

Tax-free savings account (TFSA)

In order to open this account, you need to provide the following items and fill out the required forms.

Required Items

- Requested items for account holder(s) identity verification. For more details see next page "Identity verification"

Required Forms

- Account Opening Form
- Tax-free savings account application form (TSFA)
- Communication with Beneficial Owners of Securities (54-101)
- Direct Deposit
- Designation of Beneficiary (Outside Québec-if applicable)

Optional Forms

- Systematic Withdrawal
- Power of Attorney
- Information on third parties.
- Account Transfer Authorization (attach a copy of your last statement)
- Power of Attorney to Transfer Bonds or Shares (upon delivery of physical certificate)
- W-9 (mandatory when U.S. citizenship is held)

Identity verification (only one option can be chosen)

Option 1

- I am attaching a copy of an acceptable **piece of identification** ** (attested by an employee of Laurentian Bank Securities or Laurentian Bank)
- I am attaching a check specimen***

Option 2

I select the combination of two (2) of the three (3) following options:

- 1 - Personal check of \$15 made payable to LBDB
- 2 - Verification of credit file (done by LBDB)
- 3 - Attested photocopy* of an acceptable piece of identity**

Please select a combination:

- Combinaison : 1 and 2
 Combinaison : 1 and 3
 Combinaison : 2 and 3

- If options 1 and 2 are chosen: a photocopy of an unattested piece of identity** is required
- If options 2 and 3 are chosen: a check specimen is required ***

*Attestation of the original piece of identification must be made by a Commissioner of Oaths, an employee or guarantor. Acceptable guarantors are lawyers and notaries. The attestation must be produced on a readable photocopy of the document.

**Acceptable pieces of identification: Valid (non-expired) driver's license
Valid (non-expired) Medicare card
Valid (non-expired) passport

*** The name of the account holder and the account number must be pre-encoded on the check. A bank statement can replace the check.

Note: If you are a US citizen, and you reside permanently in the United States (+ 183 days), a W-9 form must be completed and attached to this form.



ACCOUNT OPENING FORM

A DIVISION OF LAURENTIAN BANK SECURITIES

Laurentian Bank Tower
1981 McGill College Avenue, suite 100, Montréal, QC H3A 3K3
Order-execution service only

| |
|---|
| Internet Access <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|

New Account
 French English
 Update, Account No.: _____

| |
|---|
| Account No. (LB Discount Brokerage use only) |
| |

1. ACCOUNT TYPE

| | | | | |
|---------------------------------|--|---------------------------------------|--|---|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Short Account | <input type="checkbox"/> Options | <input type="checkbox"/> Quebec Stock Savings Plan II (SSP II) | CURRENCY: <input type="checkbox"/> \$ CAN <input type="checkbox"/> \$ US |
| <input type="checkbox"/> Margin | <input type="checkbox"/> C.O.D. | <input type="checkbox"/> Plan Account | <input type="checkbox"/> TFSA (Tax-Free Savings Account) | |

2. REGISTRATION OF ACCOUNT

| | | | |
|--|---------------------------------|------------------------------------|--|
| <input type="checkbox"/> Personal | <input type="checkbox"/> Joint | <input type="checkbox"/> Corporate | <input type="checkbox"/> Securities Industry Professional (Please attach your employer's authorization) |
| <input type="checkbox"/> Investment Club | <input type="checkbox"/> Estate | <input type="checkbox"/> Other | |

3. ACCOUNT HOLDER INFORMATION

| | | | | |
|---|------------|-------------------------|------------|----------------------------|
| <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. | First Name | | Last Name | |
| | Address | | City | Province |
| Country | | E-mail | | No. of Dependent Children |
| Telephone (Home) | | Telephone (Office) | | Cellular / Pager / Other |
| Country | | Social Insurance Number | | Date of Birth (DD/MM/YYYY) |
| Marital Status | | | | |
| <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common-Law <input type="checkbox"/> Civil Union | | | | |
| Citizenship | | | | |
| <input type="checkbox"/> Canadian <input type="checkbox"/> Other, specify: _____ If U.S. citizenship, complete and attach Form W-9. | | | | |
| Employer | | Type of Business | Occupation | Annual Income |

SPECIAL INSTRUCTIONS

Mailing Address (if different from above)

| | | | |
|---------|------|----------|-------------|
| Address | City | Province | Postal Code |
|---------|------|----------|-------------|

Duplicate of trading confirmation Duplicate of account statement

| | | | |
|---------|------|----------|-------------|
| Address | City | Province | Postal Code |
|---------|------|----------|-------------|

GENERAL QUESTIONNAIRE

| Do you have any investment experience? | <input type="checkbox"/> Yes <input type="checkbox"/> No | No. of Years | No. of Trades Per Year | Portfolio Value |
|--|--|---|------------------------|-----------------|
| Do you have a brokerage account with another financial institution? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, name of the firm(s) | | |
| Do you have a mandate to trade through a brokerage account from another financial institution? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Does anyone have power of attorney over this account? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, name of the person. Attach Power of Attorney form and ID. | | |
| Does someone else have a financial interest in this account? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, name of the person | | |
| Are you (or your spouse) a director or an officer of a company whose shares are traded on an exchange? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, name of the company | | |
| Do you, individually or as part of a group, have participation of 10% or more in a public company? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, name of the company | | |

GENERAL QUESTIONNAIRE (continued)

Are you a person who holds or has held one of the following offices or positions in or on behalf of a foreign state:

- Head of state or head of government, member of the executive council of government or member of a legislature, deputy minister or equivalent rank, ambassador or attaché or counsellor of an ambassador, military officer with a rank of general or above, president of a state-owned company or a state-owned bank, head of a government agency, judge, leader or president of a political party represented in a legislature, holder of any prescribed office or position; or Yes No
- The spouse or common-law partner, the child of, the mother or father, the mother or father of the spouse or common-law partner, the child of the mother or father of a person who holds or has held one of the aforementioned offices or positions in or on behalf of a foreign state. Yes No

If you answered YES to one of the questions above, please provide the details below.

Details: _____

How did you hear about our services?

