

Instructions

Please fill out the Know Your Client Form below.

Once completed, you have 2 options to sign the document:

1. Hard copy option

- Print off the Know Your Client Form and sign where indicated.
- Send a completed and signed copy to Arrow Capital Management.

OR

2. Electronic option

- Click on 'Send by Email' button at the top of the form to have it processed electronically.
- You will receive an email response from dkrikun@arrow-capital.com with a link to your document, allowing you to sign the document electronically.
- You will then receive notification and a copy of the completed document and you are done.

If you have any questions please contact Daria Krikun at Arrow Capital Management at 1-877-327-6048 or 416-323-0477, or by email at arrowdocuments@arrow-capital.com.

Thank you! We appreciate your business!

Arrow Capital Management Inc.

Language: English French

NEW UPDATE

CLIENT INFORMATION

JOINT INVESTOR *

Rights of Survivorship: Yes No

TITLE: MR. MRS. MS. DR.

TITLE: MR. MRS. MS. DR. CORPORATION

LAST NAME	INITIAL	FIRST NAME
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LAST NAME	INITIAL	FIRST NAME
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CORPORATE NAME

RELATIONSHIP

ADDRESS	APT #
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ADDRESS SAME AS INVESTOR'S	APT #
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CITY	PROVINCE/TERRITORY	POSTAL CODE
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CITY	PROVINCE/TERRITORY	POSTAL CODE
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MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	APT #
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MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	APT #
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CITY	PROVINCE/TERRITORY	POSTAL CODE
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BIRTH DATE DD-MMM-YYYY (MANDATORY) SIN/SSN (MANDATORY)

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HOME TELEPHONE NUMBER BUSINESS TELEPHONE NUMBER

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CITIZENSHIP (if US citizen, or subject to US tax, please provide tax ID# - see #14, page 4)

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E-MAIL ADDRESS (MANDATORY)

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Where do you reside for tax purposes: (Check all boxes that apply and provide tax identification numbers where requested)

Canada (I certify that I am a resident of Canada. I further certify that any U.S. address, telephone number or standing instructions to transfer funds to an account maintained in the U.S. associated with this account only exists or will arise only in the context of temporary visits that I make to the U.S. while I remain a resident of Canada and not, at any time, a resident of the U.S. for tax purposes or a U.S. citizen. I agree to notify Arrow Capital Management Inc. if events cause this certification to become false or misleading.)

U.S. _____ (U.S. TIN)
 Other _____ (Country name) _____ (TIN, if any)

Where do you reside for tax purposes: (Check all boxes that apply and provide tax identification numbers where requested)

Canada (I certify that I am a resident of Canada. I further certify that any U.S. address, telephone number or standing instructions to transfer funds to an account maintained in the U.S. associated with this account only exists or will arise only in the context of temporary visits that I make to the U.S. while I remain a resident of Canada and not, at any time, a resident of the U.S. for tax purposes or a U.S. citizen. I agree to notify Arrow Capital Management Inc. if events cause this certification to become false or misleading.)

U.S. _____ (U.S. TIN)
 Other _____ (Country name) _____ (TIN, if any)

Does the client have any dependents? No Yes – how many:

Marital Status: Single Married Common Law Divorced Separated Widowed

EMPLOYMENT INFORMATION

Self Employed: Yes No

EMPLOYER NAME

TYPE OF BUSINESS

OCCUPATION

JOINT INVESTOR *

Self Employed: Yes No

EMPLOYER NAME

TYPE OF BUSINESS

OCCUPATION

INVESTMENT EXPERIENCE & FINANCIAL INFORMATION *(Securities Legislation requires us to obtain this information)*

Gross Annual Income		Gross Household Annual Income		Net Worth		Net Financial Assets (excluding real estate)	
<input type="checkbox"/>	Under \$50,000	<input type="checkbox"/>	Under \$50,000	<input type="checkbox"/>	Under \$50,000	<input type="checkbox"/>	< \$1 million
<input type="checkbox"/>	\$50,000 - \$99,000	<input type="checkbox"/>	\$50,000 - \$99,000	<input type="checkbox"/>	\$50,000 - \$99,000	<input type="checkbox"/>	\$1 - 5 million
<input type="checkbox"/>	\$100,000 - \$199,999	<input type="checkbox"/>	\$100,000 - \$199,999	<input type="checkbox"/>	\$100,000 - \$199,999	<input type="checkbox"/>	> \$5 million
<input type="checkbox"/>	\$200,000 - \$1 million	<input type="checkbox"/>	\$200,000 - \$1 million	<input type="checkbox"/>	\$200,000 - \$1 million		
<input type="checkbox"/>	Over \$1 million	<input type="checkbox"/>	Over \$1 million	<input type="checkbox"/>	Over \$1 million		

Investment Knowledge		Investment Objective		Risk Tolerance *		Risk Capacity**	
<input type="checkbox"/>	Sophisticated	<input type="checkbox"/>	% Growth	<input type="checkbox"/>	High	<input type="checkbox"/>	-3%
<input type="checkbox"/>	Good	<input type="checkbox"/>	% Income	<input type="checkbox"/>	Medium to High	<input type="checkbox"/>	-5%
<input type="checkbox"/>	Fair	<input type="checkbox"/>	% Safety	<input type="checkbox"/>	Medium	<input type="checkbox"/>	-20%
<input type="checkbox"/>	Novice	<input type="checkbox"/>	% Total	<input type="checkbox"/>	Low to Medium	<input type="checkbox"/>	More than -20%
<input type="checkbox"/>	Poor/Nil	<input type="checkbox"/>		Low			

