



Check whether this is a:

- ☐ New Account (Account # assigned) _____
- ☐ Change to existing Account (specify Account #) _____

Transit #

SRT Logon ID

Type of Account • For your convenience, Canadian and U.S. dollar accounts will be activated for Direct Trading Accounts. If applying for a LIRA, LRIF, LIF, or Prescribed RRIF and another account type, separate application forms are required.

Direct Trading Account (Personal)

- Type**
(select one)
- ☐ Margin Trading (borrowing against equity)
- ☐ Cash Trading (cash settlement)
- Ownership**
(select one)
- ☐ Individual
- ☐ Joint with right of survivorship
(right of survivorship not applicable to Québec residents)
- Account Features**
(select if desired)
- ☐ Option Trading¹
- ☐ Short Selling¹

¹Margin account is required

²Attach provincial or federal addendum

³Attach provincial addendum and applicable spousal waiver for Sask., Man. or Nfld.

⁴Attach authorization form 597282 and CESG Application

⁵Attach Federal Addendum (528850)

⁶Attach Federal Addendum (528844) and applicable spousal waiver (528848)

Self-Directed Registered Account

- Type**
(select one or more)
- ☐ Retirement Savings Plan (RSP)
- ☐ Basic Retirement Savings Plan (no equities)
- ☐ Locked-in Retirement Account (LIRA)²
- ☐ Restricted Locked-In Savings Plan (RLSP)⁵
- ☐ Retirement Income Fund (RIF)
- ☐ Basic Retirement Income Fund (no equities)
- ☐ Prescribed RRIF (Sask., Man. only)³
- ☐ Locked-in Retirement Income Fund (LRIF)³
- only available for funds governed by Man. and Nfld. legislation
- ☐ Life Income Fund (LIF)²
- ☐ Restricted Life Income Fund (RLIF)⁶
- ☐ Registered Education Savings Plan (RESP)⁴
- Account Features**
(select if desired)
- ☐ Option Trading (not available for Basic RSP/RIF)
- ☐ Spousal (applies to RSP, RIF and Basic RSP, RIF only)

- Electronic Access**
- ☒ TalkBroker (automatic registration)
- ☐ WebBroker (Internet access required) EasyWeb™ clients to provide Connect / Login ID or Access Card No. _____

About You - Account Holder

- ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Dr.

First Name	Initial	Last Name
Home Address		
City	Province	Postal Code
Home Phone Number	E-Mail Address	
Date of Birth (mm/dd/yyyy)	Social Insurance No.	
Mailing Address (if different than above)		
Occupation	Employer	
Employer's Address	Type of Business	
Business Phone Number	Citizenship*	

Are you married or living common law?

- ☐ No ☐ Yes - please complete the following:

Full Name of Spouse or Partner	Occupation
Employer	Type of Business

In what language would you like all future correspondence?

- ☐ English ☐ French

What is your primary financial institution? (Required)

Bank Name	
Branch Address	
Transit Number	Account Number

About a Joint Applicant • Complete this section only if you are opening a Direct Trading or RESP Account that will be held jointly by you and another person.

- ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Dr.

First Name	Initial	Last Name
Home Address (if different than account holder's)		
City	Province	Postal Code
Home Phone Number	E-Mail Address	
Date of Birth (mm/dd/yyyy)	Social Insurance No.	
Citizenship*		
Financial Institution	Branch	Account Number

Occupation	Employer
Employer's Address	Type of Business
Business Phone Number	

Are you married or living common law?

- ☐ No ☐ Yes - please complete the following:

Full Name of Spouse or Partner	Occupation
Employer	Type of Business

* All applicants must provide one piece of valid identification from the checklist of acceptable forms of identification found on page 4 of this application.
U.S. Persons - W9 form (#515876) and a Waiver of Confidentiality (#591856) are required.

About You - Account Holder (continued)

Your Investment and Financial Information

In which of the following do you have investment experience? (check all that apply)

Account Holder	Joint Applicant
Stocks	<input type="checkbox"/>
Bonds	<input type="checkbox"/>
Mutual Funds	<input type="checkbox"/>
Options	<input type="checkbox"/>
Short Selling	<input type="checkbox"/>
None	<input type="checkbox"/>

What is your annual income?

Account Holder	Joint Applicant
Under \$20,000	<input type="checkbox"/>
\$20,000-\$50,000	<input type="checkbox"/>
\$50,000-\$100,000	<input type="checkbox"/>
\$100,000-\$250,000	<input type="checkbox"/>
Over \$250,000	<input type="checkbox"/>

What is your net worth?

