal Information, including my social insurance number(s), to other lenders or credit reporting agencies for the purposes of conducting a credit check and otherwise determine my creditworthiness or for the purposes of identification verification and I consent to such use and disclosure;

(c) you may use my Personal Information to provide me with information about Leede's products and services and other matters or, where not prohibited by law, for the purposes of referring life insurance, annuities and other specific insurance products and services provided by affiliated companies of Leede.

All representations made in respect of their tax status are correct and complete and that updated information will be provided, where necessary.

I further acknowledge that I may refuse or withdraw my consent for Leede to use my Personal Information in any manner set out above or set out in the Privacy Policy in accordance with the procedures set out in the Privacy Policy but that, in such circumstances, Leede may not be able to open or continue my Account or provide or continue a requested service without such consent.

It is the express wish of the undersigned signatories hereto that this Account Application Form, and the Client Agreement be in English. C'est la volonté expresse des soussignés que le présent formulaire de demande de compte, les conventions de compte et tous les formulaires, documents, avis et autres communications s'y rattachant, soient rédigés en anglais seulement.

SIGN HERE 

Applicant's Signature Month | Day | Year

SIGN HERE 

Co-Applicant's Signature Month | Day | Year

SIGN HERE 

Co-Applicant's Signature Month | Day | Year

SIGN HERE 

Co-Applicant's Signature Month | Day | Year

TO BE COMPLETED BY THE INVESTMENT ADVISOR

How long have you known the Applicant(s)? ____ ☐ Years ☐ Months ☐ Weeks ☐ Days Have you met the Applicant(s) in person? ☐ Yes ☐ No

How do you know this Applicant(s)? ☐ Personal / Social ☐ Phone-In ☐ Existing Client ☐ Walk-In ☐ Referral

If a referral, referred by whom? _____

Do you have any direct or indirect interest in the account other than an interest in the commission and fees paid? ☐ Yes ☐ No

Are you registered in the Province or Country the applicant(s) ordinarily resides? ☐ Yes ☐ No

Deposit and/or Securities Received**Initial Order**

☐ Buy - Specifics _____ ☐ Sell - Specifics _____ ☐ Unsolicited ☐ Solicited

☐ Wire Transfer

\$

Source

☐ Funds / Cheque Deposit

\$

Source

☐ Internal Transfer

\$

Account No.

☐ Transfer In (External)

\$

Source

How was the Applicant's identification verified? _____ Original identification viewed ☐ Yes ☐ No

How was the Co-Applicant's identification verified? _____ Original identification viewed ☐ Yes ☐ No

Other verification method (provide details): _____

Comments and Approvals

Investment Advisor Comments

Investment Advisor Signature

Month | Day | Year

Supervisor Comments

Supervisor Signature

☐ Account Appropriateness has been reviewed

Month | Day | Year

ROP Option Approval Level ☐ 1 ☐ 2 ☐ 3 ☐ 4

DROP/AROP Approval

Account Restriction Comments

Month | Day | Year