- Seminar / Trade Show Friend / Family Advertising Solicitation Other: _____

4. SPOUSAL OR CO-HOLDER INFORMATION (This information is required by the Provincial Securities Administrator.)

| | | | | |
|--|------------|-------------------------|------------|----------------------------|
| <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. | First Name | Last Name | | |
| Address | | City | Province | Postal Code |
| Country | | E-mail | | No. of Dependent Children |
| Telephone (Home) | | Telephone (Office) | | Cellular / Pager / Other |
| Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Civil Union <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Common-Law | | Social Insurance Number | | Date of Birth (DD/MM/YYYY) |
| Citizenship <input type="checkbox"/> Canadian <input type="checkbox"/> Other, specify: _____ If U.S. citizenship, complete and attach Form W-9. | | | | |
| Employer | | Type of Business | Occupation | Annual Income |

5. FINANCIAL AND INVESTMENT INFORMATION (This information is required by the Provincial Securities Administrator)

| Net Worth | Investment Knowledge | Investment Goals | Risk Tolerance |
|--|--|-----------------------------------|--------------------|
| Net liquid assets (cash & securities – loans) \$ _____ | <input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Good <input type="checkbox"/> Excellent | Security _____ % | Low _____ % |
| Net fixed assets (fixed assets – liabilities) \$ _____ | | Income + _____ % | Average + _____ % |
| TOTAL NET WORTH \$ _____ | | Long-term capital gain + _____ % | High + _____ % |
| | | Short-term capital gain + _____ % | TOTAL: 100% |
| | | TOTAL: 100% | |

6. BANK REFERENCES (mandatory)

| | | | |
|-------------------------------|-----------------|------------|-------------|
| Name of Financial Institution | Institution No. | Transit ID | Account No. |
|-------------------------------|-----------------|------------|-------------|

Please attach a voided cheque

- In such case that my bank account is held by Laurentian Bank, I authorize LBDB to debit and/or credit this account on my verbal instructions. [Attach Direct Deposit form (41034A)].
- In such case that my bank account is held by a financial institution other than Laurentian Bank, I authorize LBDB to credit this account on my verbal instructions. [Attach Direct Deposit form (41034A)].

7. OPTIONS ACCOUNT (to be completed only when the client wants to trade options with this account)

| | | |
|--|---|---|
| Knowledge of Options <input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Good <input type="checkbox"/> Excellent | Do you have an options account with another brokerage firm? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of the firm: _____ How many years have you been trading options? _____ | Levels <input type="checkbox"/> 1. Opening purchase transactions and closing sales <input type="checkbox"/> 2. Sale of covered options <input type="checkbox"/> 3. Spreads <input type="checkbox"/> 4. Short sales Note: Each level includes those that precede it. |
|--|---|---|

COMMENTS/RESTRICTIONS

FOR THE USE OF LAURENTIAN BANK DISCOUNT BROKERAGE

| | |
|------------------|------|
| Approval of drop | Date |
|------------------|------|

8. ADDITIONAL INFORMATION

" TO: Laurentian Bank Securities"

I hereby acknowledge that Laurentian Bank Discount Brokerage is not permitted to give investment advice regarding securities, and that it accepts no responsibility with respect to the appropriateness of any buy, sell or orders it may receive.

The above information is complete and accurate, and Laurentian Bank Securities may rely thereon until I indicate any significant change. I acknowledge having taken cognizance of the terms and conditions of the Account Agreement and accept them. In the event of an options account, I acknowledge having taken cognizance of the terms and conditions of the Client Trading Agreement and accept them. In the event of an options account, I acknowledge receiving the current version of the disclosure document for recognized market options advising of the duties, responsibilities and risks associated with options trading including the section therein entitled "Risks in Options Trading". It is understood that a margin account entails the borrowing of sums of money for account transactions, except if a cash account is requested above. The undersigned accepts the terms of the margin account agreement. Where I have been referred to Laurentian Bank Discount Brokerage by Laurentian Bank of Canada ("the Bank") and/or one of its subsidiaries, I consent to the transfer of my personal information from one institution to the other.

I acknowledge having been informed that a payment will be made by Laurentian Bank Securities to Laurentian Bank following a reference verification.

The National Instrument 54-101 form (Communication with Beneficial Owners of Securities) must be completed to open an account.

The services of Laurentian Bank Discount Brokerage are open to residents of Quebec, Ontario, British Columbia, Alberta, Saskatchewan, Manitoba, Prince Edward Island and Nova Scotia. Laurentian Bank Discount Brokerage services are neither offered in other provinces, nor outside Canada.

NOTE: Laurentian Bank Discount Brokerage is a division of Laurentian Bank Securities Inc., subsidiary of Laurentian Bank.

- * Securities purchased through Laurentian Bank Discount Brokerage are neither guaranteed by the Bank nor insured by the Canada Deposit Insurance Corporation or other government deposit insurance agency.
- * Securities are subject to market fluctuations.
- * Client files are subject to regular inspection by the regulatory authorities.

Account Holder Signature: _____

Date: _____

Co-account Holder Signature: _____

Date: _____

The co-account holder must also supply required ID.

MEMBER OF THE CANADIAN INVESTOR PROTECTION FUND

9. NOTE

For regulatory purposes, self-regulatory organizations including Market Regulation Services Inc., the Investment Dealers Association of Canada, the Mutual Fund Dealers Association of Canada, Bourse de Montréal Inc., and the Canadian Investor Protection Fund (collectively, "SROS") require access to personal information of current and former clients, employees, agents, directors, officers, partners and others that has been collected or used by regulated persons. SROS collect, use or disclose such personal information obtained from regulated persons for regulatory purposes, including:

- Surveillance of trading-related activity,
- Sales, financial compliance, trade desk review and other regulator audits,
- Investigation of potential regulatory and statutory violations,
- Regulatory databases,
- Enforcement to disciplinary proceedings,
- Information sharing with securities regulatory authorities, regulated marketplaces, other self-regulatory and law enforcement agencies in any jurisdiction in connection with any of the foregoing.