Account Holder	Joint Applicant
Under \$25,000	<input type="checkbox"/>
\$25,000-\$50,000	<input type="checkbox"/>
\$50,000-\$100,000	<input type="checkbox"/>
\$100,000-\$250,000	<input type="checkbox"/>
\$250,000-\$500,000	<input type="checkbox"/>
Over \$500,000	<input type="checkbox"/>

Are you, as an individual or as part of a group, in a control position of a publicly traded company?

Account Holder	Joint Applicant
No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
If yes, please specify the names of the companies	

Are you a Director, Senior Officer or Insider of any publicly traded company?

Account Holder	Joint Applicant
No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
If yes, please specify the names of the companies	

Do you have other Accounts with TD Waterhouse or other brokerage firms, or control the trading in any other Accounts?

Account Holder	Joint Applicant
No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
If yes, please specify the types of accounts	

Third Party Determination Statement

Will any other person: (If yes to any, please complete the Third Party Determination Statement below and note that additional forms are also required - please contact us.) Have trading authorization on this Account? ☐ No ☐ Yes Guarantee this Account? ☐ No ☐ Yes Have a financial interest in the Account? ☐ No ☐ Yes

A 'Third Party' is defined as anyone other than TD Waterhouse Canada Inc. or The Toronto-Dominion Bank (or any of their affiliates) or the customer(s) designated as the signing officer(s) for the account, who would make frequent deposits to, or would receive financial benefits from the account, and/or exerts control over the assets in the account.

For an account that is to be used by or on behalf of a third party, please complete the following:

Third Party's Name *	Third Party's Address	Third Party's Principal Business or Occupation	Relationship to Account Holder	Date of Birth

* If the third party is a business, document the business' incorporation number _____ and its place of issuance _____.

Your Rights as a Securityholder

Refer to the Account and Service Agreements and Disclosure Documents booklet for details about your securityholder rights.

Securityholder Communication Instructions

1. Securityholders are entitled to receive the following materials: (a) proxy-related materials for annual and special meetings; (b) annual reports and financial statements that are not part of proxy-related materials; and (c) materials sent to securityholders that are not required by corporate or securities law to be sent.

Please mark the corresponding box to indicate the materials you want to receive.

- ☐ I WANT to receive ALL securityholder materials sent to beneficial owners of securities.
☐ I WANT to receive ONLY proxy-related materials that are sent in connection with a special meeting.
☐ I DECLINE to receive ALL securityholder materials sent to beneficial owners of securities. (Even if I decline to receive these types of materials, I understand that a reporting issuer or other person or company is entitled to send these materials to me at its expense.)

2. Do you allow us to provide your name, address, electronic mail address and information about the securities you hold in your TD Waterhouse account to the issuer of the securities or other persons or companies, in order that they may forward securityholder material directly to you? If you answer Yes, you will not be charged with any costs associated with sending securityholder materials to you. If you answer No, TD Waterhouse may still be required, by law, to send certain materials to you, and you may be responsible to pay any costs associated with providing these materials to you. Please refer to the Statement of Disclosure of Rates and Fees for details.

- ☐ Yes ☐ No

Registered Accounts

Your Beneficiary • Complete this section if you are opening a Registered Account (other than an RESP).

This designation of a beneficiary is subject to applicable laws and any statements made in a Will. The beneficiary you name here will not be changed automatically by any future marriage, divorce or separation. If you want to change your beneficiary you will have to submit a new designation.

Name of Beneficiary

Relationship to You

Your RIF Successor Annuitant

☐ I hereby designate

☐ I do not designate

that my spouse or partner (if he or she survives me) becomes the annuitant of the Fund after my death.

Administration Fee

From which of the following Accounts would you like the yearly administration fee* for your Registered Account to be paid?

☐ TD Canada Trust Account (Br. # _____)

☐ Registered Account

☐ Other Bank Account (void cheque required)

☐ Direct Trading Account

Account #

*Maintain a balance of \$25,000 or more - administration fee is waived, for clients electing to pay the administration fee from their Registered Account.

Pension Funds • Complete this section if you are opening a LIRA, LRSP, LIF, LRIF or Prescribed RRIF Account. Attach applicable Provincial or Federal Addendum and applicable spousal waiver and/or spousal consent for BC, Alberta, Manitoba, Sask. and Nfld to Retirement Income Fund Declaration of Trust for Locked-In Pension Transfers to a Life Income Fund (LIF), Locked-In Retirement Fund (LRIF) or Prescribed RRIF. Indicate where the pension funds originated from.

Attach Provincial or Federal Addendum to Retirement Savings Plan Declaration of Trust for Locked-In Pension Transfers to a Locked-In Retirement Account (LIRA) or Locked-In Registered Retirement Savings Plan (LRRSP). Indicate where the pension funds originated from.

Name of original pension plan/Former employer

Original Provincial/Federal Jurisdiction

Spousal RSP Account • Complete this section for Spousal RSP Plan only.

