

RAYMOND JAMES®



Client Number (first 5 digits of account number): _____ Investment Advisor: _____ IA #: _____

Client Name (Please print) First: _____ Middle: _____ Last: _____

Client Name (Please print) First: _____ Middle: _____ Last: _____

PERSONAL INFORMATION

Marital Status Change (Please select one): Single Married/Common Law Widowed Divorced Separated

Spouse's Employer: _____ Number of Dependents: _____

FINANCIAL INFORMATION (All Applicants Combined if Joint Account) and INVESTMENT KNOWLEDGE

New Employer: _____ Type of Industry: _____

Annual Income: _____ Net Liquid Assets: _____ Net Fixed Assets: _____

Investment Knowledge: None Limited Good Sophisticated

Are you a Director of Raymond James Ltd? Yes No Are you an employee of Raymond James Ltd? Yes No

Are you an employee of any other IIROC member firm, or is someone you live with under the same roof employed by Raymond James Ltd, or any other IIROC member firm? Yes No

If the answer to any of these questions is yes, please provide letter of confirmation from the Compliance Department of that member authorizing the opening of this account. How many years have you worked there? _____

What is your occupation? _____

Business Address:

Street - Apt/Ste _____ City _____ Province _____ Country _____

Business Phone: _____ Business Fax: _____ Business Email Address: _____

INVESTMENT OBJECTIVES AND RISK TOLERANCE

OBJECTIVES & RISK ARE CURRENTLY:

OBJECTIVES & RISK ARE CHANGED TO:

Account #	Account Objectives %			Risk Tolerance %			Investor Time Horizon	Account Objectives %			Risk Tolerance %			Primary Intended Use	Investor Time Horizon
	Income	Growth	Speculative	Low	Medium	High		Income	Growth	Speculative	Low	Medium	High		
123450A0	30%	60%	10%	20%	60%	20%		40%	60%	0%	30%	60%	10%		

Reason for Change to Account Objectives & Risk: _____

My advisor has informed me that my portfolio is more aggressive than my current risk tolerance and objectives and recommended that I adjust my holdings. I accept the added risk of maintaining my current holdings and elect to change my stated risk tolerance and objectives rather than reduce the risk in my account.
Client's Initials _____

I confirm I have completed a suitability assessment for this client update.
IA Initials _____



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AUTHORIZED PERSONS CHANGES

Please Select One: Remove Change to Full TA Change to Partial TA Add Change to Corporate Resolution

Name (Please print) First : _____ Middle: _____ Last: _____

Will this account be used by or on behalf of a third party other than disclosed Trading Authorities? Yes No

Note that for any change or addition please attach the appropriate completed Trading Authorization Form.

INSIDER CHANGES (Complete this section if there are changes to the insider information previously provided)

Insider: Own or exercise control (individually, or as part of a group), 10% or more of the voting rights of a publicly traded company.

Control Person: Own or exercise control (individually, or as part of a group), 20% or more of the voting rights of a publicly traded company.

Director/Officer: A director or senior officer (i.e. an officer or one of the five highest paid employees) of a publicly traded company (exchange or over-the-counter) or affiliate of such a company?

Insider Symbol	CDN/US	Add	Remove	Change	Insider	Control Person	Director/Officer
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Is the client, or any legally authorized person, a current or former Politically Exposed Person (PEP), Head of an International Organization (HIO) or Close Associate of either? Yes No

US PERSON FOR US TAX PURPOSES CHANGES Please contact the Tax Department to discuss documentation required.

Client has become a US Person for US Tax Purposes (includes US Resident, US Citizen or Green Card Holder)

US Tax ID#/SSN: _____ W9 on File: Yes No - Backup withholding applies until W9 received.

Client is no longer a US Person for US Tax Purposes.

TAX RESIDENCY CHANGES Please contact the Tax Department to discuss documentation required.

Client has changed Country/Countries of Residence for Tax Purposes Foreign Tax ID#: _____

New Residency/Residencies for Tax Purposes: _____

IA COMMENTS

AUTHORIZATION FOR CHANGES TO CLIENT ACCOUNT AGREEMENT

I understand that this form must be read with the Client Account Agreement Terms and Conditions contained in the Terms and Conditions Booklet, and together they constitute the Client Account Agreement. By signing below, I certify that I have read and understood the Client Account Agreement and agree it is binding on me.

I confirm that the information I have given you is accurate and complete and I will inform you in writing of any changes.

This document and all related documents, including all notices, are available in the French language. The Client has expressly requested that these documents be in the English language. Ce document et tous les documents qui s'y rattachent, y compris tous les avis, sont disponibles en version française. Le client a expressément demandé que ces documents soient en langue anglaise.

Applicant's Signature Date (mm/dd/yyyy)

IA's Signature Date (mm/dd/yyyy)

Co-Applicant's Signature Date (mm/dd/yyyy)

Branch Manager's Signature Date (mm/dd/yyyy)