Being a regulated organization, we must decline to accept or administer an account in respect of which an individual does not consent to such intended collection, use or disclosure of personal information to SROS and the use and disclosure of that information by SROS.

| FOR USE BY LAURENTIAN BANK BRANCH ONLY | | |
|--|--|--|
| <input type="checkbox"/> Existing client <input type="checkbox"/> Client referred by: _____ Name in block letters | <p style="text-align: center;">Client Identification</p> Enter below two (2) ID numbers from the following: driver's license, passport, medicare card. Attach a photocopy of one of these. Account Holder _____ Co-account Holder _____ | <p>Important: I hereby certify to have verified the original copy of the identification card present on the attached photocopy.</p> <p>_____</p> <p style="text-align: center;">Transit Employee No. Name of Employee</p> <p>_____</p> <p style="text-align: center;">Date Telephone No. Employee Signature</p> |

Important: The "Letter of Disclosure" Form (41085A) must be signed by the Client for referral purposes. The form is available on the Laurentian Bank's intranet.

| FOR USE BY LAURENTIAN BANK DISCOUNT BROKERAGE | | |
|---|---------------------|------|
| Comments | Approval of Officer | Date |
| | | |

ACCOUNT OPENING AGREEMENT

I request that Laurentian Bank Securities open one or more Accounts for me and I understand that the following terms and conditions shall apply to my Account and to any Securities transaction.

1. **DEFINITIONS:** In this agreement, the following words and expressions shall be defined as follows:
 "LBS": shall mean Laurentian Bank Securities.
 "Account": shall mean any and all brokerage accounts opened by me at LBS
 "Securities": shall mean any and all stocks, debentures or other Securities that I hold from time to time in my Account.
2. **SAFEKEEPING:** LBS or any mandatory of its choice will provide safekeeping for the Securities that are delivered by me or for my Account. In order to do so, LBS may hold Securities that are not in bearer form in its own name, in the name of its mandatory or in the name of a clearing agency. In addition, LBS shall make payment for purchased Securities from the funds available in my Account, receive payment for any sold Securities and shall credit or debit my Account as the case may be.
3. **RULES:** All transactions are subject to the constituting documents, by-laws, customs and usages of the exchange or market (including its clearing house if applicable) where they are carried out by LBS or its mandatory and to all laws, regulations or orders applied by governmental or regulatory authorities.
4. **STATEMENTS:** LBS will send me quarterly statements or, where transactions have occurred during the month, a monthly statement of my Account, which will be sent by regular mail to the last address of record in the registers of LBS.
5. **VERIFICATION OF STATEMENTS:** Subject to Section 11, I shall promptly examine all the information appearing on the statements and notify LBS of any error, omission or objection relating thereto within thirty (30) days of the date of the statement. At the expiry of the delay, such information shall be deemed complete and accurate and shall be opposable to me.
6. **TRANSACTIONS BY TELEPHONE OR OTHER ELECTRONIC MEANS:** LBS may at its discretion accept any instruction that appears to be given by me by telephone, telegraph, cable, fax, electronic mail or other electronic means without verification or inquiry beyond my Account number. LBS may record any telephone conversation with me. I release LBS of any responsibility for having acted or not acted on the instructions received by any means indicated above and I agree to indemnify LBS against any loss, damage or expense that it may incur for having followed the instructions received.
7. **PAYMENT:** I agree to pay LBS at the latest on the settlement date for any purchase. LBS may debit my Account for any such payment.
8. **DELIVERY:** In the event that I do not deliver on time to LBS or transfer Securities that I sell or if the delivered Securities are not in a form considered acceptable by the purchaser or if the Securities are returned by the purchaser because they were not properly delivered, LBS may borrow or purchase such Securities in order to deliver them. I agree to reimburse LBS for any loss incurred by it due to the purchase or borrowing of such Securities and to pay LBS the amount of any purchase on the settlement date.
9. **OVERDRAFT:** Unless provided in a prior agreement with LBS, I shall not overdraw my Account. If, however, an overdraft occurs, I shall immediately reimburse such overdraft as well as the interest thereon at the rate in force charged at that time by LBS. Interest shall be calculated daily and be payable monthly according to the policies in force from time to time at LBS.
10. **SECURITY:** In order to secure my present and future obligations under this agreement, I hereby grant to LBS a conventional hypothec with delivery in the amount of \$100,000 and/or any amount that is due by me (in provinces other than Quebec, I grant a continuing security interest) on all Securities and other property in my Account or otherwise held by LBS. In addition, LBS may debit my Account of any sum owing by me.
11. **CONFIRMATION OF TRANSACTION:** Any transaction of Securities indicated in a written confirmation or notice (other than a statement provided in section 5) is deemed to be correct if I do not notify LBS of any error within five (5) days from the date on which I am deemed to have received such confirmation or notice. In the case of a telephone confirmation, the transaction shall be deemed correct if I do not notify LBS of any error during the call.
12. **CREDIT BALANCE:** Any credit balance in my Account shall be considered a debt of LBS towards me and shall bear interest at the rate in force from time to time at LBS. Interest shall be calculated daily and deposited monthly in my Account according to the policies in force from time to time at LBS.
13. **FOREIGN CURRENCY:** Transactions carried out in a foreign currency may be converted to Canadian dollars at the conversion rate and according to the procedure in force from time to time at LBS.
14. **TAXES:** LBS may debit my Account for the payment of all applicable taxes including those relating to goods and services. I undertake to advise LBS of any change in my Canadian residency status and to reimburse any amount paid by it to the relevant taxing authorities regarding my Account.
15. **VOTING INSTRUCTIONS:** I am responsible for transmitting on time to LBS my voting instructions regarding the exercise of any subscription, conversion or other rights or regarding any amalgamation, consolidation, reorganization, liquidation, bankruptcy or insolvency proceedings or arrangement with creditors or the deposit of Securities (relating to the foregoing or to any take-over or issuer bids) or any other similar market event.
16. **DISCLAIMER:** I acknowledge that LBS cannot be held responsible for any losses that I may incur in my Account or that result from transactions carried out according to instructions received, regardless of the cause, including any loss resulting from restrictions or decisions imposed by regulatory authorities or exchanges, suspension of transactions, wars, strikes, or any other events over which LBS has no control.
17. **EXPENSES AND FEES:** I agree to pay LBS its commissions or operation costs in addition to any expenses paid or incurred by it or its mandatories in relation to the transactions provided herein and authorize LBS to debit such charges from my Account. LBS may from time to time modify the commissions without prior notice.
18. **AMENDMENTS:** LBS may amend the terms and conditions of this agreement upon thirty (30) days prior notice.
19. **NOTICES:** All statements, confirmations, communications or notices shall be validly delivered when sent by mail to my last address of record in the registers of LBS and shall be deemed received within five (5) days of the date on which they were mailed, or on the same day if delivered to me in person, by fax or other electronic means.
20. **SUCCESSORS OR ASSIGNS:** This agreement binds my successors, executors, administrators and assigns and the successors and assigns of LBS.
21. **INTERPRETATION:** Wherever required by the context, the singular may be interpreted as the plural, the masculine as the feminine and vice versa and shall include a legal person, as the context may require.
22. **APPLICABLE LAWS:** This agreement shall be subject to and construed in accordance with the laws of the province where the office of LBS at which the account is opened is located.
23. **SEVERABILITY:** If any of the provisions of this agreement is invalid or unenforceable under the laws of the territory where its enforcement is being sought, the other provisions of this agreement shall in no way be affected and each provision of this agreement shall be valid and enforceable to the fullest extent permitted by law.
24. **PERSONAL INFORMATION:** For the purposes of my application, I accept that LBS create a file relating to the services covered by this agreement. I allow access to my personal and financial information by persons that I have authorized as well as by employees, mandatories or agents of LBS on the condition that this information is necessary to the performance of their duty or the carrying out of their mandate.
25. I authorize LBS and its affiliates to use the personal and financial information regarding myself held by LBS for the purposes of offering me new products or services.
 I understand that my financial situation and my solvency are essential considerations upon which you rely. Consequently, I authorize you, as long as I maintain an account with you, to obtain from any financial institution, personal information agency, employer, landlord or any other person, any and all information that you deem useful regarding my financial situation and solvency and to this effect, I authorize you to remit a copy of this authorization to any of such persons.
26. I have the right to examine my file, and, if needed, to correct any error in the personal information contained therein. Should I wish to examine my file and, as the case may be, correct it, I shall communicate with the LBS Client Services Department at 514-350-2800 or write to the last address that was transmitted to me.
 The above information is complete and accurate, and LB Securities may rely thereon until I send a written notice indicating any significant change. It is understood that a margin account entails the borrowing of sums of money for account transactions, except if a cash account is requested above. The undersigned accepts the terms and conditions of the margin account agreement.
 Where I have been referred to LB Securities by Laurentian Bank of Canada (the "Bank") and/or one of its subsidiaries, I consent to the transfer of my personal information from one institution to the other and acknowledge having been informed that the Bank will be paid by LB Securities as a result of this reference.
 Note:
 - * LBS is a separate entity from the Bank.
 - * Securities purchased through LBS are neither guaranteed by the Bank nor insured by the Canada Deposit Insurance Corporation or other governmental deposit insurance agency.
 - * Securities are subject to market fluctuations.
 - * I acknowledge having taken cognizance of the terms and conditions of the Account Opening Agreement and accept them.