If contributions will or have been claimed as a deduction for tax purposes by the spouse or partner of the account holder, complete this information.

Full Name of Contributing Spouse or Partner

Social Insurance No.

Date of Birth (mm/dd/yyyy)

Registered Income Fund (RIF, LIF, LRIF, RLIF or Prescribed RRIF) Payment

Basis of Payment

Will the minimum payment amount be based on your spouse's or partner's age? If you choose yes, you cannot change this choice in the future even in the event of marriage or relationship breakdown or death of your spouse or partner.

Note: Spouse's or partner's age cannot be used for New Brunswick (applies to LIF plans only).

☐ No

☐ Yes - please complete the following:

Full Name of Spouse or Partner

Date of Birth (mm/dd/yyyy)

Payment Instructions

Where would you like payments to be made?

Account #

☐ To a TD Canada Trust Account (Br. # _____)

☐ To a TD Waterhouse Direct Trading Account

☐ Other Bank Account (void cheque required)

☐ A cheque by mail

Total Annual Payment

Indicate minimum payment or an amount greater than the minimum each year (select one).

☐ Minimum Payment

☐ Amount other than the annual minimum: (specify)

\$

☐ Net ☐ Gross

☐ Maximum Payment (LIF/LRIF only)

Blended Payments (if elected amount is greater than minimum payment)

☐ No

☐ Yes

Additional withholding tax (0-100%) Fed. _____ + Prov. _____ = _____ %

Payment Frequency - select one of the following:

Choose the frequency of payments that you desire and the month payments begin:

Payments on the ☐ 15th or ☐ 30th (applies to all payments)

☐ Monthly

☐ Quarterly starting ☐ January

☐ Semi-Annually

☐ February

☐ Annually

☐ March

Start Date (mm/dd/yyyy) _____/_____/_____

Request to Register Investment Account

To: The Canada Trust Company (the "Trustee")

By signing the Customer Agreement, I agree to the following: (1) all of the information above is accurate and complete; (2) I request the Trustee to apply for registration of the TD Waterhouse Self-Directed Retirement Savings Plan ("Plan") or TD Waterhouse Self-Directed Retirement Income Fund ("Fund") as a registered Plan or Fund under the Income Tax Act (Canada) and any applicable tax laws in the province where I live; (3) any money I receive out of or under my Plan or Fund will be taxable under the Income Tax Act (Canada); (4) in the event of my death, the proceeds of my Plan or Fund will be paid to my beneficiary if permitted by law,

unless I have designated a successor annuitant of a Fund who survives me; (5) I have received and agree to the terms of the Declaration of Trust, including any additions or changes to the Declaration of Trust that may be made by you, the Trustee, from time to time; (6) I am responsible for any computations as to whether or not my contributions to my Plan in any tax year are within the RSP deductible limit as amended from time to time, and (7) if, pursuant to section 12(c)(i) of the Declaration of Trust, the Trustee transfers the property in the Plan to a Fund, any beneficiary that I have designated in the Plan will be designated as the beneficiary of the Fund.

Customer Agreement

TD Waterhouse Discount Brokerage is a division of TD Waterhouse Canada Inc. ("TD Waterhouse"), a subsidiary of and separate corporate entity from The Toronto-Dominion Bank (the "Bank"). Unless otherwise indicated, throughout the application and in our other documents, the words "you", "your" and "yours" mean the applicant (and any co-applicant or other individuals with authority over the account). The words "we", "us" and "our" mean TD Waterhouse and/or *TD Bank Financial Group*.*

Any reference to "partner" contained in the application means "common-law partner" and any reference to "marriage" in the application means "marriage or common-law partnership".

General

You have carefully read the application and understand the information in it. All information you have given in this application is complete and true.

You have carefully read the agreements that apply to your Account in the booklet entitled *Account and Service Agreements and Disclosure Documents* and any other applicable agreements that you have been given concerning your Accounts.

Unless TD Waterhouse tells you otherwise regarding a particular security, you agree that:

- the securities TD Waterhouse sells are not insured by the Canada Deposit Insurance Corporation or by any other government deposit insurer and are not guaranteed by the Trustee or the Bank; and
- the value of the securities TD Waterhouse sells may change depending on the market.

By making your first Account(s) transaction, you are agreeing to the terms of all applicable agreements.

You acknowledge that the intended use of your Account is for investing purposes.

Consent to the Collection, Use and/or Disclosure of Your Information

In this section, the word "*Information*" means personal, financial and other details about you that you provide to us and we obtain from others outside our organization, including through the products and services you use.

