

2020 WINSTON PARK DRIVE, SUITE 200, OAKVILLE, ONTARIO L6H 6X7
TEL: (905) 829-1131 FAX: (905) 829-0358

MEMBER INFORMATION

MR. MS. MRS.
 SINGLE MARRIED COMMON LAW

SOCIAL INSURANCE NUMBER _____ DATE OF BIRTH

M M D D Y Y Y Y

FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

HOME PHONE _____ BUSINESS PHONE _____ MOBILE PHONE _____

EMAIL ADDRESS _____

SECURITIES LEGISLATION REQUIRES US TO ASK THE FOLLOWING INFORMATION BEFORE OPENING AN ACCOUNT (ONE RESPONSE PER LINE PLEASE):

INVESTMENT KNOWLEDGE:
 MIMIMUM
 FAIR
 GOOD
 EXCELLENT

INVESTMENT OBJECTIVES:
 GROWTH
 GROWTH & INCOME
 INCOME
 SAFETY

RISK TOLERANCE:
 MINIMAL
 LOW
 MODERATE
 HIGH

INVESTMENT TIME HORIZON (WHEN WILL FUND BE NEEDED):
 0 - 3 YEARS
 3 - 10 YEARS
 OVER 10 YEARS

NET WORTH
 UNDER \$25,000
 \$25,000-\$49,999
 \$50,000-\$99,999
 \$100,000-\$250,000
 OVER \$250,000

NET WORTH (TOTAL ASSETS INCLUDING PROPERTY AND THOSE ASSETS OF YOUR SPOUSE):
 LESS THAN \$5 MILLION
 MORE THAN \$5 MILLION

FINANCIAL ASSETS (INCLUDING THOSE OF YOUR SPOUSE BUT EXCLUDING PROPERTY):
 LESS THAN \$1 MILLION
 MORE THAN \$1 MILLION

ANNUAL NET INCOME (IN THE LAST 2 CALENDAR YEARS AND THIS YEAR):
 LESS THAN \$200,000
 MORE THAN \$200,000

ANNUAL NET INCOME (INCLUDES SPOUSE, IN THE LAST 2 CALENDAR YEARS AND THIS YEAR):
 LESS THAN \$300,000
 MORE THAN \$300,000

ANTI MONEY LAUNDERING LEGISLATION REQUIRES US TO HAVE YOU INDICATE THE PURPOSE OF THE INTENDED USE OF THIS ACCOUNT: (savings, retirement, etc.)

OCCUPATION _____

INVESTMENT SELECTIONS

<input type="checkbox"/>	ACADIAN CORE INTERNATIONAL EQUITY FUND	<input type="checkbox"/>	INTEGRA EMERGING MARKETS EQUITY FUND
<input type="checkbox"/>	BEUTEL GOODMAN AMERICAN EQUITY FUND	<input type="checkbox"/>	INTEGRA EQUITY FUND
<input type="checkbox"/>	BEUTEL GOODMAN BALANCED FUND	<input type="checkbox"/>	INTEGRA INTERNATIONAL EQUITY FUND
<input type="checkbox"/>	BEUTEL GOODMAN CDN DIVIDEND FUND	<input type="checkbox"/>	INTEGRA US VALUE GROWTH FUND
<input type="checkbox"/>	BEUTEL GOODMAN CDN EQUITY FUND	<input type="checkbox"/>	LINCLUDEN PRIVATE CLIENT BOND POOLED FUND
<input type="checkbox"/>	BEUTEL GOODMAN GLOBAL FUND	<input type="checkbox"/>	LINCLUDEN SHORT TERM INVESTMENT FUND
<input type="checkbox"/>	BEUTEL GOODMAN INCOME FUND	<input type="checkbox"/>	LINCLUDEN INCOME PLUS POOLED FUND
<input type="checkbox"/>	BEUTEL GOODMAN INTERNATIONAL EQUITY FUND	<input type="checkbox"/>	TEMPLETON GLOBAL BOND FUND
<input type="checkbox"/>	BEUTEL GOODMAN SHORT TERM BOND FUND	<input type="checkbox"/>	TEMPLETON GLOBAL SMALLER COMPANIES
<input type="checkbox"/>	FRANKLIN BISSETT CANADIAN BALANCED FUND	<input type="checkbox"/>	TEMPLETON GROWTH FUND
<input type="checkbox"/>	FRANKLIN BISSETT CANADIAN EQUITY FUND	<input type="checkbox"/>	TEMPLETON INTERNATIONAL STOCK FUND
<input type="checkbox"/>	FRANKLIN BISSETT SMALL CAP FUND	<input type="checkbox"/>	INVESCO ACTIVE MULTI-SECTOR CREDIT FUND
<input type="checkbox"/>	FRANKLIN U.S. RISING DIVIDEND FUND	<input type="checkbox"/>	INVESCO CANADIAN FUND
<input type="checkbox"/>	INTEGRA BALANCED FUND	<input type="checkbox"/>	INVESCO GLOBAL COMPANIES FUND
<input type="checkbox"/>	INTEGRA BOND FUND	<input type="checkbox"/>	INVESCO INCOME GROWTH FUND
<input type="checkbox"/>	INTEGRA CANADIAN VALUE GROWTH FUND	<input type="checkbox"/>	INVESCO U.S. COMPANIES FUND
<input type="checkbox"/>		<input type="checkbox"/>	INVESCO GLOBAL ENDEAVOUR FUND

BENEFICIARY INFORMATION

I hereby designate the following person(s) as my beneficiary.

FIRST NAME: _____ LAST NAME: _____

RELATIONSHIP: _____ % DESIGNATION _____

FIRST NAME: _____	LAST NAME: _____
_____	_____ %
RELATIONSHIP: _____	DESIGNATION _____

FIRST NAME: _____	LAST NAME: _____
_____	_____ %
RELATIONSHIP: _____	DESIGNATION _____

AUTHORIZATION, ACKNOWLEDGEMENT AND AGREEMENT

I acknowledge that:

1. I understand that I will be provided with periodic statements as to the status of and transactions in my plan by Integra.
2. I have read the attached Integra Privacy information letter and in accordance with the disclosure contained therein, I authorize the collection and use of my personal information and consent to such information being kept for as long as Integra has a need for it.
3. I agree to provide along with this form the attestation as to identity as set out in Appendix 1 of the Integra Investment Management Agreement (IMA)
4. I, the Applicant, authorize Integra to use my social insurance number for savings plan purposes.

SIGNATURE OF ANNUITANT

DATE

FOR INTEGRA USE ONLY

SIGNATURE OF INTEGRA

DATE

AUTHORIZING SIGNATURE

DATE