A DIVISION OF LAURENTIAN BANK SECURITIES

TAX-FREE SAVINGS ACCOUNT APPLICATION FORM

REGISTRATION NO. TFSA 02110039

| | | | | | | | |
|-------------|--|--|--|--|--|--|--|
| | | | | | | | |
| Account No. | | | | | | | |

LANGUAGE OF CORRESPONDENCE: ENGLISH FRENCH

1. HOLDER INFORMATION

| | | | | |
|-------------------------------|-------------|-------------------------|------------------------|----------------------------|
| <input type="checkbox"/> MR. | Surname | First Name and Initials | Social Insurance No. | Date of Birth (DD-MM-YYYY) |
| <input type="checkbox"/> Mrs. | | | | |
| Address | | | City | |
| Province | Postal Code | Home Telephone No. | Business Telephone No. | Ext. |

2. DESIGNATIONS IN CASE OF DEATH

| |
|----------|
| |
| Initials |

I understand that I am fully responsible for designating a successor holder in the event of my death (and/or beneficiaries or legatees, as I may see fit). I am also fully responsible to ensure that these designations (or legacies) are valid, are made in accordance with all applicable laws, and that any required modifications to such designations (or legacies) are made in a timely manner.

3. SIGNATURE AND CERTIFICATION

TO: LBC Trust, 555 Chabanel Street West, Suite 520, Montreal, Quebec H2N 2H8

I, the undersigned, hereby apply for the opening of a Tax-Free Savings Account ("TFSA") at Laurentian Bank Securities in accordance with the declaration of trust set out hereinafter, which may be amended from time to time. I have read and understood the terms and conditions of the declaration of trust and agree to be bound by it.

I request that LBC Trust, the trustee, file with the Minister of National Revenue an election to register the Arrangement as a tax-free savings account in accordance with the provisions of the Income Tax Act (Canada) and, where applicable, under any provincial income tax legislation.

I hereby declare and attest to be at least 18 years of age (or any other minimum age prescribed by the applicable Tax Acts) and that I am a Canadian resident. I understand that Laurentian Bank Securities may require proof of age at any time.

Despite the signature date of the arrangement, the aforementioned shall only take effect on January 1, 2009 and no contribution will be accepted before this date.

| | | |
|--------------------|-------|--|
| X _____ | _____ | X _____ |
| CLIENT'S SIGNATURE | DATE | SIGNATURE OF AN AUTHORIZED REPRESENTATIVE OF LBC TRUST |

DECLARATION OF TRUST REGISTRATION NO TFSA 02110039

LBC Trust (hereinafter the "**Trustee**"), through a representative duly authorized to sign on its behalf, hereby agrees, according to the terms and conditions hereafter, to act as trustee for the person identified in the Tax-free Savings Account Application Form that is accompanied hereto and which provides for the opening of a Tax-Free Savings Account (the "Arrangement" or hereinafter the "**TFSA**") with Laurentian Bank Securities.

