



KYC

1. CREATE ACCOUNT

user _____

Client Name _____

Client Name _____

Email _____

Legal Residency (report all) _____

If other, please specify _____

Legal Residents of Canada are required to supply their legal province of residence. _____

If other, please specify _____

Client Type _____

Tax Account Type _____

Account type _____

Account type _____

Base Currency _____

If other, please provide Currency _____

Will all funds in this account belong to the named account holder ONLY and NOT to any third-party individual or entity, in any capacity? _____

If no, please explain _____

Will this account be used to invest on behalf of any other person(s) besides the named account holder? _____

If yes, please explain _____

Is a third party setting up this account? _____

If yes, name of third party _____

2. ACCOUNT HOLDER INFORMATION

Name _____

Gender _____

Date of Birth _____

Marital Status _____

Spouse Name (if applicable) _____

Do you have any dependents? _____

Number of Dependents _____

Please list ages of dependent/s: _____

Address _____

Do you have a different mailing address _____

Address _____

Primary Phone # _____
Home _____
Mobile _____
Work _____

Alternative Phone # _____

3. IDENTIFICATION AND LEGAL STATUS

Please attach copies of 2 identification documents

File _____

Country of Birth _____

Do you have a different Country of Citizenship other than Canada? _____

If yes, please list all other Citizenships _____

Status in Canada (Please select what is applicable) _____

If Foreign National, please specify _____

Are you presently subject to tax in Canada? _____

Canadian Social Insurance Number _____

Are you a U.S. Permanent Resident (Green Card Holder)? _____

U.S. Social Security Number _____

Are you a Politically Exposed Person? _____

Are you related to a Politically Exposed Person? _____

4. FINANCIALS

Date _____

Total Assets _____

Allocation of Assets

Equiity(%) _____

Bonds(%) _____

Real Estate(%) _____

Cash(%) _____

Other _____

Net Worth _____

Liquid Net Worth _____

Annual Net Income in CAD _____

Source of Funds _____

If other, please specify _____

Does income fluctuate and affect your lifestyle? _____

In the next 5 years (due to a change in family or business circumstances, inheritance, etc.) _____

If Yes, amount in CAD\$ _____

If Yes, amount in CAD\$ _____

Any history of personal bankruptcy or credit issues? _____

Employment Status _____

Nature of Business (by Third Party) _____

Occupation _____
Employer Name _____
Employer Address _____
Nature of Business (Self-employed) _____

Occupation _____
Employer Name _____
Employer Address _____
Expected Retirement Date _____

I confirm that I am an Accredited Investor _____

5. REGULATORY INFORMATION

Are you: i) a director; ii) a 10% or greater shareholder; or iii) a policy-making officer of any publicly traded company?

If 'Yes', please indicate name of controlled corporation or entity: _____

What is your relationship to the corporation? _____

Do you, or does someone related to you, exercise control over the affairs of a partnership or trust? _____

If yes, provide the name of the entities _____

What is your relationship to the partnership or trust? _____

Have the account holder(s) ever been the subject of, or initiated, litigation, arbitration or any other type of dispute or settlement procedure with any investment-related entity? _____

6. INVESTMENT OBJECTIVES AND RISK TOLERANCE

Investment Objectives _____

Intend to maintain account _____

When may draw on assets _____

Do you have income needs from this account? _____

If yes, CAD\$/mth _____

Risk Tolerance _____

What is your willingness to experience volatility to generate higher returns? _____

Your willingness to risk shorter-term losses for prospect of higher longer-term returns? _____

Please select the statement that aligns closest to your preference _____

7. INVESTMENT EXPERIENCE

Stocks _____

Stocks _____

Stocks _____

Bonds _____

Bonds _____

Bonds _____

Options _____

Options _____

Options _____

Futures _____

Futures _____

Futures _____

Foreign Exchange _____

Future Options _____

Single Stock Futures _____

8. ACCOUNT RESTRICTIONS AND FUNDING

Are there any regulatory restrictions and/or any particular directions relating to this account?

If yes, please specify

Are you transferring securities in addition to cash from another account?

If yes, amount in CAD\$

If Yes, can they be sold by the Firm once they are in the new account?

Please specify any particular directions and regulatory restrictions relating to the account:

9. COMMERCIAL COMMUNICATIONS

I hereby consent to receiving commercial communications from Authentic Asset Management Inc., including, but not limited to, emails, brochures, and promotional materials about new products.

The client

Per:

Name:

Title:

Date:

Signature:

Each party agrees that any electronic signatures appearing on this Agreement or such other documents are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.