

Know Your Client (KYC) Form Senior Investors Addendum

C	ient Name: Date of Birth:
	Financial Status and Income
a.	Check all applicable sources of income:
	Salary from employment
	Earnings from business
	Rent received from tenants
	Dividends from directly owned shares (or other securities)
	Other income resulting from direct interest in a partnership, trust or other entity
	Pension payments
	Payments from insurance (including for disability)
	Benefits paid by a governmental entity (such as Canada Pension Plan (CPP) Old Age Security (OAS), Guaranteed Income Supplement (GIS) or Spouse's Allowance)
	Investments
	Other (add description):
b.	Check all applicable types of costs and expenses:
	Rent or mortgage paid for the residence where you live
	Rent or mortgage paid with respect to properties where you do not live
	University tuition for children and family. Note total estimated annual amount:
	Rent and/or mortgage payments and/or property tax payments, other than for you (such as part of support to children and family members). Note total estimated annual amount:
	Costs associated with caregivers living with you. Note total estimated annual amount:
	Costs related to credit card bills, phone bills, utility bills, car and car insurance, other than you or your spouse. Note total estimated annual amount:
	Financial support to your children, grandchildren or others. Note total estimated annual amount:

c.	Other	than your spouse, is there anyone else that lives with you at your home?					
	No						
	Yes.	Provide details:					
		Objectives					
a.	Do ye	ou intend to use the income generated by the investment for any of the monthly and annual nses (as listed in the previous questions)?					
	No						
	Yes.	Provide details:					
b.		you considering shifting from lower-risk, capital-preservation-focused investments to higher, income generation-focused investments, or <i>vice versa</i> :					
	No						
	Yes.	Provide reasons for the change in strategy:					
c.	Cor	nmunication:					
	I dor	't want to lose money but I want some opportunity for modest growth					
	I war	nt growth but I am concerned about the possibility of losses					
	I exp	ect my money to grow over the long term and accept some risk					
	I war	nt maximum growth and I am comfortable with high levels of risk					
	Communication						
	a.	What is your preferred manner of communication (mail, email, phone, face-to-face meetings)?					
	b.	Do you require assistance in communicating regarding their investments?					
	c.	What is your preferred language for communications?					

Trusted Contact Person

A "trusted contact person" is someone who you trust and who can be contacted in connection with your interactions with FRCC. Note: preferably, a "trusted contact person" is not someone who is involved in the management of your investments, or someone with whom you discuss your investment strategy. Name of trusted contact person: ___ Phone number: ___ E-mail address: Third Parties Do you discuss you investment strategy and decisions with anyone else (such as spouse, son or daughter, relative, friend, or anyone else)? No Yes. Provide details: Is there anyone who is accompanying you to your meeting with FRCC? No Yes. Provide details: _____ Is there anyone who suggested that you meet with a representative of FRCC? No Yes. Provide details: Do you intend to invest in an asset, security or investment product that was suggested to you by anyone else? No Yes. Provide details: Is it your intention to give the income from the investment to anyone else? No Yes. Provide details (including any relationship with such person and timeline, if applicable): Do you have a lawyer or accountant? No Yes. Provide names and contact details (if the individual wishes to provide such information):

d.

f.

Power of Attorney

	Have you given Power of Attorney (POA) which authorizes someone else to give FRCC instruction with respect to your investments?
	No
	Yes. Provide details and a copy of the POA with this KYC Form:
- FC	OR OFFICER USE ONLY.