DELEGATION - It is understood that the Trustee may delegate to Laurentian Bank Securities (hereinafter referred to in this capacity as the "**Agent**") or to any other duly authorized representative that it may choose to appoint, any of the Trustee's tasks and responsibilities pursuant to the TFSA that can be legally delegated, all of which can be periodically agreed upon between the Trustee, the Agent, or his representative. Notwithstanding the foregoing, to the extent required by applicable laws, the ultimate responsibility with regard to the administration of the TFSA remains that of the Trustee. This is however without prejudice to (and is not in any way affecting or diminishing) the rights and obligations of the Trustee with regard to all third parties (including, and not limited to, the Agent or the Holder) pursuant to the provisions hereof, or pursuant to any mandate or any other agreement concerning the TFSA.

DEFINITIONS - In addition to the definitions contained elsewhere in the present Declaration of Trust, the following definitions apply for the purposes of this Declaration of Trust, as well as for the purposes of the Application Form for this TFSA:

"**Act**" means the *Income Tax Act (Canada)*.

"**Holder**" refers to the person identified as such in the Application Form for this TFSA, and who declares, in order to enter into this Arrangement, to comply with the requirements prescribed by the applicable Tax Acts' provisions, and in particular pursuant to Section 146.2 and Sections 207.01 to 207.07 of the Act as well as other provisions of the Act regarding a tax-free savings account.

"**surviving spouse**" refers to an individual who is, immediately before the Holder's death, recognized as spouse or common-law partner for the purposes of any provision of the Act respecting a tax-free savings account.

"**Tax Acts**" mean the Act as well as all applicable provincial tax legislation, including their respective regulations and amendments.

1. REGISTRATION - The Trustee shall at the request of the Holder, file with the Minister of National Revenue an election, in the prescribed form and manner prescribed by the Act, to register the Arrangement as a tax-free savings account in accordance with the provisions of the Act.

As long as the TFSA is admissible for registration pursuant to the Act, it shall constitute a trust and the Trustee will not advance funds or property or borrow any sum of money or any other property on behalf of the trust.

This TSFA shall not confer any advantage upon the Holder or any person with whom he is not dealing at arm's length, except those advantages that are stipulated in Subsection 207.01(1) of the Act and, if applicable, in the equivalent provision of any applicable legislation.

2. CONTRIBUTIONS - Contributions will be made under the TFSA to the Trustee or its Agent, in consideration of, or to be used invested or otherwise applied for the purpose of, the issuer making distributions under the TFSA to the Holder, the whole as provided by applicable laws.

Only the Holder (to the exclusion of his spouse and any other person) may make payments to the TFSA, and such contributions are made to the Trustee or the Agent or to any other duly authorized representative, as applicable, and the latter shall retain these contributions and make use of them according to the terms of the present Declaration of Trust.

The Trustee may accept the transfer of property from another TFSA that the Holder declares to be a "qualifying transfer" pursuant to Section 207.01 of the Act.

The Trustee shall not be obligated to verify the total amount of contributions made by the Holder during any taxation year, and the Holder alone shall be liable for the fiscal consequences related to any excess contributions. Notwithstanding the foregoing, the Trustee may at any time, without being required to do so, refuse any contribution for any reason.

At least once per year, the Trustee or the Agent will send a statement to the Holder indicating the amounts deposited and transferred, the securities being held, the fees debited and the distributions made since the previous statement, in addition to the balance of the TFSA.

3. INVESTMENTS - The TFSA will be maintained for the exclusive benefit of the Holder. Accordingly, the contributions received by the Trustee or the Agent or, if applicable, its duly designated representative, and the income they generate (hereinafter the "Assets") shall be:

a) invested in accordance with the directives given by the Holder to the Trustee or the Agent. However, all investments made for the purposes of the TFSA must be among the investments that are approved for purposes of a tax-free savings account by the Trustee or the Agent, and they must be "qualified investments" for purposes of a tax-free savings account in accordance with the Act and other Tax Acts;

b) failing directives from the Holder, the Trustee or the Agent may invest the balance of the TFSA, in whole or in part, according to the last directive given by the Holder or in any other manner that it will consider appropriate, including by way of shares, bonds or any debt securities issued by the Trustee or any company affiliated to it, without being required to do so, notwithstanding any laws of any jurisdiction regarding the investment of the property of others, and, without incurring any liability in this regard.

The Holder recognizes that the Trustee (which includes, for greater certainty, the Agent or its representative, as applicable) shall not incur any liability with regards to the investment choices that the Holder makes or for the consequences arising therefrom, even if the Trustee has prior knowledge of such investment choices before the said choices were executed. The Holder recognizes that the Trustee (which includes, for greater certainty, the Agent or its representative, as applicable) shall not be liable for taxes that may be payable by the Holder, or by the TFSA, with respect to all non-qualified or prohibited investments (except towards the tax authorities, as may be prescribed by the Tax Acts, in which case

the Holder agrees to hold harmless the Trustee in respect of any loss or damage that the Trustee may suffer in connection with the above).

If an investment is, was or becomes prohibited under the Act, the Trustee may, without being required to do so, refuse, liquidate or redeem the investment and retain the proceeds until such time as new instructions are received.

Additionally, the Trustee (which includes, for greater certainty, the Agent or its representative, as applicable) shall not be responsible for any loss or depreciation in the value of the investments for the duration of the TFSA. The Trustee shall likewise not be liable for losses resulting from the sale or purchase of an investment, or otherwise incurred during the liquidation of all or parts of the TFSA assets. Additionally, if interest charges, taxes or penalties are owed once the TFSA ceases to exist, the Holder must indemnify the Trustee and the Agent and hold them harmless.

For as long as the Holder remains the holder of the TFSA, no one other than the Holder or the Trustee has any rights relating to the investing of the Assets.

4. DISTRIBUTIONS - Upon written request from the Holder, the Trustee shall, in accordance with Holder's directives, subject to the provisions of the Tax Acts or any other applicable law and subject to the reasonable demands that the Trustee may impose, in whole or in part, remit to the Holder the property held in connection with the TFSA, or an amount equal to the value of the liquid property related to such distribution (minus the applicable fees).

