

1 Account Registration

- Joint /WROS
 Individual
 Estate *
 Corporate *
 Corporate *
 Other (Please Specify)
- Joint Ten in common
 Custodian
 Partnership

Additional documents required - Please call if you have any questions or need additional forms

Account Holder

| | | | |
|---|-------------------------------|--|------------------------------|
| <input type="checkbox"/> Mr. | <input type="checkbox"/> Mrs. | <input type="checkbox"/> Ms. | <input type="checkbox"/> Dr. |
| Last name | | First | Middle |
| Email address (es) | | Date of birth (mm/dd/yyyy) | |
| Home address | | | |
| City | State, Province | Country | Postal, Zip Code |
| Postal address (if different than above) | | | |
| Home phone (if applicable) <small>(Country code-Area code-Number)</small> | | Mobile phone <small>(Country code- Area code-Number)</small> | |
| Other phone (if applicable) <small>(Country code-Area code-Number)</small> | | Fax (optional) <small>(Country code-Area code-Number)</small> | |
| Country of citizenship | | | |
| Country of residence (if other than above) | | | |

Additional Account Holder (if applicable)

| | | | |
|---|-------------------------------|--|------------------------------|
| <input type="checkbox"/> Mr. | <input type="checkbox"/> Mrs. | <input type="checkbox"/> Ms. | <input type="checkbox"/> Dr. |
| Last name | | First | Middle |
| Email address (es) | | Date of birth (mm/dd/yyyy) | |
| Home address | | | |
| City | State, Province | Country | Postal, Zip Code |
| Postal address (if different than above) | | | |
| Home phone (if applicable) <small>(Country code-Area code-Number)</small> | | Mobile phone <small>(Country code- Area code-Number)</small> | |
| Other phone (if applicable) <small>(Country code-Area code-Number)</small> | | Fax (optional) <small>(Country code-Area code-Number)</small> | |
| Country of citizenship | | | |
| Country of residence (if other than above) | | | |

2 Your Investment Profile

Securities industry regulations require that we collect all of the following information. For joint accounts, please include combined amounts.

| Investment Objective | Investment Experience | | | |
|---|-----------------------|---------|------|-----------|
| | None | Limited | Good | Excellent |
| <input type="checkbox"/> Current Income Preservation of capital with a primary consideration on current income. | | | | |
| <input type="checkbox"/> Balanced A balance between capital appreciation and current income with the primary consideration being current income. | | | | |
| <input type="checkbox"/> Growth & Income A balance between capital appreciation and current income with the primary consideration being capital appreciation. | | | | |
| <input type="checkbox"/> Growth Capital appreciation through quality equity investments and little or no income. | | | | |
| <input type="checkbox"/> Maximum Growth Maximum capital appreciation with higher risk and little to no income. | | | | |
| <input type="checkbox"/> Speculation Maximum total return involving a higher degree of risk through investment in a broad spectrum of securities. | | | | |
| | Common Shares | | | |
| | Preferred Shares | | | |
| | Bonds | | | |
| | Money Market | | | |
| | New Issues | | | |
| | Mutual Funds | | | |
| | Options | | | |
| | Commodities/Futures | | | |
| | Venture Situations | | | |

3 Please Read and Sign Below

I/We am/are of legal age to enter in this agreement. I hereby request that Yield Management Inc., open an account in the name(s) listed as account holder(s) on this application. I/We the undersigned, agree to provide instructions as an authorized signatory to Yield Management Inc., via phone, fax, e-mail or any other method deemed appropriate by Yield Management Inc., without instructions being duly confirmed in writing. Therefore, this signed document allows Yield Management Inc., to process transactions sent via any of the above mentioned mediums without liability in any form to Yield Management Inc., or its employees.

I understand there are fees associated with establishing, maintaining, engaging in transactions, and transferring assets out of this account. I further acknowledge that securities products purchased or sold in a transaction with Yield Management Inc., are subject to investment risks, including possible loss of the principal invested. I understand that Yield Management Inc., does not provide tax, legal, or accounting advice.

Signature of Primary Account Owner

Date

Signature of Co -Account Owner

Date

Print Name

Print Name

| | | |
|----------------------------------|--------------------------|------------------------|
| Office Use Only | | |
| Approved By | Date Approved (mm/dd/yy) | Print Name of Approver |
| Source Code | Indexing Code | |
| Branch Office and Account Number | | |