

### CLIENT APPLICATION / UPDATE FORM

**Type of Account:**    Corporation    Trust    Partnership    Other: \_\_\_\_\_

#### Applicant Information

Entity Name:

c/o Last Name:

First Name:

Initials:

BIN (Business Identification Number):

Current Address:

City:

Province:

Postal Code:

Email:

Mobile:

Phone:

Fax:

#### Financial Information for Entity

Entity Annual Income:

Entity Financial Assets\*:

#### Financial Information for Beneficial Owner of Entity

Beneficial Owner of Entity Annual Income:

Beneficial Owner of Entity Financial Assets\*:

\* Financial Assets means total liquid assets, excluding principal residence and other real estate.

### THIRD PARTY DETERMINATION

**(not required for accounts of securities dealers or financial entities)**

Is the account to be used by or on behalf of a **third party**? This includes a person who has a financial interest in the account **or** who exerts control over the assets in the account, such as having a power of attorney over the account.     Yes     No

**If yes, provide details:**

Name of Third Party: \_\_\_\_\_

Incorporation Number (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Nature of the Relationship with the **third-party**:

Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Incorporation No.: \_\_\_\_\_

## CLIENT INVESTMENT INFORMATION

### What is your investment knowledge?

- Sophisticated** (considerable knowledge; follow financial markets; manage own affairs)
- High** (good working knowledge of financial markets and products)
- Medium** (general understanding of financial markets and products)
- Limited** (rely exclusively on a financial advisor)

### What is your investment time horizon?

- 0 - 1 year
- 1 - 3 years
- 4 - 5 years
- 6 - 9 years
- > 10 years

### What are your investment needs and objectives and your intended use of the account?

**Income** (seeking steady income stream from investments, marginal capital growth): \_\_\_\_\_%

**Balanced** (seeking a balance of income and growth): \_\_\_\_\_%

**Growth** (seeking growth of principal through capital appreciation): \_\_\_\_\_%

**Aggressive Growth** (seeking growth through higher risk investments): \_\_\_\_\_%

**Total: 100%**

### What is your risk tolerance? (check one)

- Low** - Safety of capital with an expectation of small return.
- Moderate** - Moderate asset fluctuation but with higher return or potential loss.
- High** - Higher fluctuation in the short term, with significant potential for loss or return over the long term.

### Mortgage/real estate investment experience?

- Syndicated mortgages
- Real estate syndications
- Publicly-traded REITs, real estate companies or MICs
- Prospectus exempt REIT, MIC or real estate company offerings
- Other (describe): \_\_\_\_\_

Are you or your spouse a director or officer of a reporting issuer or a publicly-traded company, or director or officer of an insider or subsidiary of a reporting issuer or a publicly-traded company, or do you have beneficial ownership or control and direction of more than 10% of the voting rights of a reporting issuer or publicly-traded company?

**Yes**  **No** If yes, provide details:

## PRIVACY POLICY ACKNOWLEDGMENT AND ELECTRONIC COMMUNICATION CONSENT

Romspen Investment Corporation, whose address and telephone number are 162 Cumberland Street, Suite 300, Toronto, ON M5R 3N5, Telephone: 416.966.1100, on its own behalf and on behalf of its existing and future affiliates ("Romspen Group"), seeks your consent to receiving commercial electronic messages from the Romspen Group, including messages about products and services provided or distributed by the Romspen Group, your account, and your investments. A mechanism will be provided to enable you to withdraw your consent to/unsubscribe from receiving certain messages. This consent applies to all electronic addresses provided or that are provided to the Romspen Group from time to time at any time. It will remain valid and in effect until you cancel it. If you are consenting on behalf of a business or organization, this consent allows the messages to be sent to any person that is part of your organization or business.

I/we hereby consent to the collection, use and disclosure of my personal information in accordance with the privacy policy of Romspen Investment Corporation ("**Privacy Policy**"). I/we hereby acknowledge having read the Privacy Policy which is available at:

[www.romspen.com/bottom-link/legal.aspx](http://www.romspen.com/bottom-link/legal.aspx).

If I am/we are unable to access the Privacy Policy electronically, I/we acknowledge being offered a hard copy of the Privacy Policy.

## CLIENT ACKNOWLEDGEMENT

I/we hereby acknowledge that the above noted information is current and accurate. Romspen Investment Corporation (Romspen) may rely thereon until it receives notice of any changes. I/we also acknowledge receipt of the Romspen Disclosure Statement and by signing below, I/we indicate that I/we have read and understand all the information and conditions contained therein.

