



TRADING AUTHORIZATION FORM

Form 306.13 04/24

700 - 1111 West Georgia Street
Vancouver, BC, Canada V6E 4T6
604.605.4199 Toll Free 1.877.787.2330

1. ACCOUNT DETAILS

Primary Account Holder Name (First, Initial, Last) Joint Account Holder Name (First, Initial, Last) Account Number(s)

2. ACCOUNT HOLDER AUTHORIZATION

To: Qtrade Direct Investing (the "Broker")

Please be advised that the undersigned Account Holder has appointed: Trading Authority Name (First, Initial, Last) (Please Print)

(hereafter referred to as "TA") to act on behalf of the undersigned with respect to transactions in the account(s) specified above, in accordance with the following:

- 1. My appointment of my TA and any actions taken by my TA are governed by the Customer Agreements & Disclosure Documents booklet (the "Booklet") which both my TA and I have read and agree to be bound by.
2. The Broker is hereby authorized to accept and act upon the instructions of my TA with respect to:
a. The purchase and sale (including short selling) of securities on my behalf, on margin or otherwise;
b. Foreign exchange conversions;
c. Moving funds from my Account into another financial institution account that I have set up for electronic funds transfer;
d. Making contributions into my RSP account (if applicable); and
e. Requesting a cheque in my name to be mailed to my address.
3. I agree that the foregoing instruction shall remain in full force and effect until notification to the contrary has been received in writing by the Broker, and until such notification, all that the TA shall do or purport to do by virtue hereof is fully ratified and confirmed; and,
4. I expressly agree that all such transactions handled by the Broker are at my risk and I undertake to hold the Broker harmless and indemnify the Broker against all costs, damages and losses, including legal costs arising out of any such transactions.

The Broker will not notify you if your TA performs any of the above transactions. Please ensure you are aware of the permissions granted on any financial institution account that you have set up for electronic funds transfer.

x Primary Account Holder Signature Date (dd/mm/yyyy) x Joint Account Holder Signature Date (dd/mm/yyyy)

3. TRADING AUTHORITY INFORMATION AND AUTHORIZATION

Mr. Mrs. Ms. Miss Dr. Social Insurance Number
Trading Authorization Name (First, Initial, Last) Contact Number Email Address Relationship to Account Holder
Home Address City Province Postal Code Date of Birth (dd/mm/yyyy)
Citizenship (List all countries) Country of Residence Occupation Employer Industry

- A. Are you a tax resident of: Canada U.S. Other(s): Enter Country Names and Tax Identification Numbers
Note: You are considered a US tax resident if you are a US resident or citizen. US tax residents must include an IRS Form W9 and Waiver of Client Confidentiality.
B. Do you own, or have control or direction over, directly or indirectly, alone or as part of a group, 10% or more of the voting rights of an issuer or publicly traded company or other entity? No Yes
C. Are you a Director or Senior Officer, or an individual performing similar functions, of an issuer or publicly traded company or other entity whose shares trade on a marketplace? No Yes
D. Are you, your spouse, or any member of your household an employee, Director, Partner or Officer of a securities dealer? No Yes
E. In which of the following do you have investment experience?
None Mutual Funds Stocks Bonds Options: Long Calls or Puts Covered Writing Spreads Uncovered Writing

F. Identification: For each Trading Authorization, include a legible photocopy of valid government issued photo ID and select from the Verified Identification Methods below.
Photo ID: Passport Driver's License (front & back) Other ID Type & Number (Acceptable ID must have Unique Identifier, Signature and Expiry Date)
Verified Identification Methods (select either Credit File* or Dual Method):
Credit File* (must be in existence for at least 3 years) *Note - The Broker will obtain the credit file report
Dual Method (select 2 of the following): Credit File* (at least 6 months to 3 years old) Personal Cheque (minimum \$10, payable to Aviso Financial Inc.) Reliable Document (CRA Assessment, Utility bill)

I represent and warrant that the information provided herein is accurate and complete and that I have read and understand the account holder authorization above as well as the terms and conditions of the Broker's agreement governing the account holder's account(s) and acknowledge and agree that the Broker will not review any orders for suitability.
I Agree I Do Not Agree

x Trading Authorization Signature Date (dd/mm/yyyy)

4. APPROVAL (FOR INTERNAL USE ONLY)

x Authorized Officer or Branch Manager Name Authorized Officer or Branch Manager Signature Date (dd/mm/yyyy)

ORDER EXECUTION ACCOUNT

Qtrade Direct Investing is a division of Aviso Financial Inc., Member of the Canadian Investor Protection Fund.