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Know Your Client (KYC) Form

For Corporations

Date: _____ / _____ / _____
Day Month Year

Dealing Representative: _____ / _____
First Last

New Account Update When was last KYC collected or updated? _____ / _____ / _____

Collection of KYC Information: In Person Telephone Pre-filled by Account holder

Entity Type: Corporation Partnership Sole Proprietorship Charity/ Not-for-profit Other _____

Section 1 – General Information

Name: _____
Legal (registered) name of Business or Organization ("Entity")

Legal Address: _____
Street Address (PO Box and General Delivery not acceptable)

_____ City _____ Prov. _____ Postal Code

Mailing Address: _____
(If different from above)

_____ City _____ Prov. _____ Postal Code

_____ CRA Business Number _____ Business Industry and Business Type _____ Province of Incorp/Reg. _____ / _____ / _____ Date of Incorp/Reg

Section 2 – Authorized Person Information

Name: _____
Authorized Person

Home Address: _____
Street Address (PO Box and General Delivery not acceptable)

_____ City _____ Prov. _____ Postal Code

Mailing Address: _____
(If different from above)

_____ City _____ Prov. _____ Postal Code

Citizenship: _____ **SIN** _____

() _____ Home/cellular Phone () _____ Business Phone _____ Email address

Section 3 – List Beneficial Owners/Directors (attach documents to verify status of each individual listed)**

** If relying on paragraph (t) of NI 45-106 : "a person in respect of which all of the owners of interests, direct, indirect or beneficial, except the voting securities required by law to be owned by directors, are persons that are accredited investors" please provide personal financial information to support that EACH owner/director is an Accredited Investor.

Name	Address	Primary Occupation	% of ownership	Accredited Investor?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 4 – Investment Knowledge of Authorized Person(s)

This is a very important part of the account opening process because it assists us in determining what investment products may be suitable for this account. Access has an obligation to ensure that any purchase we accept is suitable based on the needs and circumstances of the account holder. Please take the time to fill out each section accurately and in detail.

1) Indicate your level of Investment Knowledge:

- Excellent:** I regularly invest in the market and have a strong understanding of investing in Canadian and foreign markets. I regularly educate myself to further my knowledge. I have an excellent understanding of the different types of investments available and the risks associated with them.
- Good:** I regularly invest in the market and have a good understanding of investing in Canadian markets and occasionally educate myself to further my knowledge. I have an above average understanding of the different types of investments available and the risks associated with them.
- Average:** I have a basic understanding of the investment industry. I do not regularly educate myself and I have very little knowledge about investment vehicles that are not common among the average Canadian Investor.
- Minimal:** I seldom invest in the market and I have little to no knowledge about the industry, investing or the risks involved.

2) Indicate your level of Knowledge regarding the types of investment products currently owned or have owned:

1 – Not at all **2** – Not very knowledgeable **3** – Fairly knowledgeable **4** – Very knowledgeable

<input type="checkbox"/>	GICs	<input type="checkbox"/>	Stocks	<input type="checkbox"/>	Mortgage Investment Corporations (MICS)
<input type="checkbox"/>	Canada Savings Bonds	<input type="checkbox"/>	Options	<input type="checkbox"/>	Real Estate Investment Trusts (REITs)
<input type="checkbox"/>	Bonds	<input type="checkbox"/>	Exempt Securities	<input type="checkbox"/>	Syndicated Mortgages
<input type="checkbox"/>	ETFs	<input type="checkbox"/>	Real Property	<input type="checkbox"/>	Land Banking
<input type="checkbox"/>	Mutual Funds	<input type="checkbox"/>	Mortgages	<input type="checkbox"/>	Other:

3) Name of each exempt security owned, date purchased, amount held (by household): Enter "0" if none

(Use separate sheet if more space is needed)

Name of Issuer and Product Purchased	Amount Purchased		Exemption: Accredited or Eligible	Year Purchased
	Access	Third -party		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
Total				

Section 5 – Financial Information

Corporation Income (Copy of most recent Financial Statements and/or most recent Corporate Tax Returns (2 years) are required):

