

Account Application, Client Agreement and Substitute Form W-9 Request for Taxpayer Identification Number



Account Number Branch	Account	F	C	D
344	02497	16	254	

Personal Information

Account Owner

Name Barry Lawrence Friedman

SSN or Tax ID 108-38-0183 Date of Birth 10/06/1946

Citizenship: ☒ U.S. ☐ U.S. Permanent Resident Alien

Daytime Phone 613-725-3198 Evening Phone _____

Fax 613-725-0298

Email bfriedman@emax.ca

X Account Owner's Mother's Maiden Name: Heimberg

X Security Question: Account Owner's City of Birth: Brooklyn, N.Y.

Mailing Address for this account

Street Address 3515 HENRY HUDSON PKWY WEST, 7C

City BRONX State NY ZIP 10463

This account is for (check appropriate box): ☒ Individual/Anst ☐ Sole Proprietor ☐ Corporation ☐ Partnership ☐ Other (Specify): _____

Additional Account Owner(s)

Name _____

SSN or Tax ID _____ Date of Birth _____

Citizenship: ☐ U.S. ☐ U.S. Permanent Resident Alien

U.S. Federal law requires us to obtain, verify and record information that identifies each person or entity that opens an account. What this means for you is that when you open an account, we will ask for your name, a street address, date of birth, and an identification number, such as a Social Security No. or other identification number, that Federal law requires us to obtain. We may also ask to see a driver's license, corporate formation document (for corporate entities), or other identifying documents that will allow us to identify you or the corporate entity seeking to open an account. We appreciate your cooperation.

Account Owner

Name _____

SSN or Tax ID _____ Date of Birth _____

Citizenship: ☐ U.S. ☐ U.S. Permanent Resident Alien

Daytime Phone _____ Evening Phone _____

Fax _____

Email _____

Account Owner's Mother's Maiden Name: _____

Security Question: Account Owner's City of Birth: _____

Permanent Legal Address for this account (if different than Mailing Address)

Street Address _____

City _____ State _____ ZIP _____



Account Number	Branch	Account	T	D	JA
344	02497	16	254		

Alternate Mail Instructions

Complete this section if you desire another individual to receive mail on your behalf. The individual you designate **MUST** qualify as a "special custodian," which is defined as someone who is not authorized to withdraw funds or securities from your account, **AND** is not authorized to place orders or move assets for you, **AND** is not affiliated with a broker/dealer or registered investment advisor.

Please direct all communications, including trade confirmations and monthly statements, for my account indicated above, to the special custodian designated below. This instruction will remain in effect until written notice to the contrary is received by you at the branch office servicing my account. (See Paragraph 12 Page 6)

Name

Barry Lawrence Friedman

Street Address

480 Tweedsmuir Ave., Ottawa, Ontario, Canada K1Z 5N9

City

State

ZIP

Smith Barney AccessSM smithbarney.com

Using Smith Barney Access, our free internet-based service, you may view your investment portfolio, account activity, research and news headlines, pay bills online, transfer funds electronically (AFTSM), receive electronic delivery of your statements, trade confirmations and other documents, customize your homepage, send secure e-mail to your Smith Barney Financial Advisor, and download information to your computer.

To enroll in Access, go to www.smithbarney.com. The account owner's mother's maiden name is required for online enrollment. If you have not already provided it in the Personal Information section above, please do so. Speak to your Financial Advisor regarding our free Smith Barney Access (Internet Bill Pay) service.

Sweep Fund

Sweep allows your idle cash to be invested automatically. Choose where you would like your cash to be invested. Please check one.
The FMA account has a daily sweep.

- ☒ Bank Deposit ProgramSM – FDIC-insured deposits in affiliated Citigroup banks (note: not available for managed accounts or business accounts)
- ☐ Tax-free money market fund

Borrowing Privileges

Portfolio CreditLine[®] (margin) allows you to borrow against the value of eligible securities in your account for almost any investment, personal or business purpose. Eligible accounts will have Portfolio CreditLine borrowing privileges unless you decline below. See accompanying literature for an explanation of Portfolio CreditLine borrowing.

☐ We do **not** want Portfolio CreditLine borrowing privileges in my/our account.

Dividend Reinvestment

☐ Reinvest dividends into additional shares automatically (fess may apply). Speak to your Financial Advisor to select which dividends to reinvest.

FMA[®]/FMA PLUSSM Account

The FMA/FMA PLUS Account gives you convenient access to the funds in your account and simplifies your daily financial management needs. By selecting any of the FMA features, you will be set up automatically with an FMA account. An annual account fee may apply for an FMA/FMA PLUS account.

Indicate your choice of account type:

None. Business Accounts will be automatically established as a Business FMA.

☒ Financial Management AccountSM (FMA[®])

☐ FMA PLUS (Unlimited free ATM withdrawals with the FMA Card, two complimentary IRAs linked to your account, all stop payment fees waived and unlimited free check copies.)

Check Writing – Check writing privileges provide you with convenient access to your money.

Choose your check imprint and style preference.

Check Imprint:

☐ Name and Address

☐ Name only, no address

Check Style Preference:

☐ Wallet Size

☐ Wallet Size with Duplicate (Additional Charge)

☐ Executive (additional charge)

☐ Corporate (additional charge)

Multiple owner accounts—please tell us if one or two signatures are required to authorize checks: ☐ One signature required ☐ Two signatures required

Account Number	Amount	T	C	RA
344	02497	16	254	

Access Agreement. If I have requested any of the services referenced in the FMA sections above, I agree to the terms of the FMA Agreement that has been provided to me and understand that both an account minimum balance and annual fee apply. I authorize you to establish checking privileges, Online Services and the Automatic Funds Transfer service, and to have the FMA Card(s) issued as instructed (including the designated Access Levels) on this Account Application, and I affirm that I have the authority to open this account. I authorize you and the FMA Card issuer to have FMA Card(s) issued as indicated (including the designated Access Levels). I understand that this account is governed by the FMA Agreement, the Client Agreement, the Online Services Agreement, my agreement with the FMA Card issuer, the Bank Deposit Program Disclosure Document, and/or other agreements I may have with you or other providers of services related to the FMA account. I have read all those documents and agree to their terms. If this account is established with Portfolio CreditLine (margin) privileges, I further acknowledge that I have read, understand and agree to the terms of the attached Client Agreement contained in sections 18 through 19 and that my securities may be loaned to you or loaned out to others.

Tax Certification: Under penalties of perjury I certify that:
 1.) the number I have provided above is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and
 2.) I am not subject to backup withholding because: a.) I am exempt from backup withholding, or b.) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or c.) the IRS has notified me that I am no longer subject to backup withholding.
 3.) I am a U.S. person (including a U.S. resident alien)
Certification Instructions: You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Smith Barney requires your consent to the applicable provisions of this Agreement in order to open and maintain your account.

All account owners must sign. If FMA Checking is requested, please sign as you will normally sign your checks.

I acknowledge that I have received a copy of the Client Agreement which contains a pre-dispute arbitration clause on page 6 of 7, section 6.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Account Owner Signature	<i>B. Friedman</i>	Date	Jan. 24, 2007
Account Owner Signature		Date	
Additional Account Owner Signature		Date	
Additional Account Owner Signature		Date	