As well, notwithstanding any distribution timetable, the Trustee shall refund, upon written request from the Holder, the appropriate sums in order to reduce the amount of tax payable pursuant to Part XI.01 of the Act, and, where applicable, according to the provisions of other Tax Acts;

In no case will the distribution payment exceed the value of the Assets immediately before the payment, minus the applicable fees.

For as long as the Holder remains the holder of the TFSA, no one other than the Holder or the Trustee has any rights relating to the amount and timing of distributions.

5. TRANSFER - Upon receipt of a written notice of the Holder, the Trustee shall, in accordance with the Holder's directives, subject to the provisions of Tax Acts or any other applicable law and subject to reasonable demands that the Trustee or the Agent may impose, in whole or in part transfer the property held by the TFSA (or an amount equal to the value thereof) to another tax-free savings account of the Holder.

6. DEATH OF THE HOLDER - Upon the death of the Holder, unless the Holder has designated his surviving spouse as successor Holder of the TFSA, upon receipt of such documents as the Trustee may reasonably require, the Trustee will remit the property of the TFSA, or an amount equal to the value thereof at that time, in a single payment to the appointed beneficiary/ beneficiaries or legatee(s) of the Holder, or, in the absence of such designation or legacy, to his estate, after deduction of all fees, costs, and taxes to be paid or withheld. The responsibility to make the appropriate designation of a successor Holder and/or beneficiaries or legatees of the TFSA as well as the responsibility to ensure that such designations or legacies are made in conformity with the applicable laws, and that they are modified in a timely manner when deemed useful are incumbent exclusively upon the Holder, and the Trustee and the Agent shall bear no responsibility whatsoever in this respect.

7. TRUSTEE'S RIGHTS

a) The Trustee shall be entitled to remuneration for services rendered hereunder, in conformity with the current rates. The Holder hereby acknowledges to have taken notice of such rates and agrees thereto. The Trustee may, from time to time, as he wishes, modify the aforementioned rates with 30 days notice to the Holder. Moreover, the Trustee (which includes for greater certainty, the Agent or its representative, as applicable) shall be entitled to reimbursement (i) for all taxes or interest charges imposed upon it in its capacity as trustee of the TFSA, and (ii) for all reasonable expenditures and disbursements (including honoraria and legal fees and other professional fees) that it incurs in carrying out its duties and other powers hereunder. In addition, the Trustee has the right to reasonable fees for all services that it provides out of the ordinary course in connection with the present agreement, the amount of such fees shall be proportional to the time and effort expended.

b) The Trustee shall deduct from Assets all honoraria, expenditures, disbursements, legal fees and other reimbursements to which it is entitled pursuant to the present agreement, in the manner that it sees fit, and it may, at its discretion, sell TFSA assets for the purpose of effectuating such payment, or to make up all debit balances. For this purpose, the Holder shall appoint, irrevocably, the Trustee as his representative with all the powers necessary to give full effect to the present provision.

c) Notwithstanding all other provisions hereof (but except towards the tax authorities, as may be prescribed by the Tax Acts), the Trustee (which includes, for greater certainty, the Agent or its representative, as applicable), shall not be held personally liable for any tax or interest charge or any penalty that may be charged relating to the TFSA under the authority of the Tax Acts (be it by way of assessment, reassessment or otherwise) or for any other charge collected or charged by a government authority relating to the TFSA, or for any taxes, penalties, interest charges, losses or damages suffered or payable by the TFSA, the Holder or by any other person in relation to the TFSA or as part of the TFSA, whatsoever, whether it be resulting from the acquisition, the ownership or transfer of any investment, or as a result of any payment made from the TFSA in conformity with the provisions hereof, or because the Trustee had conformed to or had refused to conform to the instructions that were given to him or otherwise, unless such results from gross negligence on the part of the Trustee or its bad faith. The Trustee may, at its entire discretion, realize TFSA assets for the purpose of paying any amount of this kind. For this purpose, the Holder shall appoint, irrevocably, the Trustee as his representative with all the powers necessary to give full effect to the present provision.

The Holder agrees to indemnify and hold harmless the Trustee (which includes, for greater certainty, the Agent or its representative, as applicable) in respect of any loss or damage that the Trustee may suffer in connection with the above.

d) The Trustee shall furthermore not be responsible for any act or omission in relation to the TFSA, except in case of gross negligence on its part. Without limiting the generality of the foregoing, the Holder shall not be able to submit a claim against the Trustee as a result of losses, abatements, damages, fees, costs, taxes, assessments, rights, interest charges, applications, fines, claims, penalties, honoraria, or disbursement incurred directly or indirectly as part of the administration of the TFSA or of the Assets or in the exercise of its duties pursuant hereto, with the exception of responsibilities arising directly from gross negligence on the part of the Trustee. For greater certainty, the provisions of Title Seven of Book Four of the Civil Code of Québec shall not apply to the relations between the Trustee and the Holder.

e) In particular, the Holder hereby expressly acknowledges that, notwithstanding all other provisions contained herein, the Trustee shall not in any way be liable for the acts or for the failure to act of the Agent or any other representative appointed pursuant to the present Declaration of Trust, as such the Agent or representative alone shall be held responsible for his acts or his failure to act with regard to the Holder, which includes, without limitation, the case of embezzlement by the aforementioned Agent or representative, even in the case of the insolvency or bankruptcy of the aforementioned Agent or representative.

f) The Holder also acknowledges that the TFSA Assets may be held in whole or in part in foreign currencies. The Trustee, the Agent or their representatives will be at full liberty to convert at their will any part of TFSA Assets into foreign currencies, or vice versa into Canadian dollars. The Trustee will not be liable whatsoever in respect of any risk, cost or damages that may result from any such exchange or conversion, or that could be associated to exchange rates fluctuations.

