

## 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

Estate Account Name				
Please be advised that the Estate has appointed:			-	
Executor 1 (First,		Executor 2 (First, Initial, Las		
(hereafter referred to as "Attorney" or, collectively "Attorneys") accordance with the conditions set out in this document as follows:	to act on behall of the Estate as Att	iney with respect to transactions in the Qira	se blied investing ( Quade ) account(s), in	
1. The Estate's appointment of an Attorney and any actions taken by Executor have read and agree to be bound by. The Estate's appoint				
2. Qtrade is hereby authorized to accept and act upon the instructions	of such Attorney to:			
A. purchase securities of whatsoever nature or kind, including opti-	ions and foreign exchange contracts (I	nereinafter collectively called "securities"), on n	argin or otherwise;	
B. sell (including short sales), assign, pledge, transfer, hypothecal	e or otherwise dispose of any securitie	es held by Qtrade for the Estate whether or not	registered in the name of the Estate;	
C. make, execute and deliver all necessary agreements (inclu hypothecations as may relate to any securities transactions or a				
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, char future, of the Estate to secure any such obligations of the Estat	ge or give security in any manner up e;	on all or any real or personal property or othe	r assets, movable or immovable, present or	
F. receive any securities or property held on behalf of the Estate and accounts between the Estate and Qtrade, to secure any su		drafts or receipts for money or securities or oth	er property and to verify and settle all books	
G. receive payment or sign, make, execute, deliver, issue, accept, the payment of money payable to the individual order of any sign	endorse, negotiate or discount any cl ning officer(s) of the Estate); and	neque, promissory note, bill of exchange or oth	er negotiable instrument (including orders for	
<ul> <li>receive, sign and approve any withdrawal, document, voucher, operation of any such accounts.</li> </ul>	bill of exchange, account statement a	nd any documents or papers relating thereto a	nd to reconcile any amounts pertaining to the	
<ol> <li>Any and all transactions for the Estate's account(s) and any docu confirmed.</li> </ol>	uments in connection therewith hereto	fore or hereafter executed by an Attorney on	behalf of the Estate are hereby ratified and	
4. All acts and things done and instruments of payment, agreements of and binding upon the Estate.	or other documents signed or purportin	g to be signed on behalf of the Estate in the m	anner set forth in this resolution shall be valid	
5. The $\ensuremath{Executor}(s)$ hereby delegate any and all authority to the $\ensuremath{Attorn}$	ey(s) named herein.			
6. The Estate agrees that the foregoing instruction shall remain in fu Attorney shall do or purport to do by virtue hereof is fully ratified an		the contrary has been received in writing by (	Ωtrade and until such notification, all that the	
7. The Estate expressly agrees that all such transactions handled to damages and losses, including legal costs arising out of any such t		d the Estate undertakes to hold Qtrade harm	ess and indemnify Qtrade against all costs,	
8. Qtrade will not notify the Estate if its Attorney(s) performs any of the permissions granted of any financial institution account that has			e. Please ensure the Executor(s) is aware of	
2. AUTHORIZATION				
I, the undersigned, certify that:				
The authorized Attorney(s) of the Estate for the purpose of operating th signature(s) of such persons are attached.	e Estate account(s) with Qtrade are lis	sted above. The names and information pertain	ing to each Attorney along with the specimen	
Executor Name (First, Initial, Last)	X	or Signature	Date (dd/mm/yyyy)	
	Excour	Si Signaturo	Date (dd/mm/yyyy)	
Executor Name (First, Initial, Last)	x Execut	or Signature	Date (dd/mm/yyyy)	
	x			
Executor Name (First, Initial, Last)		or Signature	Date (dd/mm/yyyy)	
3. INFORMATION ON BENEFICIARIES (REQUIRED BY REGU	ILATORS)			
Please list the names and addresses for all Beneficiaries of the Estate	(if more than 5 beneficiaries, attach an	additional page).		
Beneficiary Name (First, Initial, Last)	Address			



(To be completed by each Executor of the Estate)

