INVESTIA FINANCIAL SERVICES INC.
MUTUAL FUND DEALER

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KYC Update Form

New plan ☐ Client Update ☐ Client ID: ____________

Ownership Information: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Company
For Charitable Organization: Is it a Not for Profit Account? ☐
If yes, Is it Registered Charity? ☐ If yes, is it Soliciting Public Fund? ☐

Last Name | Initial | First Name

Company Name (if applicable)

Date of birth (yyyy/mm/dd) | Social Insurance Number

Marital Status: ☐ Single ☐ Common-Law ☐ Married ☐ Widowed ☐ Separated ☐ Divorced

Address

City | Province | Postal Code

Home Phone | Work Phone | Other phone

Cellular | E-Mail | Citizenship

Confirmation of Identity

☐ Passport ☐ D.L. ☐ Birth certificate ☐ Others: ____________

ID Ref # ____________ Place of issue ____________

Account Type ☐ Client Name ☐ Intermediary ☐ Investia self-directed

Plan administrator: **Number:**

☐ Open ☐ Regular RRSP ☐ Spousal RRSP ☐ Spousal RRIF
☐ RRIF ☐ LRIF ☐ LIF ☐ LIRA ☐ TFSA
☐ Individual RESP ☐ Family RESP ☐ Other ____________
☐ Leveraged Account - complete and attach a signed Leverage Disclosure Form

Joint / Spousal Information: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

☐ JTWROS ☐ JTIC ☐ In-Trust For ☐ Ben. RESP Quebec only: ☐ Spousal ☐ Non-Spousal

Last Name | Initial | First Name

Date of Birth (yyyy/mm/dd) | Social Insurance Number

Relationship | Address | Citizenship

Beneficiary | SIN | Date of Birth (yyyy/mm/dd)

Beneficiary | SIN | Date of Birth (yyyy/mm/dd)

Confirmation of Identity (Joint / Spousal Information)

☐ Passport ☐ D.L. ☐ Birth certificate ☐ Others ____________

ID Ref # ____________ Place of issue ____________

Know Your Client Questionnaire

(Collection of this information is required by securities industry regulations and will be kept confidential)

Occupation: ____________ Name of employer: ____________ Years of service: ______ No. of Dependents: ______

Employer address: ____________ Activity sector: ____________

Joint/Spouse's occupation: ____________ Name of employer: ____________ Years of service: ______

Employer Address: ____________ Activity sector: ____________

Income	Net Worth	Objectives*	Portfolio Risk Rating
☐ <$30,000	☐ <$20,000	☐ Safety **	Very Low ____%
☐ $30,001 - $50,000	☐ $20,001 - $35,000	☐ Income	Low ____%
☐ $50,001 - $70,000	☐ $35,001 - $60,000	☐ Growth	Low to Moderate ____%
☐ $70,001 - $100,000	☐ $60,001 - $100,000	☐ Aggressive Growth	Moderate ____%
☐ >$100,001	☐ $100,001 - $200,000	*Please Select <u>One</u> Only	Moderate to High ____%
☐ Accredited Investor	☐ >$200,001	**Cash/Money Market Only	High ____%
			Total Must = 100 %

Knowledge	Liquid Net Worth (For leverage Acc Only)	Intended Use of Investment	Time Horizon
☐ Very low	**Liquid Net Worth***: ____________	☐ Retirement Savings	☐ Less than 1
☐ Low	*Liquid Net Worth would include those that are not subject to restrictions and are readily converted into cash without penalties.	☐ Estate Planning	☐ 1 - 3
☐ Moderate		☐ Income Generation	☐ 3 - 5
☐ High		☐ Children's Education	☐ 5 and Over
		☐ Investment of retained earnings of a corporation	
		☐ Others ____________	

Your Representative has discussed with you your investing background and financial objectives. You believe your Representative has enough information in order to determine investment suitability and risk tolerance.

☐ *I (We) acknowledge having received a Dual Occupation Disclosure Form ________ (initials) or* ☐ *N/A*

☐ *I (We) acknowledge having received a copy of the Statement of Disclosure of Investia as well as the current mutual fund Prospectus for each fund purchased. By signing below, I (we) indicate that I (we) will read all the information and conditions therein. Should I (we) require any clarification or have questions to understand the information and conditions therein, I (we) will contact my (our) Representative within 30 days of signing the NAAF/KYC.*

X ____________
Client Signature | Date (yyyy/mm/dd)

X ____________
Client Signature (If Joint) | Date (yyyy/mm/dd)

Representative Name (print) | Representative Signature | Date (yyyy/mm/dd/)

Representative Name (print) | Representative Signature (If Joint) | Dealer/Rep #

Designated Officer/Branch Manager | Date (yyyy/mm/dd)

Representative Disclosure

(a) Have you any family or business relationship with this client (s)?	Y / N
(b) Any proprietary interest in this account (except commissions)?	Y / N
(c) Will any other person (s) have Power of Attorney on this account?	Y / N
(d) Will any other person (s) have a financial interest in this account?	Y / N
(e) Will a LAF/ LTA form be used for this account ?	Y / N

Please provide details of an affirmative answer to the above questions in the Representative Notes section.

Client Disclosure

Are you or any members of your family considered a Politically Exposed Foreign Persons (PEFP)? Y / N

<u>Examples of PEFP</u>

A person who is current or former heads of government, members of legislatures and heads of political parties, deputy ministers, ambassadors, senior military officers, heads of state-owned companies and institutions, and members of the judiciary.

Representative Notes