



Are you: (i) an officer or director of a reporting issuer or any other issuer whose securities are publicly traded (e.g. and entity whose securities are traded on a stock exchange or an over-the-counter market) (an "Issuer"); or  
 (ii) an officer or director of a person or company which is itself an insider or a subsidiary of such Issuer?  NO  YES

If yes, please list the Issuer(s): \_\_\_\_\_

Do you or as part of a group, hold or control an Issuer?  NO  YES

If yes, please list the Issuer(s): \_\_\_\_\_

Is the Co-Applicant a PEFP or is the Co-Applicant a PEFP because the Co-Applicant is a PFM of a PEFP or is the Co-Applicant closely associated, for personal or business reasons, with a PEFP?  NO  YES

Is the Co-Applicant a PEDP or is the Co-Applicant a PEDP because the Co-Applicant is a PFM of a PEDP or is the Co-Applicant closely associated, for personal or business reasons, with a PEDP?  NO  YES

Is the Co-Applicant a HIO or is the Co-Applicant a HIO because the Co-Applicant is a PFM of a HIO or is the Co-Applicant closely associated, for personal or business reasons, with a HIO?  NO  YES

If the answer is "yes" to at least one question, please complete and attach the supplemental form - Politically Exposed Foreign or Domestic Person or Head of an International Organization Statement.

### 3. SPOUSAL INFORMATION

#### Applicant/Annuitant Information (Complete if spouse is not a Co-Applicant) Do you have a spouse/common law partner? If yes, complete this section

NO  YES

1-MR. 2-MRS.  
 3-MISS 4-MS.  
 5-DR. 6-PROF. LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

Address:  Same as Applicant/Annuitant, or

ADDRESS \_\_\_\_\_ APT. \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_

DATE OF BIRTH (mm/dd/yyyy) \_\_\_\_\_ SOCIAL INSURANCE NUMBER \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ YEARS WITH EMPLOYER \_\_\_\_\_

NATURE OF PRINCIPAL BUSINESS OR OCCUPATION \_\_\_\_\_

Are you designated as a Pro (licensed to sell securities)?  NO  YES

Do you: (i) beneficially own; or  
 (ii) have control or direction over; or  
 (iii) have a combination of beneficial ownership of, and control or direction over, directly or indirectly, securities of an Issuer carrying more than 10% of the voting rights attached to all of the Issuer's outstanding voting securities?  NO  YES

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 (ii) an officer or director of a person or company which is itself an insider or a subsidiary of such Issuer?  NO  YES

If yes, please list the Issuer(s): \_\_\_\_\_

If yes, please list the Issuer(s): \_\_\_\_\_

Do you or as part of a group, hold or control an Issuer?  NO  YES

If yes, please list the Issuer(s): \_\_\_\_\_

#### Co-Applicant's Information (Complete if Co-Applicant is not Applicant's spouse)

#### Do you have a spouse/common law partner? If yes, complete this section

NO  YES

Check box if separate sheet attached with information on additional co-applicants.

1-MR. 2-MRS.  
 3-MISS 4-MS.  
 5-DR. 6-PROF. LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

Address:  Same as Co-Applicant, or

ADDRESS \_\_\_\_\_ APT. \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_

DATE OF BIRTH (mm/dd/yyyy) \_\_\_\_\_ SOCIAL INSURANCE NUMBER \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ YEARS WITH EMPLOYER \_\_\_\_\_

NATURE OF PRINCIPAL BUSINESS OR OCCUPATION \_\_\_\_\_

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Do you or as part of a group, hold or control an Issuer?  NO  YES

If yes, please list the Issuer(s): \_\_\_\_\_

