

PORTAS® PERSONAL SECURITY LICENCE AND RSA TOKEN APPLICATION

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1. APPLICANT INFORMAT	TION (To be complet	ted by the Applica	nt)	
Applicant must use full legal name. Plea	ase print.		Now Application	Replacement Token Type: SOFT
LAST NAME			New Application	Replacement Token Type: SOFT
FIRST NAME	AME MIDDLE NAME		LAW SOCIETY OF ONTARIO (FOR LAWYER APPLICANTS ONLY)	
BUSINESS/ORGANIZATION NAME				
OB TITLE DATE OF BIRTH (DD/MM/YYYY)		Complete all shared secret information		
STREET (HOME ADDRESS)			SECRET QUESTION ON	E
CITY	PROVINCE	POSTAL CODE	ANSWER TO SECRET Q	UESTION ONE
TELEPHONE (INCLUDING AREA COD	E) FACSIMILE (INCLU	DING AREA CODE)	SECRET QUESTION TW	0
EMAIL ADDRESS (REQUIRED TO PROCESS APPLICATION)			ANSWER TO SECRET QUESTION TWO	
	CANT'S IDENTITY (fore the designated represer applicant's identity shall ent	To be completed but attive and provide two cuer the information from the	DATE (MA	M/DD/YYYY)
Photo ID: The following types of Photo ID are acceptable to Teranet: Valid Canadian Driver's Licence Valid Canadian Firearms Acquisition Card, Valid Canadian Passport, Valid Permanent Resident Card, or a Valid Ontario Photo Card.			Secondary ID: The following types of Secondary ID are acceptable to Teranet: Social Insurance Card, Canadian Birth Certificate, or a different piece of photo ID (as specified under Photo ID).	
DENTIFICATION TYPE			IDENTIFICATION TYPE	
CARD NUMBER			CARD NUMBER	EXPIRY DATE(MM/YYYY)
	lication. I was present and d	id see this Application sign	ned by the Applicant. I hereby	ormation on each piece of identification is the same as the informati subscribe as a witness to this Personal Security Licence and RS
Lawyer Notary	_	Financial Institution Sign		
Designated Representative Contact Ir		NK BRANCH		
Name of Designated Representative			BUSINESS/ORGANIZATION NAME	
STREET			CITY, PROVINCE	POSTAL CODE
TELEPHONE (INCLUDING AREA CODE) FACSIMILE (INCLUDING A			REA CODE)	EMAIL ADDRESS
X	URE			DATE (MM/DD/YYYY)

FAX THIS FORM AND ATTACHMENTS TO TERANET INC.: 416-360-6069 OR MAIL. TERANET INC. IS LOCATED AT 123 FRONT STREET WEST, SUITE 700, TORONTO, ONTARIO M5J 2M2. PLEASE DO NOT EMAIL THIS FORM

Requirements Checklist

Section 1 – Applicant Information (To be completed by the Applicant):

- Applicant Contact Information Name, address, phone number and Date of Birth.
- LSO number (lawyer applicants only) It is important to provide your full legal name as it is registered with the Law Society of Ontario
- Email address To be used to send confirmation once the applicant has been set up in Teraview
- 2 secret questions and answers For example: What is my mother's maiden name? Also provide the answer.
- · Applicant's signature and date.

Section 2 – Validation of Applicants Identity (To be completed by designated representative):

- 2 Pieces of identification 1 Photo ID & 1 Secondary ID
 - Acceptable forms of Photo ID: Valid Canadian Driver's Licence, Valid
 Canadian Firearms Acquisition Card, Valid Canadian Passport, Valid
 - o Permanent Resident Card, or a Valid Ontario Photo Card.
 - Acceptable forms of Secondary ID: Social Insurance Card, Canadian Birth Certificate, or a different piece of photo ID (as specified above)

Health cards are NOT an acceptable form of identification

- o Photocopies of the applicant's identification are NOT required.
- Designated Representative Contact Information
 - Select category of the designated representative
 - o Name, address and contact information to be completed in full
 - o Designated representative's signature and date