Estimated annual income from all sources: \$ _____

Estimated net worth of entity:

Net Liquid \$ _____ **+ Net Fixed \$** _____ **= Total Net \$** _____
Assets (cash + securities – loans **Assets** (Fixed assets – liabilities **Worth**
 against securities) against fixed assets)

Have the last 2 years income been similar? Yes No If no, please explain:

Concentration	Net Financial Assets	Max %	Max Investment	
Corporation	\$	X 10%	\$	Max amount in single or related issuer
	\$	X 20%	\$	Max amount in exempt securities

*Access recommends that a client not invest more than 10% of their Net Financial Assets (NFA) into one specific issuer or product and that they do not exceed a concentration of more than 20% of their NFA into exempt market securities. **Accredited Investors:** Overall concentration will be determined by your Dealing Representative (DR) and may exceed the Firm's 20% of NFA threshold but cannot exceed 45% of NFA. Trades that would cause an Accredited Investor's concentration level to exceed the level recommended by the DR or the Firm will be deemed unsuitable. Please see "Schedule B" Client-Directed Trade Instruction for further information.*

Section 6 – Suitability

Some Risks of Exempt Securities: Prospectus exemptions can help businesses raise money and offer investors more choice, but investors should be aware of the risks associated with investing in the exempt market, including:

- Risk of loss.** Investing in the exempt market is risky. You could lose your entire investment.
- Lack of information.** Raising money through a prospectus exemption may not require the same amount of information as a public company.
- Restricted Liquidity.** You may not be able to resell an exempt market security when you need or want to. Exempt securities typically aren't publicly traded, so you might not be able to sell your investment quickly or at all. This is also known as liquidity risk

I acknowledge that Exempt Market Securities are generally of a "Higher Risk" category. INITIALS _____

Risk Tolerance: Your risk tolerance should reflect the amount of risk you are comfortable taking with this account. Please read the **definitions** below and choose the description that best reflects your ability to accept risk:

- MODERATE:** An investor with MODERATE risk tolerance values higher long-term returns and is willing to accept considerable risk. This investor is willing to endure larger short-term losses of principal in exchange for the potential of higher long-term returns. Liquidity is a secondary concern.
- MODERATE/HIGH:** An investor with MODERATE/HIGH risk tolerance primarily values higher long-term returns and is willing to accept significant risk. This investor believes higher long-term returns are more important than protecting principal and may endure large losses in favor of potentially higher long-term returns. Liquidity may not be a concern to this investor.
- HIGH:** An investor with HIGH risk tolerance values maximizing returns and is willing to 20+ years accept substantial risk. This investor believes maximizing long-term returns is more important than protecting principal and may endure extensive volatility and significant losses. Liquidity is generally not a concern to this investor.

Objective for this account:

- Growth
 Growth & Income
 Balanced
 Income
 Tax Savings

Time Horizon – When will access to the money in this account be needed?

- 1-3 years
 3-5 years
 6-10 years
 11-19 years
 20+ years

Section 7 – ANTI-MONEY LAUNDERING/PROCEEDS OF CRIME/FINTRAC/PEP/INSIDER TRADING

*Under Canadian Anti-money Laundering Regulations, Access is required to take “reasonable measures”¹ to identify any accounts that are operated for a “Foreign Politically Exposed Person” (a “Foreign PEP”), a “Domestic Politically Exposed Person” (a “Domestic PEP”) (collectively, a “PEP”) or a “Head of an International Organization” (“HIO”), or **certain family members² or close associates³ of such persons. Are you, a family member or a close associate, considered a PEP, according to the definitions provided below?***

¹“Reasonable measures” include one or more of the following actions: asking the client; conducting an open source search; or consulting a source of commercially available information. ²“Family member” means the individual’s spouse/common law partner; a child of the individual; the individual’s mother or father; the mother or father of the individual’s spouse/common law partner; and a child of the individual’s mother or father.