g) The Holder, his heirs and personal representatives and each beneficiary pursuant to the TFSA named by the Holder hereby commit themselves to indemnify and hold harmless the Trustee (which includes, for greater certainty, the Agent or its representative, as applicable), as well as its related or affiliated companies and each of their respective directors, officers, custodians and respective employees, for all liability or damages (including all reasonable fees incurred for their defense) of any

nature that may be at any time incurred by any one of them or presented against them by any person, including, without limitation, any regulatory body or any government authority and that may concern the TFSA directly or indirectly. Inasmuch as the Trustee or another appointed person pursuant to the present paragraph has the right to present a claim for compensation pursuant to the present Declaration of Trust, the Trustee may, at its entire discretion, realize parts of the Assets for the purpose of paying the amount of the claim for compensation out of the Assets. For this purpose, the Holder shall appoint, irrevocably, the Trustee as his representative with all the powers necessary to give full effect to this clause. If the Assets are not sufficient to cover the claim for compensation, or if the claim for compensation is made once the TFSA has ceased to exist, the Holder, as well as the other indemnifying parties mentioned above, shall accept to personally pay the amount of the claim for compensation.

h) The Trustee shall have the right to rely upon and to act in conformity with all instruments, certificates, notices or any other signed documents, presented to and judged to be authentic by the Trustee.

i) When the TFSA terminates and the entirety of the Assets is paid out, the Trustee shall be liberated from all responsibilities or obligations in connection with the TFSA, except towards the tax authorities, as may be prescribed by the Tax Acts. The Holder agrees to indemnify and hold harmless the Trustee (which includes, for greater certainty, the Agent or its representative, as applicable) in respect of any loss or damage that the Trustee may suffer in connection with the above.

8. CUSTODY OF SECURITIES - The Trustee may keep any investment in connection with the TFSA, in any place to be determined by the Trustee or the Agent, in the Trustee's own name, the Agent's name or under any other name on behalf of the Trustee. Unless the Holder has sent his written instructions, at least 48 hours prior to any meeting called, the Trustee may, without however being bound to do so, exercise any voting rights or give proxies any right to vote with respect to all securities held for the TFSA.

9. AMENDMENTS - When deemed appropriate, the Trustee may amend the provisions of the TFSA, on condition that the TFSA complies at all times with the provisions of the Tax Acts. Such modifications shall take effect on the thirtieth (30th) day after the sending of a notice of modification to the Holder by prepaid postage.

The Trustee may resign its duties and be released from all other responsibility and liability under the TFSA upon sending a thirty (30)-day written notice to the Holder. The Trustee may also, but is not obligated to, appoint as its successor, pursuant to the TFSA, any company qualified to act as an issuer of a tax free savings account under the Act. In this case, on the date that the appointment takes effect, the Trustee shall transfer all the information, funds, securities or shares of the TFSA to its successor. Beginning from the date of its appointment, the successor shall assume all duties and responsibilities of the Trustee and the latter shall be released from all obligations and liability as trustee pursuant to the TFSA.

Subject to the requirements of the Act, every company resulting from a merger or a reorganization to which the Trustee is a party or that acquires the totality or the quasi-totality of the trust activities of the Trustee, shall become the successor trustee pursuant hereto, without it being necessary to execute another act or document, except for notices intended for the Agent and the Holder respectively.

10. NOTICE - Any notice given to the Trustee hereunder, if it is sent by mail, shall be sent by prepaid postage, addressed to its principal office and shall be deemed to have been given on the day that it is received by the Trustee. Any notice or statement that the Trustee must forward to the Holder shall be mailed to the Holder at the address indicated on the Application Form for this TFSA or at any subsequent notice of change of address and any such notice shall be deemed to have been given on the third working day following the day of mailing.

11. PERSONAL INFORMATION - The Holder consents to the use by the Trustee and by the Agent of the personal information that they may possess regarding the Holder, as well as to the disclosure of the above mentioned personal information by mail or electronic transmission, in connection with the administration of the TFSA or when required by law.

12. INTERPRETATION - The use of masculine references herein includes the feminine. The present Declaration of Trust is governed by the applicable laws of Quebec.

EXPLANATION TO CLIENTS

Based on your instructions, the securities in your account with us are not registered in your name but in our name or the name of another person or company holding your securities on our behalf. The issuers of the securities in your account may not know the identity of the beneficial owner of these securities. We are required under securities law to obtain your instructions concerning various matters relating to your holding of securities in your account.

DISCLOSURE OF BENEFICIAL OWNERSHIP INFORMATION

Securities law permits reporting issuers and other persons and companies to send materials related to the affairs of the reporting issuer directly to beneficial owners of the reporting issuer's securities if the beneficial owner does not object to having information about it disclosed to the reporting issuer or other persons and companies.

PART 1 of the client response form allows you to tell us if you **OBJECT** to the disclosure by us to the reporting issuer or other persons or companies of your beneficial ownership information, consisting of your name, address, securities holdings and preferred language of communication. Securities legislation restricts the use of your beneficial ownership information to matters relating to the affairs of the reporting issuer.

- If you **DO NOT OBJECT** to the disclosure of your beneficial ownership information, please mark the first box on **PART 1** of the form. In those circumstances, you will not be charged with any costs associated with sending securityholder materials to you.
- If you **OBJECT** to the disclosure of your beneficial ownership information by us, please mark the second box in **PART 1** of the form. All materials to be delivered to you as a beneficial owner of securities will be delivered by us. **Handling and postage fees will be charged in connection with the sending of securityholder materials.**

RECEIVING SECURITYHOLDER MATERIALS

For securities that you hold through your account, you have the right to receive proxy-related materials sent by reporting issuers to registered holders of their securities in connection with meetings of such securityholders. Among other things, this permits you to receive the necessary information to allow you to have your securities voted in accordance with your instructions at a securityholder meeting.

As mentioned above, **IF YOU OBJECT**, you will not receive any materials unless you or the *relevant issuers bear the costs*. In addition, reporting issuers may choose to send other securityholder materials to beneficial owners, although they are not obliged to do so. Securities law permits you to decline to receive three types of securityholder materials. Securities law does not provide for you to decline to receive other types of securityholder materials. The three types of material that you may decline to receive are:

- (a) Proxy-related materials, including annual reports and financial statements, that are sent in connection with a securityholder meeting at which only "routine business" is to be conducted;
- (b) Annual reports and financial statements that are not part of proxy-related materials; and
- (c) Materials that a reporting issuer or other person or company sends to securityholders that are not required by corporate or securities law to be sent to registered securityholders.

