

AUTHORIZATION TO DISTRIBUTE DUPLICATE STATEMENTS AND/OR CONFIRMATIONS

Form 311.8 07/23
700 - 1111 West Georgia Street

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

604.605.4199 Toll Free 1.877.787.2330 Please complete to authorize distribution of duplicate account statements and/or trade confirmations. ACCOUNT HOLDER INFORMATION O Mr. O Mrs. O Ms. O Miss O Dr. Nom du titulaire du compte (First, Initial, Last) ACCOUNT INFORMATION • Please comple te one form for each account. Account Type (select one): O Cash Account (cash settlement) O Margin Account (borrowing against equity) O Registered Retirement Savings Plan (RSP) O Registered Retirement Income Fund (RIF) O Registered Life Income Fund (LIF) O Other O Existing Account O New Account Qtrade Investor account # Account Status (select one): O Individual O Joint Ownership (select one): ○ Mr. ○ Mrs. ○ Ms. ○ Miss ○ Dr. Nom du titulaire du compte conjoint (prénom, initiale, nom) RECIPIENT OF DUPLICATE ACCOUNT STATEMENTS AND / OR TRADE CONFIRMAT Please select which duplicate documents you would like to have directed to the recipient indicated below: O Account Statements O Trade Confirmations O Mrs. O Ms. O Miss O Dr. O Company Name of Recipient (Person) / Name of Recipient Company Address City Province Postal Code Email Business Number Residential Number (if applicable) If the recipient above is a company, please indicate to whose attention the duplicate documents should be directed. ○ Mr. ○ Mrs. ○ Ms. ○ Miss ○ Dr. Name of Recipient (First, Initial, Last) AUTHORIZATION By signing below, I/we authorize the distribution of duplicate account statements and/or trade confirmations (as indicated in Section 3) for my/our account (as indicated in Section 2). Signature of Account Holder Date (dd/mm/yyyy) Signature of Joint Account Holder Date (dd/mm/yyyy) FOR QTRADE DIRECT INVESTING USE ONLY Authorized Officer or Branch Manager's Signature Date (dd/mm/yyyy) **Branch Comments**