

ESTATE SUPPLEMENTARY FORM

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

1. TRADING AUTHORITY INFORMATION

E	state	e Account Name									
P	eas	e be advised that the Estate has appointed:									
			Executor 1 (First, Initial, Last)		Executor 2 (First, Initial, Last)						
(he aco	erea cord	fter referred to as "Attorney" or, collectiv ance with the conditions set out in this docum	vely "Attorneys") to act on behalf of the Estatent as follows:	ate as Attorney with respect	to transactions in the Qtrade Direct Investing	("Qtrade") account(s), in					
1.					ts & Disclosure Documents which both the Attorn otherwise, revoke any existing power of Attorney						
2.	Qti	rade is hereby authorized to accept and act up	pon the instructions of such Attorney to:								
	A.	purchase securities of whatsoever nature or	kind, including options and foreign exchange c	ontracts (hereinafter collectiv	vely called "securities"), on margin or otherwise;						
	В.	sell (including short sales), assign, pledge, t	ransfer, hypothecate or otherwise dispose of ar	y securities held by Qtrade f	or the Estate whether or not registered in the nam	ne of the Estate;					
	C.	make, execute and deliver all necessary agreements (including any account operating or trading agreements), documents, instruments, acts of assignment, pledges, transfers and hypothecations as may relate to any securities transactions or any borrowings or advances or any obligations heretofore, now or hereafter incurred by the Estate, as may be required by Qtrade;									
	D.	borrow money on the credit of the Estate by obtaining loans or advances or as overdrafts whether by deed of loan or acknowledgement of debt or by any other means whatsoever;									
	E.	assign, transfer, convey, hypothecate, mortgage, pledge, charge or give security in any manner upon all or any real or personal property or other assets, movable or immovable, present or future, of the Estate to secure any such obligations of the Estate;									
	F.		ehalf of the Estate by Qtrade and to execute ar le, to secure any such obligations of the Estate;		or money or securities or other property and to v	erify and settle all books					
	G.		liver, issue, accept, endorse, negotiate or disco lual order of any signing officer(s) of the Estate)		note, bill of exchange or other negotiable instrum	nent (including orders for					
	H.	receive, sign and approve any withdrawal, d operation of any such accounts.	locument, voucher, bill of exchange, account st	atement and any documents	or papers relating thereto and to reconcile any a	mounts pertaining to the					
3.		y and all transactions for the Estate's account(s) and any documents in connection therewith heretofore or hereafter executed by an Attorney on behalf of the Estate are hereby ratified and nfirmed.									
4.		Il acts and things done and instruments of payment, agreements or other documents signed or purporting to be signed on behalf of the Estate in the manner set forth in this resolution shall be valid nd binding upon the Estate.									
5.	Th	e Executor(s) hereby delegate any and all aut	thority to the Attorney(s) named herein.								
6.			Estate agrees that the foregoing instruction shall remain in full force and effect until notification to the contrary has been received in writing by Qtrade and until such notification, all that the prney shall do or purport to do by virtue hereof is fully ratified and confirmed;								
7.		e Estate expressly agrees that all such tran mages and losses, including legal costs arisin		's risk and the Estate unde	rtakes to hold Qtrade harmless and indemnify O	Qtrade against all costs,					
8.		Atrade will not notify the Estate if its Attorney(s) performs any of the above transactions since they have the same effect as if undertaken by the Estate. Please ensure the Executor(s) is aware of ne permissions granted of any financial institution account that has been set up for electronic funds transfer.									
2.		AUTHORIZATION									
l, t	he u	indersigned, certify that:									
		thorized Attorney(s) of the Estate for the purp ire(s) of such persons are attached.	bose of operating the Estate account(s) with Qtr	ade are listed above. The na	ames and information pertaining to each Attorney	along with the specimen					
				x							
E	xecu	itor Name (First, Initial, Last)		Executor Signature		Date (dd/mm/yyyy)					
				x							
E	xecu	itor Name (First, Initial, Last)		Executor Signature		Date (dd/mm/yyyy)					
E	xecu	tor Name (First, Initial, Last)		x Executor Signature		Date (dd/mm/yyyy)					
3.		INFORMATION ON BENEFICIARIES (REC	QUIRED BY REGULATORS)								
				attach an additional raise)							
-IE	ase	ist the names and addresses for all Beneficia	aries of the Estate (if more than 5 beneficiaries,	anach an additional page).							

Beneficiary Name (First, Initial, Last)	Address



700 - 1111 West Georgia Street Vancouver, BC, Canada, V6E 4T6

1 INFORMATION ON EXECUTOR (REQUIR	RED BY REGULATORS)						
Mr. O Mrs. O Ms. O Miss O Dr.							
						Social Insura	ince Number
Vame (First, Initial, Last)			Contact Number	r	Email Address		
ome Address			City			Province	Postal Code
itizenship (List all countries) Count	try of Residence O	Occupation	Employer			Date of Birth	(dd/mm/yyyy)
Are you or any member of your immediate fa Head of International Organization (HIO), or a			○ No ○ Yes	If yos, compl	ete a PEP and HIO form		
on the PEP and HIO form? Do you own, or have control or direction over, di	irectly or indirectly, alone or	r as part of a group.	○ No ○ Yes	n yes, compi			
10% or more of the voting rights of an issuer or				If yes, specif	y name(s) of company(ie	es) and % owned.	
Are you a Director or Senior Officer, or an ir issuer or publicly traded company or other entit	ndividual performing simila ty whose shares trade on a	ar functions, of an a marketplace?	O No O Yes	16		-)	
Are you, your spouse, or any member of your	,	1	○ No ○ Yes	it yes, specit	y name(s) of company(ie	es).	
Officer of a securities dealer?			0 0	If yes, specif	y name(s) of security dea	aler(s).	
In which of the following do you have investme	· _	Ontional Long		Covered Writing	a 🗌 Spreads 🗌	Lincovered Writing	
None Mutual Funds Stocks Identification: Required for each Executor. In	_		_	Covered Writing		Uncovered Writing	
	r's License (front & back)	O Other ID T				lous below.	
Verified Identification Methods (select either Cr	· · · · · · · · · · · · · · · · · · ·	(Accentabl		ue Identifier, Si	gnature and Expiry Date)	
O Credit File* (must be in existence for at lea	ast 3 years)	*Note – Qt	ade will obtain the c	redit file report			
O Dual Method (select 2 of the following):	Credit File*	hs to 3 years old)	Personal Cheque (minimum \$10, p		Einancial Inc.)		e document ssessment, Utility bi
present and warrant that the information provid	,	, , , , , , , , , , , , , , , , , , ,		,	,		
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