PART 2 of the client response form allows you to receive all materials sent to beneficial owners of securities or to decline to receive the three types of materials referred to above. If you want to receive **ALL** materials that are sent to beneficial owners of securities, please mark the first box on **PART 2** of the enclosed client response form. If you want to **DECLINE** to receive the three types of materials referred to above, please mark, the second box in **PART 2** of the form.

(Note: Even if you decline to receive the three types of materials referred to above, a reporting issuer or other person or company is entitled to deliver these materials to you, provided that the reporting issuer or other person or company pays all costs associated with the sending of these materials. These materials would be delivered to you through your intermediary if you have objected to the disclosure of your beneficial ownership information to reporting issuers.)

PREFERRED LANGUAGE OF COMMUNICATION

PART 3 of the client response form allows you to tell us your preferred language of communication (English or French). You will receive materials in your preferred language of communication if the materials are available in that language.

CONTACT

If you have any questions or want to change your instructions in the future, please contact your Investment Advisor or send your written request to:

Laurentian Bank Discount Brokerage
Account Opening Department
1981 McGill College Ave., Suite 100
Montreal, Quebec H3A 3K3

**COMMUNICATION WITH BENEFICIAL
OWNERS OF SECURITIES
(National Instrument 54-101)**

CLIENT RESPONSE FORM

TO: LAURENTIAN BANK DISCOUNT BROKERAGE

CLIENT'S ID: _____

CLIENT'S NAME: _____

ACCOUNT NO: _____

I have read and understood the explanation to clients on opposite side that you have provided me in connection with this form and the choices indicated by me apply to all of the securities held in the above account(s).

PART 1 - DISCLOSURE OF BENEFICIAL OWNERSHIP INFORMATION

*Please mark the corresponding box to show whether you **DO NOT OBJECT** or **OBJECT** to us disclosing your name, address, securities holdings and preferred language of communication (English or French) to issuers of securities you hold with us and to other persons or companies in accordance with securities law.*

*I understand and acknowledge that if I **OBJECT**, reasonable handling and postage fees will be charged for delivery of securityholder materials that are not borne or required to be borne by another person or company.*

I DO NOT OBJECT to you disclosing the information described above.

I OBJECT to you disclosing the information described above.

PART 2 - RECEIVING SECURITY HOLDER MATERIALS

*Please mark the corresponding box to show whether you **WANT** to receive **ALL** materials sent to beneficial owners of securities or whether you **DECLINE** to receive all of 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;

c) Materials sent to securityholders that are not required by corporate or securities law to be sent.

I WANT to receive **ALL** securityholder materials sent to beneficial owners of securities.

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.)

I WANT to receive **ONLY** proxy-related materials that are sent in connection with special meeting.

(Important note: These instructions do not apply to any specific request you give or may have given to a reporting issuer concerning the sending of interim financial statements of the reporting issuer. In addition, in some circumstances, the instructions you give in this client response form will not apply to annual reports or financial statements of an investment fund that are not part of proxy-related materials. An investment fund is also entitled to obtain specific instructions from you on whether you wish to receive its annual report or financial statements, and where you provide specific instructions, the instructions in this form with respect to financial statements will not apply.)

PART 3 - PREFERRED LANGUAGE OF COMMUNICATION

Please mark the corresponding box to show your preferred language of communication.

ENGLISH

FRENCH

I understand that the materials I receive will be in my preferred language of communication if the materials are available in that language.

SIGNATURE: _____

DATE: _____

(Please forward CLIENT RESPONSE FORM duly filled out and signed in the enclosed envelope.)



**LAURENTIAN BANK
DISCOUNT BROKERAGE**

A DIVISION OF LAURENTIAN BANK SECURITIES

DIRECT DEPOSIT

BECAUSE WE KNOW THAT YOU HAVE OTHER THINGS TO DO ...

Laurentian Bank Securities can credit your bank account with a simple request. It's easy - with our Direct Deposit service you won't have to do the running around. Laurentian Bank Securities will credit your account directly, at the financial institution of your choice.

There are two easy ways to do it ...

- 1. **SYSTEMATIC** You decide the amount and frequency and Laurentian Bank Securities will perform the transfer from your brokerage account* to your bank account. That's all there is to it!
- 2. **OCCASIONAL** You need cash from your brokerage account? Just contact a Laurentian Bank Securities representative. It's as simple as that.**

Just fill out and sign the attached form, and return it along with a **voided cheque** to Laurentian Bank Securities.

Terms and Conditions

- You authorize Laurentian Bank Securities and your financial institution to debit or credit your account in the amount indicated on the request. You also agree that we shall not notify you in prior to executing these transactions.
- You agree to notify Laurentian Bank Securities, in writing, of any changes to your banking account.

* A cash balance exceeding \$100.00 must be available in your brokerage account.

** A delay of two business days is required to process the request.

REQUEST FOR DIRECT DEPOSIT

I authorize Laurentian Bank Securities to credit my bank account directly.

Financial Institution _____ Account No. _____

SYSTEMATIC \$ _____ (per deposit) every 15th 30th

of the month of _____

OCCASIONAL

LAST NAME _____

FIRST NAME _____

ADDRESS _____

ACCOUNT NO. _____

SIGNATURE

DATE

PLEASE DO NOT FORGET TO ATTACH A VOIDED CHEQUE



**LAURENTIAN BANK
DISCOUNT BROKERAGE**

A DIVISION OF LAURENTIAN BANK SECURITIES

Designation of Beneficiary

Annuitant Name: _____

Account Number: _____

I hereby appoint the person named below as beneficiary to receive any amount which may be payable in the event of my death. I reserve the right to change the beneficiary at any time (beneficiary designation effective only in provinces which allow such designation to be made other than by will).

Name Social Insurance Number

Relationship to Annuitant: _____

Yours truly,

Annuitant's Signature Date

Witness's Signature Date