You agree that, at the time you begin a relationship with us and during the course of our relationship, we may collect, use and disclose your Information as described in the Privacy Agreement located in the TD Waterhouse *Account and Service Agreements and Disclosure Documents* booklet and on tdwaterhouse.ca, including for, but not limited to, the purposes of: identifying you, providing ongoing service, understanding your financial needs, protecting us both from fraud and error, complying with legal and regulatory requirements, and marketing products and services to you by telephone, fax, and automatic dialing-announcing device, at the numbers you have provided us, or by internet, mail, email or other methods.

For the purpose of identifying you, we may verify information you provide us with information held at credit reporting agencies and/or other financial institutions at the time of and any time during the application process.

If you are applying for a margin account, we will obtain information and reports about you from credit reporting agencies and other lenders at the time of and during the application process, and on an ongoing basis to review and verify your creditworthiness and/or establish credit limits. You may choose not to have us conduct a credit check in order to assess an application for credit. Once you have a margin account with us, we may from time to time disclose your Information to other lenders and credit reporting agencies seeking such Information, which helps establish your credit history and supports the credit granting and processing functions in general. If you have a margin account with us, you may not withdraw your credit consent.

You may elect or refuse to share Information within the TD Bank Financial Group by checking the appropriate box below:

☐ *We may share Information within the TD Bank Financial Group*

☐ *We may not share Information within the TD Bank Financial Group*

You may review our Privacy Code - "*Our Commitment to Your Privacy*" - and review your options for refusing or withdrawing your consent for any of the opt-out choices available to you, including your option not to be contacted about offers of products or services, by contacting us.

* *The TD Bank Financial Group means The Toronto-Dominion Bank and its affiliates who provide deposit, investment, loan, securities, trust, insurance and other products and services.*

Québec Residents

If you live in Québec, you are asking us to provide all documents, contracts, and correspondence concerning your account in English only. Si vous habitez au Québec, vous nous avez demandé de vous procurer, tout document, contrat et correspondance ayant trait à votre compte, et ceci en anglais uniquement. This request has been in effect throughout the entire Account Application process. Cette demande a été mise en vigueur, tout au long de la demande de ce compte.

You acknowledge that TD Waterhouse Discount Brokerage does not give personal or client specific or tailored investment advice or recommendations to you and does not accept any responsibility to advise you on the suitability of any of your investment decisions or transactions. You acknowledge that you are responsible for your investment decisions as well as for any profits or losses that may result.

Signature of Applicant _____ Date (mm/dd/yyyy) _____

Signature of Co-Applicant _____ Date (mm/dd/yyyy) _____

Note: Appropriate proof of Citizenship/Identification must accompany application.

Additional Signatures Required for Margin Trading, Option Trading or Short Selling

If you are applying to have **margin trading, option trading or short selling** on your Account, your signature(s) below certifies that you already have read the appropriate sections in the booklet called *Account and Service Agreements and Disclosure Documents* and agree to the terms in them.

Signature of Applicant _____ Date (mm/dd/yyyy) _____

Signature of Co-Applicant _____ Date (mm/dd/yyyy) _____

If you are applying to have **option trading** privileges, you also certify that you are aware of the risks involved in options trading as outlined in the *Risk Disclosure Statement For Futures and Options* or the *Disclosure Document for Recognized Market Options*, as applicable, and are willing to take those risks.

Signature of Applicant _____ Date (mm/dd/yyyy) _____

Signature of Co-Applicant _____ Date (mm/dd/yyyy) _____

For Branch Use Only

Transit No. _____ Telephone Number _____

Name _____ TD Logon ID _____

Comments: _____

Valid Identification/Citizenship Required - For all applicants - Provide copy of one: (U.S. Persons - W9 form (#515876) and a Waiver of Confidentiality (#591856))

- ☐ Passport
- ☐ Drivers Licence (Restriction: QC only if client volunteers it)
- ☐ Canadian Citizenship Card
- ☐ Birth Certificate (under age 21 only)

- ☐ Provincial Health Insurance Card (Restriction: ON, MB and PEI not allowed by law; QC only if client volunteers it)
- ☐ Permanent Resident Card
- ☐ Record of Landing IMM1000 (issued prior to 1/1/2004)

- ☐ Confirmation of Permanent Residence IMM5292 (issued prior to 1/1/2004)
- ☐ Canadian Forces ID Card
- ☐ Certificate of Indian Status
- ☐ Alberta Photo ID Card

- ☐ B.C. ID Card
- ☐ Nfld and Labrador Photo ID Card
- ☐ Nova Scotia ID Card
- ☐ PEI Voluntary ID
- ☐ SK Mandatory Photo ID

ID of Applicant _____ Expiry Date (mm/dd/yyyy) _____

ID of Co-Applicant _____ Expiry Date (mm/dd/yyyy) _____

Authorized Officer's Signature _____ Date (mm/dd/yyyy) _____

DROP/AROP Signature _____ Date (mm/dd/yyyy) _____