\_\_\_\_\_  
Signature of Applicant or Authorized Signatory

\_\_\_\_\_  
Signature of Applicant or Authorized Signatory (if additional)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**SCHEDULE "A"**  
**Subscribers other than Individual**

\_\_\_\_\_  
**[Name of Entity]**

**CERTIFICATE**

**TO:** Romspen Investment Corporation ("RIC")  
**RE:** Subscription for Units in Romspen Mortgage Investment Fund

I, \_\_\_\_\_ **[Name of Signatory]**, of \_\_\_\_\_ **[Name of Entity]** (the "**Entity**"), do hereby certify for and on behalf of the Entity, but without personal liability, to the best of my knowledge, as follows:

1. I am the \_\_\_\_\_ **[Title]** of the Entity, and as such have knowledge of the matters certified to herein and have the power to bind the Entity;
2. the primary business of the Entity is \_\_\_\_\_;
3. the Entity has not taken any steps to terminate its existence, to amalgamate, to continue into any other jurisdiction or to change its [corporate] existence in any way and no proceedings have been commenced or threatened, or actions taken or resolutions passed that could result in the Entity ceasing to exist;
4. the Entity is not insolvent and no acts or proceedings have been taken by or against the Entity or are pending in connection with the Entity, and the Entity is not in the course of, and has not received any notice or other communications, in each case, in respect of, any amalgamation, dissolution, liquidation, insolvency, bankruptcy or reorganization involving the Entity, or for the appointment of a receiver, administrator, administrative receiver, trustee or similar officer with respect to all or any of its assets or revenues or of any proceedings to cancel its constating certificate or declaration or to otherwise terminate its existence or of any situation which, unless remedied, would result in such cancellation or termination;
5. the Entity has not failed to file such returns, pay such taxes, or take such steps as may constitute grounds for the cancellation or forfeiture of its certificate, declaration or existence;
6. attached to this certificate are true copies of the articles of incorporation, declaration of trust, partnership agreement and/or other constating documents of the Entity (plus, in the case of a corporation, a certificate of corporate status or a record that confirms the corporation's existence, for example, a letter or a notice of assessment for a corporation from a municipal, provincial, territorial or federal government received within the past 12 months);
7. the current [directors] [trustees] [managing partners] of the Entity and their occupations are listed below:

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

8. the names, addresses and occupations of all individuals who own or control directly or indirectly 25% or more of the [voting shares of the] Entity are listed below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

9. the names, titles and signatures of individuals who have the power to provide instructions to the LP and RIC on behalf of the Entity are as follows:

Name	Title	Signature
_____	_____	_____
_____	_____	_____

Signed at \_\_\_\_\_ *[insert city]* this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

I/we have authority to bind the Entity.

## SCHEDULE "B"

### International tax (FATCA) classification for an entity

Full legal name of the entity that is the Account Holder

- Entity includes a corporation, trust, partnership, association or other organization
- FATCA means the United States of America (U.S.) Foreign Account Tax Compliance Act. Canada has an Enhanced Tax Information Exchange Agreement (Agreement) with the U.S. and reporting Canadian financial institutions must identify and report specific types of accounts
- We will use the information provided in this form to determine our tax reporting requirements. Depending on the entity's FATCA classification, we may report to the Canadian Revenue Agency (CRA)

#### SECTION 1. INTERNATIONAL TAX ENTITY CLASSIFICATION

**Instructions:** The terms used in this section are defined in the Agreement. For more information on classifying the entity, consult with entity's tax or other advisor, or view <http://www.cra-arc.ga.ca/tx/nrsdnts/nhncdrprtng/ntts-eng.html>

**For tax reporting purposes what is the FATCA classification of this entity:**

1. (a) U.S. Person

- Specified U.S. Person. Provide U.S. Federal Taxpayer Identification Number (TIN)

U.S. TIN

- Not a Specified U.S. Person

Reason this entity is not a Specified U.S. Person

(b) Non-Financial Foreign (non U.S.) Entity (NFFE)

- Active NFFE.  
 Passive NFFE (including trusts). **Complete Section 2 below.**

(c) Foreign (non U.S.) Financial Institution (FFI)

Select the type of FFI below and provide Global Intermediary Identification Number (GIIN) if required.

- Exempt beneficial owner.  
 Deemed compliant FFI. If registered, provide GIIN below.  
 Canadian Financial Institution. Provide GIIN below.  
 Other Partner Jurisdiction Financial Institution. Provide GIIN below.  
 Participating Foreign Financial Institution. Provide GIIN below.  
 Non-Participating Financial Institution.

GIIN

#### SECTION 2. INFORMATION ABOUT CONTROLLING PERSONS OF PASSIVE NFFE

**Instructions:** This section must be completed for Passive NFFEs. Other types of entities do not need to complete this section.

