

90-DAY TRAINING PROGRAM CERTIFICATE

This will certify that _____, who commenced full time employment on _____, and successfully completed the Canadian Securities Course on _____, will have completed a 90-day training program on _____, during which time the above-named has not acted in a capacity which would require registration approval.

Date

Name of Partner/Director or Senior Officer of Member responsible for training (*please print*)

Signature of above Partner/Director or Senior Officer of Member

Member Firm