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Vancouver, BC, Canada V6E 4T6
604.605.4199 Toll Free 1.877.787.2330

C. Are you a Director or Senior Officer, or an individual performing similar functions, of an No Yes issuer or publicly traded company or other entity whose shares trade on a marketplace?       No Yes if yes, specify name(s) or the entity whose shares trade on a marketplace?         D. Are you, your spouse, or any member of your household an employee, Director, Partner or No Yes officer of a securities dealer?       If yes, specify name(s) or the entity whose shares trade on a marketplace?         D. Are you, your spouse, or any member of your household an employee, Director, Partner or No Yes       If yes, specify name(s) or the entity and the entity and the entity and the entity of the entity and the entity of the entity of the entity of the entity and the entity of the entity of the entity of the entity of the entity and the entity of the entis of the entity of the entity of the entity of the en	Social Insurance Number s Province Postal Code
Home Address       City         Clitzenship (List all countries)       Country of Residence       Occupation       Employer         A. Are you or any member of your immediate family a Politically Exposed Person (PEP) or head of International Organization (HO), or a cicse associate of a PEP or HIO, as defined       No       Ves         If yes, complete a PEP a       If yes, complete a representational Organization (HO), or a cicse associate of a PEP or HIO, as defined       No       Ves         If yes, specify name(s) or Officer of a second or direction, over, directly or indirectly, alone or as part of a group, Officer of a second organization or publicly traded company or other entity.       No       Ves         A rey ou, Director or Senior Officer, or an individual performing similar functions, of an issuer or publicly traded company or other entity.       No       No       No         A rey ou, Surfactor or Senior Officer, or an individual performing similar functions, of an issuer or publicly traded company or other entity.       No       No       No         A rey ou, Surfactor or Senior Officer, or a individual performing similar functions, of minum strains, or any member of your household an employee. Director, Partner or Mone or Associate or Bob Sociate of Bob Sociate of Associate Associate of Associate Associate of Associate Associate of Associate of Associate Associate Associate Associate Associate Assoc	s
Home Address       City         Citzenship (List all countries)       Country of Residence       Occupation       Employer         L Are you or any member of your immediate family a Politically Exposed Person (PEP) or on the PEP and Hill form?       No       Ves       If yes, complete a PEP a fif yes, specify name(s) or if yes, specify name(s) or fif yes, specify name(s) or if yes, specify name(s) or fif yes, specify name(s) or if yes, or prevent if yes, complete a PEP a if yes, specify name(s) or if	
ditzenship (List all countries)       Country of Residence       Occupation       Employer         Are you or any member of your mendiate family a Politically Exposed Person (PEP) or MO, as defined on the PEP and HO tom?       No       Yes       If yes, complete a PEP a TPO or No       Yes         10% or more of the voling rights of an issuer or publicly traded company or other entity viated company or other entity with a set of a group, 10% or more of the voling rights of an issuer or publicly traded company or other entity with a set trade on a marketplace?       No       Yes         Are you, or spouse, or any member of your household an employee, Director, Partner or No       No       Yes       If yes, specify name(s) or the entity with a set of a second provided base of the participation of the entity and the visit of the second provided base of the participation of the second provided base of the participation of the participation of the participation of the participation base of the participation of the partipart of the participation of the participat	Province Postal Code
Itizenship (List all countries)       Country of Residence       Occupation       Employer         Are you any member of your immediate family a Politically Exposed Person (PEP) or inter PEP and HIO form?       No       Yes         If yes, complete a PEP a role of the member of your immediate family a Politically Exposed Person (PEP) or interverse and indivational Organization (HIO), or a close associate of a PEP and indivational performing similar functions, of an issuer or publicly traded company or other entity whose shares trade on a marketplace?       No       Yes         Are you, an 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         In which of the following do you have investment experience?       No       No       Yes         In which of the following do you have investment experience?       Other ID Type & Number       Covered Writing Ip Personal Cheque         Credit File* (must be in existence for at least 3 years)       Note – Ottrade will obtain the credit file report       Personal Cheque         Or cleaf File* (must be in existence for at least 3 years)       Note – Ottrade will obtain the credit file report       Personal Cheque         Or cleaf File* (must be in existence for at least 3 years)       Note – Ottrade will obtain the credit file report       Personal Cheque         Or cleaf File* (must be indevided will not review any orders for suitability. Without this consent Quade will not open this account.	Province Postal Code
