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## Know Your Client - Corporate

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A fundamental tenet of Authentic Asset Management Inc. is to conduct our operations with the highest standard of integrity. We strive to continually grow our reputation and legacy through the creation of partnerships build on mutual respect and trust. Knowing our Clients means many things to the Firm, ranging from verifying our Client’s identity and identifying potential conflicts of interest, to ensuring suitability of investments through sufficiency of information regarding our Client’s investment needs and objectives, circumstances and risk tolerance. Maintaining accurate, complete and up-to-date Client information enables us to deal fairly, honestly and in good faith with our Clients. It also ensures that the Firm meets its various KYC obligations stemming from securities laws and guidance thereto, including rules set out under the Proceeds of Crime (Money Laundering) and Terrorist Financing Act (“PCMLTFA”) and Regulations.

### **1. Account Overview**

**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**

**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**

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## **2. ACCOUNT HOLDER INFORMATION**

**Name**

**Gender**

**Date Of Birth**

**Marital Status**

**Spouse Name (if Applicable)**

**Trusted Contact Person**

**Your Relationship To Trusted Contact**

**Trusted Contact Phone Number**

**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 #**

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### **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**

**Equity(%)**

**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.):  
Do You Expect A Large Increase In Wealth?**

**If Yes, Amount In CAD\$**

**Do You Expect A Large Decrease In Wealth?**

**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**

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## **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?**

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## **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.**

**9. ACKNOWLEDGEMENT AND SIGNATURE (KYC)**

**I acknowledge that the foregoing information and all other information provided by me is true and correct, and agree to notify Authentic Asset Management Inc. by email of any material changes therein. I authorize Authentic Asset Management Inc. to confirm the accuracy of the information as it deems necessary.**

Yes

**The Client**

Per\*

Name

Title

Date (dd/mm/yyyy)

*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.*