07/23



## INFORMAL TRUST ACCOUNT AGREEMENT

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

1. ACCOUNT DETAILS					
Applicant Name (Einst Initial Lept)	Applicant Name (First, Initial, Last)  Joint Applicant Name (First, Initial, Last)				
2. BENEFICIARY INFORMATION (REQUIRED BY SECURITIES REGULATORS)				Account Number	
#1 In Trust for: O Mr. O Mrs. O Ms. O Miss O Dr.					
Name of Beneficiary (First, Initial, Last)		Email Address		Pero	centage
Home Address (PO Box & General Delivery not acceptable)	City	Province	Postal Code	Home Phone	
Citizenship (List all countries)	Occupation (if applicable)	Employer (if applicable	)	Date of Birth (dd/mm/y	уууу)
If beneficiary has reached the age of majority, beneficiary must answer the following questions and sign below.					
A. 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 If yes, specify name(s) of company(ies) and % owned %					
B. 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 If yes, specify name(s) of company(ies)					
C. Are you, your spouse or any member of your household an employee, Director, Pa	rtner or Officer of a securities dealer?				
○ No ○ Yes If yes, specify name(s) of security dealer(s)					
By signing and dating below, I confirm that the information I have provided is correct.					
v					
X Beneficiary Signature (for beneficiaries who have reached the age of majority)  Date (dd/mm/yyy				y)	
#0 In Twentfare O May O May O May O May					
#2 In Trust for: O Mr. O Mrs. O Ms. O Miss O Dr.					
Name of Beneficiary (First, Initial, Last)		Email Address		Per	centage
Name of Beneficiary (1 list, linual, East)		Linaii Addi C33			cinage
Home Address (PO Box & General Delivery not acceptable)	City	Province	Postal Code	Home Phone	
Citizonship (List all countries)	Occupation (if applicable)	Employer (if applicable	\	Data of Pirth (dd/mm/)	2001
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If beneficiary has reached the age of majority, beneficiary must answer the following  A. Do you own, or have control or direction over, directly or indirectly, alone or as particle of the provided in the provided in the provided is correct.  B. Are you a Director or Senior Officer, or an individual performing similar functions, one of Yes If yes, specify name(s) of company(ies)  C. Are you, your spouse or any member of your household an employee, Director, Particle One of Yes If yes, specify name(s) of security dealer(s)  By signing and dating below, I confirm that the information I have provided is correct.  X  Beneficiary Signature (for beneficiaries who have reached the age of majority)  3. APPLICANT AUTHORIZATION (READ CAREFULLY BEFORE SIGNING)  To Qtrade Qtrade Direct Investing ("Qtrade"): In consideration of Qtrade opening, or if opened, continuing the operation of the aboreverally if more than one) as follows:  1. I have been advised to seek professional tax and legal advice with respect to planning or other similar objectives thereby. Qtrade has provided no advice, could consider the provided in the planning or other similar objectives thereby. Qtrade has provided no advice, could consider the provided in the planning of the Account, Qtrade against any and all loss, claim, without limitation any claims made by the trustees or beneficiaries or purported to the post with Qtrade any securities or monies; to deliver securities or other provided no advice to the provided in order to pass title thereto; to direct the sale or exercise of any voice assignments, powers of attorney and/or other documents in connection with any effecting any exchange or conversion; and generally to do and take all action ne  5. The name(s) of the Account holder(s) in section 1 are the only trustees of this Account holder(s) in section 1 are the only trustees of this Account holder(s) in section 1 are the only trustees of this Account holder(s) in section 1 are the only trustees of this Account holder(s) in section 1 are the only	revereferenced account (the "Account"), the sestablishment or operation of the voting riguster or publicly traded company or truer or Officer of a securities dealer?  We-referenced account (the "Account"), the sestablishment or operation of the Accoused or opinion in that or any other regard a st, whether written, verbal, implied, or consume account of the account	undersigned applicant ( ount for or in relation to nd makes no representa structive that may exist v may suffer or incur as in the Account may relate solely from me. With rest, telephone, fax, electr to order the transfer or or ts with respect to any s to surrender any securit and information of each st to which this Account	Date (dd/mm/yyy) "I" or "me") acknow any trust and the tions with respect vith respect to the a result of the ope bespect to the Accordic means or any lelivery of securitie ecurity held in the les to the proper a beneficiary. This a	y)  wledges and agrees (jo achievement of any taxthereto.  Account. ration of the Account, i ount, I am fully authori other mode of commu se to any name; to end Account; to sign any r gent or party for the purgreement is binding on	intly and x, estate ncluding ized and nication; orse any eleases, irpose of a Qtrade,
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