

KNOW YOUR CUSTOMER (KYC) SIMPLIFIED UPDATE FORM



Subscriber 1: _____ **Agreement #1:** _____
Last Name First Name

Subscriber 2: _____ **Agreement #2:** _____
Last Name First Name

INVESTMENT INFORMATION

INVESTMENT OBJECTIVE: Is the financial objective for this investment to save money for the beneficiary's post-secondary education? YES NO

TIME HORIZON: ESTIMATED NUMBER OF YEARS TO FIRST YEAR OF POST-SECONDARY STUDIES: Agreement #1: Greater than 18 years 12 to 18 years 4 to 11 years less than 4 years
 Agreement #2: Greater than 18 years 12 to 18 years 4 to 11 years less than 4 years

RISK TOLERANCE: Low: The subscriber(s) is (are) seeking a low level of volatility within their investments and is willing to accept lower returns for greater safety of capital.
 Medium: The subscriber(s) is (are) willing to accept a moderate level of volatility within their investments and is generally seeking a moderate level of growth over a longer period of time.
 High: The subscriber(s) is (are) generally growth-oriented and is willing to accept a high degree of volatility and significant short term fluctuations in portfolio value in exchange for potentially higher long term returns. The investor understands that although they have indicated a high tolerance for risk this (these) plan(s) is (are) low risk investments.

S1 INVESTMENT EXPERIENCE: Low Medium High S2 INVESTMENT EXPERIENCE: Low Medium High

SUBSCRIBER EMPLOYMENT INFORMATION

SUBSCRIBER 1 INCOME INFORMATION

NAME OF EMPLOYER:

OCCUPATION:

TYPE OF BUSINESS:

BUSINESS PHONE NUMBER: ()

BUSINESS ADDRESS:

SUBSCRIBER 2 INCOME INFORMATION

NAME OF EMPLOYER:

OCCUPATION:

TYPE OF BUSINESS:

BUSINESS PHONE NUMBER: ()

BUSINESS ADDRESS:

KNOW YOUR CUSTOMER NOTES:

The information on this form is being collected, used and disclosed for the purpose of assessing plan suitability and affordability. This information will be used and disclosed for the purposes of providing ongoing service for the plan and may be shared with: Knowledge First Financial sales or service representatives, and agents of the Canadian Securities Administrators in some circumstances. By signing below you hereby consent to the collection, use and/or disclosure of your personal information as described above.

I/We confirm that the information provided on this Know Your Customer Simplified Update Form is correct and complete.

Subscriber 1: _____ **Date:** _____
Signature

Subscriber 2: _____ **Date:** _____
Signature

Sales Representative: _____ **Date:** _____
Signature

KNOWLEDGE FIRST FINANCIAL ADMINISTRATION

APPROVED BY: _____	DATE	REVIEWED BY: _____	DATE
PRINT NAME: _____	YYYY MM DD	PRINT NAME: _____	YYYY MM DD