

BROKERAGE ACCOUNT APPLICATION FORM

Account Information

Account Registration

Select the type of registration you want on your Account

- Individual**
 Joint Tenants with Right of Survivorship
 If one owner dies, his/her interest passes to the surviving owner(s).
- Tenants in Common**
 If one owner dies, his/her interest passes to his/her estate (50/50, unless otherwise noted).
- Other**
 Contact Alliance Direct Management to obtain additional documents that must accompany this application. Certain restrictions may apply.

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(mn/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(mn/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)			

Securities industry regulations require that we request the following information:

Employment status			
<input type="checkbox"/> Employed	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Unemployed
Employer/Business name			
Nature of business			
Business address			
City	State, Province	Country	Postal, Zip Code
Business phone (Country code) (City/Area code) (Number)			
Occupation/Position		Years with employer	
Marital Status		Number of dependents	
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	

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City	State, Province	Country	Postal, Zip Code
Business phone (Country code) (City/Area code) (Number)			
Occupation/Position		Years with employer	
Marital Status		Number of dependents	
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	

Is any member of your household a control person (Example: A person who can exercise power or has a controlling interest in a company) in a publicly traded corporation?

- Yes
 No
 If YES, please specify the corporation: _____

Investment Profile

Account Holder					Additional Account Holder				
Investment Knowledge					Investment Knowledge				
<input type="checkbox"/> None <input type="checkbox"/> Good <input type="checkbox"/> Limited <input type="checkbox"/> Extensive					<input type="checkbox"/> None <input type="checkbox"/> Good <input type="checkbox"/> Limited <input type="checkbox"/> Extensive				
Investment Experience					Investment Experience				
	None	Limited	Good	Excellent		None	Limited	Good	Excellent
Common Shares	□	□	□	□	Common Shares	□	□	□	□
Preferred Shares	□	□	□	□	Preferred Shares	□	□	□	□
Bonds	□	□	□	□	Bonds	□	□	□	□
Money Market	□	□	□	□	Money Market	□	□	□	□
New Issues	□	□	□	□	New Issues	□	□	□	□
Mutual Funds	□	□	□	□	Mutual Funds	□	□	□	□
Options	□	□	□	□	Options	□	□	□	□
Commodities/Futures	□	□	□	□	Commodities/Futures	□	□	□	□
Venture Situations	□	□	□	□	Venture Situations	□	□	□	□
Trading Experience (years):					Trading Experience (years):				
Equities	Bonds	Currencies	Commodities /Futures	Derivatives	Equities	Bonds	Currencies	Commodities /Futures	Derivatives

Investment Goal

Capital Preservation
 Income
 Growth
 Speculation

Investment Objective Definitions: **Capital preservation:** The objective of capital preservation is to protect your initial investment by choosing investments that minimize the potential of any loss of principal. The long-term risk of capital preservation is that the returns may not be adequate to offset inflation. **Income:** The primary objective of an income strategy is to provide current income rather than long-term growth of principal. **Growth:** The objective of a growth strategy is to increase the value of your investment over time with recognizing a high likelihood of volatility. **Speculation:** A speculator's objective is to assume a higher risk of loss in anticipation of potentially higher than average gain by taking advantage of expected price changes.

Does anyone other than the account holder(s) have trading authorization over the account?

Yes No

If yes, please complete and mail Power of Attorney form to add an individual as having trading authority.

I/We am/are of legal age to enter in this agreement. I hereby request that Alliance Direct Management Ltd. 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 Alliance Direct Management Ltd. via phone, fax, e-mail or any other method deemed appropriate by Alliance Direct Management Ltd., without instructions being duly confirmed in writing. Therefore, this signed document allows Alliance Direct Management to process transactions sent via any of the above mentioned mediums without liability in any form to Alliance Direct Management 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 Alliance Direct Management Ltd. are subject to investment risks, including possible loss of the principal invested. I understand that Alliance Direct Management Ltd. does not provide tax, legal, or accounting advice.

X

Signature of Primary Account Owner Date

X

Signature of Co-Account Owner Date

Print Name

Print Name

FOR ALLIANCE DIRECT USE ONLY:									
Approved By					Date Approved (mm/dd/yy)			Print Name of Approver	
Source Code					Indexing Code				
Branch Office and Account Number					—	—	—	—	—