³“Close associate” can be an individual who is closely connected to a PEP or HIO for personal or business reasons. For example, business partners, romantic partners, persons involved in financial transaction with PEP or HIO, prominent member of the same political party or union as a PEP or HIO, persons serving as a member of the same board as a PEP or HIO; or persons, closely carrying out charitable work with a PEP or HIO.

Is any Beneficial owner of this account a Foreign PEP*, Domestic PEP** or an HIO***? (If yes, a separate PEP form will be required for each PEP) Yes No

Are any of the account holders, authorized individuals and/or beneficial owners of the account or their family members or persons connected to the account a Foreign PEP*, Domestic PEP** or an HIO***? Yes No

Will any other person(s): have trading authority over this account Yes No

guarantee this account? Yes No

have a financial interest in this account? Yes No

Are you a senior officer/director of a company whose shares are publicly traded? Yes No

Do you, as an individual or as part of a group, hold or control such a company? Yes No

Does this plan pose a risk as it relates to Anti-Money Laundering Legislation: Yes No

Are you acting on the instructions of another individual/entity when requesting or authorizing transactions? Yes No

Do you have accounts with other brokerage firms? Yes No

If so, state type: _____ Yes No

Citizenship: _____ Citizenship in other countries? Yes No

Please list: _____

If you or a direct family member with whom you reside, is an officer or director of a Public Issuer please provide the name of the issuer: _____

If you or a direct family member with whom you reside have direct or indirect ownership or control (either individually or collectively with others) of 10% or more of the voting rights of a Public Issuer, please provide the name the issuer: _____

Client Bank reference:

Bank Name: _____ Branch: _____

Accounts: _____

*FOREIGN PEP

A Foreign PEP is an individual who holds or has ever held one of the following offices or positions in or on behalf of a foreign country: a) a head of state or government; b) a member of the executive council of government or member of a legislature; c) a deputy minister (or equivalent); d) an ambassador or an ambassador’s attaché or counsellor; e) a military general (or higher rank); f) a president of a state-owned company or bank; g) a head of a government agency; h) a judge; or i) a leader or president of a political party in a legislature.

**DOMESTIC PEP

A Domestic PEP is a person who holds, or has held within the last 5 years, a specific office or position in or on behalf of the Canadian federal government, a Canadian provincial government, or a Canadian municipal government: a) Governor General, lieutenant governor or head of government; b) a member of the Senate or House of Commons or member of a legislature; c) deputy minister or equivalent rank; d) ambassador, or attaché or counsellor of an ambassador; e) military officer with a rank of general or above; f) president of a corporation that is wholly owned directly by Her Majesty in right of Canada or a province; g) head of a government agency; h) judge of an appellate court in a province, the Federal Court of Appeal or the Supreme Court of Canada; i) leader or president of a political party represented in a legislature; or j) mayor.

***HIO

The head of an international organization is a person who is either: a) the head of an international organization established by the governments of states; or b) the head of an institution established by an international organization.

Section 8 – Identification

1) Name and 2 pieces of valid ID for each Authorized Person/Owner and/or Beneficial Owner (Use a separate piece of paper if more than two):

Authorized Person/Owner and/or Beneficial Owner

Type of ID	Document Number	Issuing Jurisdiction and country	Expiry Date	Date of verification
Drivers License				
Passport				
Other:				
Other:				

Authorized Person/Owner and/or Beneficial Owner

Type of ID	Document Number	Issuing Jurisdiction and country	Expiry Date	Date of verification
Drivers License				
Passport				
Other:				
Other:				

Sole Proprietorship: Trade name Registration Certificate (if you operate strictly in your own name alone no registration is required)

Partnership or Limited Partnership: Registered declaration of Partnership or Partnership Agreement Trade name registration (if applicable)

Corporation: Articles of Incorporation Certificate of Incorporation Latest Financial Statements Most recent "Notice of Assessment"

Section 9 – Authorized Person(s) Signature

The information provided above is, to the best of my knowledge, both complete and accurate. By signing this KYC, I consent to my personal information being collected, held, used and disclosed by Access Capital Advisors Inc. (Access) to any regulatory body or third party financial institution with whom I have an account, in the ways and purposes identified in the Access Policy regarding the Personal Information Protection and Electronic Documents Act ("PIPEDA"). This consent includes any information previously collected by Access as well as historical data obtained from accounts being transferred thereto. I confirm that if any information has been provided concerning any family members and/or beneficiaries, that I am authorized to provide such information. I am aware that if consent is not provided, Access may decline to accept or administer my account. I understand the information in this **KYC** is required by securities regulations, and I undertake to notify Access of any significant changes thereto.

