

New Account Application

(For joint accounts please provide the SIN, date of birth and signature of both applicants)

1 Type of Account

Registered Account		Non-Registered Account
Not subject to a pension legislation	Subject to the _____ pension legislation	Individual
RSP	LIRA or LRSP	Joint
Spousal RSP	RDSP	Trust for _____
RIF	LIF	Other _____
TFSA RESP	FOR TRADEX FUNDS TFSA AND RRIF, THERE IS A SEPARATE APPLICATION FORM.	

2 Account Holder/Applicant Information (For Joint Accounts please provide information for both applicants)

1. Mr.	2. Mrs.	3. Miss.	4. Ms	5. Dr.
First Name and Initial		Surname		Date of Birth (mm/dd/yyyy)
				Social Insurance Number
Co-Account Holder First Name and Initial		Surname		Date of Birth (mm/dd/yyyy)
				Social Insurance Number
Applicant Address			City and Province	Postal Code
Email Address			Home Phone	Business Phone
Citizenship (Check all that apply) <input type="checkbox"/> CAN <input type="checkbox"/> US <input type="checkbox"/> Other			Language Preference	<input type="checkbox"/> English <input type="checkbox"/> French
Co-Account Holder Address (if different)			City and Province	Postal Code
Email Address			Home Phone	Business Phone
<input type="checkbox"/> I provide express consent to receive electronic messages from Tradex				
Citizenship (Check all that apply) <input type="checkbox"/> CAN <input type="checkbox"/> US <input type="checkbox"/> Other			No. of dependents _____	

3 Know Your Client Information

Provincial securities regulations require us to determine the general investment needs and objectives of potential purchasers before processing orders for mutual funds. Separate information relating to investment objectives, risk tolerance and time horizon must be completed for each account held (for example, a joint account, an RSP account). The information to be completed is on the attached "Investor Profile and Account Objectives" Information Form.

4 Account Holder/Applicant Employment Information and Identification (For joint accounts please provide information for both applicants)

Employer		Occupation	
Address		City	Province
Identification (government issued photo identification) :		Postal Code	
Type	Issuer	Number(#)	Expiry Date

Co-Account Holder (if applicable)

Employer

Occupation

Address

City

Province

Postal Code

Identification (government issued photo identification) :

Type

Issuer

Number(#)

Expiry Date

5 Account Information

Does anyone other than you, the Applicant, have any financial interest in this account?

☐ No ☐ Yes

Do you, the Applicant, wish to appoint another person(s) to have full power and authority over this account ?

☐ No ☐ Yes

6 Banking Information (Please attach a void cheque)

Name of Financial Institution

Address

City

Province

Postal Code

Bank #

Transit #

Account #

7 Investment Instructions for Purchase of Tradex Funds

	Amount	PAC Amount	
<input type="checkbox"/> Tradex Bond Fund	\$	\$	<input type="checkbox"/> Cheque payable to Tradex is attached
<input type="checkbox"/> Tradex Equity Fund Limited	\$	\$	<input type="checkbox"/> Pre-Authorized Chequing Plan
<input type="checkbox"/> Tradex Global Equity Fund	\$	\$	<input type="checkbox"/> Transfer from another account
<input type="checkbox"/> Tradex Investment Savings	\$	\$	<input type="checkbox"/> Other (please specify)
Total	\$	\$	

PAC Frequency:

☐ Bi-Weekly ☐ Quarterly ☐ Monthly ☐ Semi-Annually ☐ Every Two Months ☐ Annually

Starting:

Day Month Year

8 Investment Instructions for Purchases from Other Fund Companies (It will also be necessary to complete the other Fund Company's application

Type of Account:

Other Instructions:

9 Authorization to Consolidate Tradex Mailings (optional)

I authorize Tradex Management Inc. to mail all statements for this account with those for

Name of Tradex member

Account No. , and to address them to

10 Acknowledgement and Acceptance by Annuitant/Applicant

I hereby:

1. acknowledge having received the General Privacy Policy Statement available directly from Tradex or on its website at www.tradex.ca and consent to my personal information being collected, held, used and disclosed by Tradex in the ways and for the purposes identified in the General Privacy Policy Statement. If I have provided information concerning my spouse/partner and/or my beneficiary, I confirm that I am authorized to provide such information;
2. authorize Tradex to accept and act on a fax or image copy of the Application as if such copy were an original. Upon completing the Limited Authorization Form, I authorize Tradex to accept my telephone, email and fax instructions regarding the operation of the Account(s);
3. declare all information provided is true and correct, that I have not withheld any information, and agree to inform Tradex of any changes in the personal information provided when it occurs;
4. as required, acknowledge receipt of the Fund Facts and referenced documents regarding the Tradex family of mutual funds and mutual funds from other fund families noted in the application form, and understand that any applicable transactions are made under the terms and conditions therein;
5. acknowledge that the intended use of my accounts held through Tradex is for investment purposes;
6. certify, if purchasing Tradex Funds, that I am employed in the public sector, or that I am otherwise eligible to purchase shares/units of Tradex mutual funds as provided in the Fund Facts (e.g., family member, former employee);
7. understand that mutual funds are not insured under the Canada Deposit Insurance Act or the Régie de l'Assurance-Dépôts du Québec;
8. acknowledge receipt of the Mutual Fund Dealers Association of Canada documents: Client Complaint Information Form and The Risks of Borrowing for Purchasing Investments;
9. acknowledge receiving a copy of the Tradex Client Relationship Document and this application form:

I request this document to be drawn in the English language. J'ai exigé que ce document soit rédigé en anglais.

Signature of Account Holder

Date

Signature of Co-Account Holder

Date

Reviewed and accepted by Tradex Management Inc.

Date

Notes