Time Horizon
When do you expect to need to withdraw a significant portion (1/3 or more) of the money in your investments with Arrow?
<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 – 3 years <input type="checkbox"/> 4 – 6 years <input type="checkbox"/> 7 – 9 years <input type="checkbox"/> 10 years or more

*RISK DESCRIPTION	
<i>High</i>	High risk investors are those who are growth oriented and willing to accept significant short-term fluctuations in portfolio value in exchange for potentially higher long-term returns. <i>[i.e. high volatility, concentrated investments where there is substantial risk of loss, hedge funds investing in derivatives, short selling leverage]</i>
<i>Medium to High</i>	Medium-high risk investors are those who are seeking long-term growth. <i>[i.e. medium to high volatility, equity funds concentrated by region or sector]</i>
<i>Medium</i>	Medium risk investors are those who are seeking moderate growth over a longer period of time <i>[i.e. medium volatility, well diversified equity portfolios]</i>
<i>Low to Medium</i>	Low-medium risk investors are those who are seeking a balance between safety and return on their investment. <i>[i.e. low volatility, fixed income securities or balanced funds]</i>
<i>Low</i>	Low risk investors are those who are willing to accept lower returns in order to preserve their principal. <i>[i.e. money market funds and/or fixed income funds]</i>
**RISK CAPACITY	
How much of a decline in your investments with Arrow could you tolerate in a 12-month period?	

INFORMATION REQUIRED BY SECURITIES REGULATORS

A. Do you own, alone or as part of a group, 10% or more of the voting rights of a publicly traded company?						
<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, specify the name(s) of company(ies) and % owned	Primary Applicant	%	Joint Applicant	%
B. Are you a Director or Senior Officer of a company whose shares are traded on an exchange or on the OTC market?						
<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, specify the name(s) of company(ies) and % owned	Primary Applicant	%	Joint Applicant	%
C. Are you, your spouse or any member of your household an employee, Director, Partner or Officer of a securities dealer, or of a stock exchange itself or the Investment Industry Regulatory Organization of Canada?						
<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, specify the name(s) of security dealer(s) or stock exchange(s)	Primary Applicant		Joint Applicant	
D. Do you intend to trade with other investment firms?						
<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, specify firm(s)	Primary Applicant		Joint Applicant	

OTHER INTEREST IN THE ACCOUNT

With respect to your account, will any other person(s)		
Have trading authority (TA) over your account(s)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, complete a <i>Trading Authorization</i> form		
Have a financial interest in your account(s)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, name of the other person(s):		

Have Power of Attorney (POA) over your account(s)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, name of the other person(s):		

POLITICALLY EXPOSED FOREIGN PERSON ("PEP")

Are any of the Primary Applicant, Joint Applicant, or any party associated with this account (including prescribed family members of such individual**) of such individual a foreign Politically Exposed Foreign Person* ('PEP')?

Primary Applicant: No Yes

Joint Applicant: No Yes

* A **foreign PEP** is 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 government
- member of an executive council of government or member of a legislature
- deputy minister or equivalent rank
- ambassador or attaché or counselor of an ambassador
- leader or president of a political party represented in the legislature;
- 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 of a supreme court, constitutional court or other court of last resort

Are any of the Primary Applicant, Joint Applicant, or any party associated with this account (including prescribed family members of such individual**) of such individual a domestic Politically Exposed Foreign Person* ('PEP')?

Primary Applicant: No Yes

Joint Applicant No Yes

* A **domestic PEP** is a person who holds - or has held within the last 5 years - a specific office or position in or on behalf of the Canadian federal government, a Canadian provincial government, or a Canadian municipal government:

- Governor General, lieutenant governor or head of government
- member of the Senate or House of Commons or member of a legislature
- deputy minister or equivalent rank
- ambassador or attaché or counselor of an ambassador
- military officer with a rank of general or above
- president of a corporation that is wholly owned directly by Her Majesty in right of Canada or a province
- head of a government agency
- judge of an appellate court in a province, the Federal Court of Appeal or the Supreme Court of Canada
- leader or president of a political party represented in a legislature
- mayor

** Prescribed family members include: PEP's spouse or common-law partner, PEP's child, PEP's mother/father, mother-in-law or father-in-law of PEP, brothers/sisters/step-brothers/step-sisters of PEP.

If you are a PEP, please disclose the source of funds for investment purposes:

- Employment / Wages Income Investment Income Gift / Inheritance Savings / Retirement Funds
- Sale of Asset, Home or Business Other

What is the intended use of the account(s)? (please specify): _____

PRIVACY DISCLOSURE STATEMENT

By signing this form, **I/we** consent to my/our personal information being collected, held, used and disclosed by Arrow Capital Management Inc. ("Arrow") to any regulatory body or third party financial institution with whom I/we have an account in the ways and purposes identified by Arrow's Privacy Policy.

PLEASE READ AND SIGN

I/We certify that the information provided in this application is true, accurate and complete, and Arrow may rely thereon until the undersigned sends written notice of any significant changes. I/We have read, understood and agree to all the terms and conditions governing this account.

Applicant's Signature: **X** _____ Date: _____

Joint Applicant's Signature: **X** _____ Date: _____

Has the RR (or a senior designated officer) met the client?: No Yes

R.R. Signature (if any): **X** _____ Date: _____

Is R.R. registered in the Province in which client resides?: No Yes

Designated Officer/Director Signature: **X** _____ Date: _____