February 23, 2001

SCHEDULE I TO POLICY NO. 2
SAMPLE NEW ACCOUNT APPLICATION FORM
(To be completed by Approved Person)

1. a) Name: Mr. / Mrs. / Ms. _____ (Please Print)
Address: _____ Apt/Number Street
Address: _____ City Province Postal Code

Contact: Home (_____)_____
Business: (_____)_____
Other: (_____)_____
Fax: (_____)_____
Email: _____
Date of Birth: _____/_____/_____ dd / mm / yy
SIN Number: _____-_____-_____

b) IF APPLICABLE
Name: Mr. / Mrs. / Ms. _____ (Please Print)
Address: _____ Apt/Number Street
Address: _____ City Province Postal Code

Contact: Home: (_____)_____
Business: (_____)_____
Other: (_____)_____
Fax: (_____)_____
Email: _____
Date of Birth: _____/_____/_____ dd / mm / yy
SIN Number: _____-_____-_____

2. CLIENT'S EMPLOYER
Name: _____ Type of Business: _____
Address: _____ Client's Occupation: _____

3. FAMILY INFORMATION
Spouse's Name: _____ Number of Dependants: _____
Spouse's Occupation: _____

4. Will any other person or persons:
a) Have trading authorization in this account? Yes__ No__ *(If Yes provide particulars)*
(Trading Authorization held by a third party for the client's account must be documented)
_____

b) Have a financial interest in this account? Yes__ No__ *(If Yes provide Particulars)*
_____

5.

INVESTMENT KNOWLEDGE		RISK TOLERANCE		INDIVIDUAL INCOME	
Extensive	____	Low	____	Under $20,000	____
Moderate	____	Medium	____	$20-50,000	____
None	____	High	____	$50-100,000	____
				Over $100,000	____
INVESTMENT OBJECTIVES		**TIME HORIZON**		**HOUSEHOLD NET WORTH**	
Income	____	1 – 3 yrs.	____	Under $25,000	____
Growth	____	4 – 5 yrs.	____	$25-50,000	____
- short term	____	6 – 9 yrs.	____	$50-100,000	____
- long term	____	10 yrs. or more	____	$100-250,000	____
Balanced	____			Over $250,000	____

6. LEVERAGING
The client has been provided with a leveraging disclosure document in compliance with MFDA Rules. Yes__

7. BANKING INFORMATION
Bank Name: _____ Account Number: _____
Branch Address: _____ Transit Number: _____

8.
Client Signature: _____ Date: _____
Salesperson Signature: _____ Date: _____
Designated Officer, Director, or Branch Manager Approval: _____ Date of Approval: _____

9. CLIENT IDENTIFICATION:
1. _____ 2. _____

10. UPDATES TO CLIENT INFORMATION:
_____
_____