I acknowledge that the information provided is current and accurate as of the date signed, and that Access may rely thereon until otherwise notified. In accordance with the electronic delivery of the documents that Access is mandated to provide to me with respect to my account, I consent to the following:

- I agree to the receipt of account statements and trade confirmations through e-mail. YES NO
- I have the access to appropriate software and technology hardware to retrieve the information in 1., which will be delivered to me as PDF documents. YES NO
- I acknowledge that I may receive at no cost from the deliverer a paper copy of any documents delivered electronically if I contact the Chief Compliance Officer by regular mail or electronic mail at compliance@accesscapital.com, or by phone at 403-225-4575. I understand that my consent may be revoked or changed, including any change in the electronic mail address to which documents are delivered (if I have provided an electronic mail address), at any time by notifying the Chief Compliance Officer of such revised or revoked consent by mail, electronic mail at compliance@accesscapital.com, or by phone at 403-225-4575.

Authorized Person Signature:

Name

Signature

Date: ____/____/____

Authorized Person Signature:

Name

Signature

Date: ____/____/____

Authorized Person Signature:

Name

Signature

Date: ____/____/____

Section 10 – Account Approval

FOR COMPANY USE ONLY

A copy of the authorized person(s) identification; a copy of the most recent Financial Statements and/or most recent Corporate Tax returns (2 years) and all other required documents have been obtained and are attached

For Dealing Representatives:

Are you registered in the Province in which the entity resides?

Yes No

Did you meet the authorized person(s) face to face?

Yes No

Do you have an interest in the account? If yes, is it

direct indirect

How long have you known the authorized person(s) ? ____ Years ____ Months

Please indicate: Existing Client Access Lead Personal Contact Referral Other _____

Referred by: _____

I am not aware of any information that would cause concern about the client's reputation or concern that the account may be used for improper or illegal purposes.

Dealing Representative Signature

____/____/____
Date

Representative Name (Print Clearly)

CCO Signature

____/____/____
Date

CCO Name (Print Clearly)

Please comment or add any information that may be pertinent regarding this client and their suitability, including how financial assets were determined (documents provided), how business valuation was determined (if using for Net Worth calculation), how much cash in corporation if using for NFAs, source of cash holdings (i.e individual bank account, corporate bank account):

Section 11 – AML Risk Assessment

Anti-money Laundering Risk Assessment

Has a review of the client's account activity, client's behavior, and communications with the client been undertaken to determine whether the account should be classified as High Risk for AML purposes? Document the conclusion:

If the account is deemed to be high risk for AML purposes, document the source of funds indicated by the client and assess whether it is reasonable. Collect back up documentation if the client's explanation does not appear to be reasonable:

(attach backup documentation to this form, if applicable)

If the account is deemed to be high risk for AML purposes, complete (on a separate piece of paper) the trade ID verification procedures set out in the KYC Form and collect documentation required on Corporate Directors and Beneficial Owners of the account.

(attach ID verification documentation to this form)

If the account is deemed to be high risk for AML purposes, reconfirm with the client all information collected in the General Information section of the KYC Form. _____

(Initial if complete. Changes should be marked on the KYC form and submitted to the CCO for review)

Other Notes/Remarks:

Based on the above I hereby believe that the above proposed trade is suitable and in compliance with applicable regulation:

Approver (National Sales Director or CCO)

____/____/____
Date

Secondary approval is required if the client is deemed high risk for AML purposes:

CCO Signature

____/____/____
Date