- (a) For trusts: Provide information on the following page about every individual who is directly, or indirectly, a beneficiary, settlor, or trustee of the trust.
- (b) For other Passive NFFE.: Does any individual directly or indirectly own or control 25% or more of the entity?
- No If No, complete Section 3.  
 Yes If Yes, complete (c) below.
- (c) Are any of these individuals a U.S. resident for tax purposes (which includes a U.S. citizen)?
- No If No, complete Section 3.  
 Yes If Yes, provide information about each of these individuals on the page provided and complete Section 3.

If you require more space, complete another form.

#### SECTION 3. ENTITY ACCOUNT HOLDER DECLARATION AND SIGNATURES

In this section, "you" and "your" mean the signing officers or trustees signing below.

The account holder agrees to immediately notify us of any errors, omissions or changes in the information provided in this form, including any change in U.S. residency or citizenship status of a Controlling Person, or any change in the entity's international tax classification.

By signing below, you confirm that:

- You are authorized to sign on behalf of the entity.
- The information provided in this form is complete, current and accurate to the best of your knowledge.

First Name	Middle Initial	Last Name	
Signature of signing officer or trustee  ✕		Title	Date (dd-mm-yyyy)
First name	Middle Initial	Last Name	
Signature of signing officer or trustee  ✕		Title	Date (dd-mm-yyyy)

## Guidance to Complete Schedule B

### 1 (a) Is the entity a U.S. person:

- Select “Specified U.S. person” or “Not a specified U.S. person”
- The term “specified U.S. person” generally means any U.S. person that is an individual or entity other than
  - a corporation regularly traded on an established exchange and such corporation’s affiliates; or
  - an organization or trust that is tax-exempt under the U.S. Internal Revenue Code.
- See the CRA website for more details including an IRS web reference

#### Notes:

- TIN = Tax Identification Number. For more information on U.S. TIN, refer to the IRS website:  
[http://www.irs.gov/Individuals/International-Taxpayers/Taxpayer-Identification-Numbers-\(TIN\)](http://www.irs.gov/Individuals/International-Taxpayers/Taxpayer-Identification-Numbers-(TIN))

### 1 (b) Is the entity a non-financial foreign entity (NFFE)?

- NFFEs are non-financial entities that are not U.S. persons, such as corporations and partnerships that are not organized in the U.S.
- Active NFFE
  - Includes an entity with at least 50% of gross income that is not passive income and with at least 50% of assets that do not produce passive income, an entity whose stock is regularly traded on an established securities market, a government or public body, and a tax-exempt / non-profit organization
- Passive NFFE
  - An entity that is not, in particular, an Active NFFE
  - If the entity is a passive NFFE, information is required on controlling persons (see below)
- See the CRA website for more details and examples

### 1 (c) Is the entity a Foreign Financial Institution (FFI)?

- FFIs are FIs that are not U.S. persons and include:
  - Exempt beneficial owners (retirement funds, Bank of Canada, certain international organizations, etc.)
  - FIs should be familiar with their entity type such as:
    - Deemed compliant FFI (e.g. FI with a local client base, local bank, sponsored investment entity)
    - Canadian FI (life insurer, bank, fund company)
    - Participating FFI (FATCA compliant FIs incorporated outside Canada & the U.S.)
    - Non-participating FI (non-FATCA compliant FIs)
- See the CRA website for more details and examples

**INFORMATION ABOUT CONTROLLING PERSONS OF PASSIVE NFFE**

First Name	Middle Initial	Last Name	
Address (street number and name)			
City	Province/State	Country	Postal/Zip Code
Are you a U.S. Resident for tax purposes (which includes a U.S. citizen)? If Yes, provide a U.S. Taxpayer Identification Number (TIN) <input type="checkbox"/> Yes <input type="checkbox"/> No    United States Taxpayer Identification Number (TIN) _____			
First Name	Middle Initial	Last Name	
Address (street number and name)			
City	Province/State	Country	Postal/Zip Code
Are you a U.S. Resident for tax purposes (which includes a U.S. citizen)? If Yes, provide a U.S. Taxpayer Identification Number (TIN) <input type="checkbox"/> Yes <input type="checkbox"/> No    United States Taxpayer Identification Number (TIN) _____			
First Name	Middle Initial	Last Name	
Address (street number and name)			
City	Province/State	Country	Postal/Zip Code
Are you a U.S. Resident for tax purposes (which includes a U.S. citizen)? If Yes, provide a U.S. Taxpayer Identification Number (TIN) <input type="checkbox"/> Yes <input type="checkbox"/> No    United States Taxpayer Identification Number (TIN) _____			