Are you or any member of your immediate family a Politically Exposed Person (PEP) or head of International Organization (HO), or a close associate of a PEP or HIO, as defined on the FEP and HO tom?       If yes, complete a PEP a if yes, apacify name(s) or the refit and the ording rights of an issuer or publicly traded company or other entity?       No       Yes         If yes, ordinational Organization (HO), or a close associate of a PEP or HIO, as defined on the FEP and HIO tom?       No       Yes         If yes, specify name(s) or the entity whose shares trade on a marketplace?       No       Yes         Are you a Director or Senior Officer, or an individual performing similar functions, of an issuer or publicly traded company or other entity?       No       Yes         If yes, specify name(s) or invitient of your household an employee. Director, Partner or or officer of a securities deel?       No       Yes         In which of the following do you have investment experience?       Ordiner in the Verified Identification: Required for each Executor. Include a legible photocopy of valid government issued photo ID and select from the Verified Identifier. Signature and Ordinational Organization Provide Herein Is accurate and complete and that the area and understand the terpot         Verified Identification: Required for each Executor.       Include Herein S.       Order File' (must be in existence for at least 3 years)       *Note – Qtrade will obtain the credit file repot         Verified Identification Methods (select 2 of the following):       Certit File' (must be in Qtrade will not	
Head of International Organization (HOD, or a close associate of a PEP or HIO, as defined on the PEP and HIO torm? Do you own, or have contol or direction over, directly or indirectly, alone or as part of a group, if yes, complete a PEP a HIO town or other entity is trade organized to the definition of the entity of the entity is trade organized to the terms and control or direction over, directly or indirectly alone or as part of a group. (I) No (I) Yes (I'yes, specify name(s) or the organized to the following do you have investment experience? (I) which of the following do you have investment experience? (I) No (I'nust be in assistent or publicly traded company or the organized to the following do you have investment experience? (I'yes, specify name(s) or the entity whose shares take on the SE and (I'regulated to the following) (I'regulated to the following) (I'regulated to the following do you have investment experience? (I'regulated to the following do you have investment experience? (I'regulated to the following) (I'regulated to I'regulated to I'regulated to I'reg	Date of Birth (dd/mm/yyyy)
on the PLP and HID b0m?       No       Yes         10% or more of the voling rights of an issuer or publicly traded company or other entity?       If yes, specify name(s) o         Are you a Director or Senic Officer, or an individual performing similar functions, of an sister or publicly traded company or other entity?       No       Yes         Are you, your spouse, or any member of your household an employee, Director, Partner or       No       Yes       If yes, specify name(s) o         In which of the following do you have investment experience?       In which of the following do you have investment experience?       No       Yes         In which of the following do you have investment experience?       Other ID Type & Muhual Funds       Stocks       Bonds       Options:       Long Calls or Puts       Covered Writing       Spin         Identification: Required for each Executor. Include a legible photocopy of valid government issued photo ID and seel from the Verified Ident Photo ID Type & Muhuber       Covered Writing       Spin         Verified Identification Methods (select 2 of the following):       Credit File"       Other ID Type & Muhuber       Personal Cheque       Personal Cheque </td <td>d LIO form</td>	d LIO form
Are you a Director or Senior Officer, or an individual performing similar functions, of an subscription of the entity whose shares trade on a marketplace? Are you, your spouse, or any member of your household an employee, Director, Partner or No Yes If yes, specify name(s) or Are you, your spouse, or any member of your household an employee, Director, Partner or No Yes If yes, specify name(s) or Non C Mutual Funds G down and the terms and soft of the securities deale? In which of the following do you have investment experience? Non C Mutual Funds Stocks Bonds Options: C Long Calls or Puts C Covered Writing Spitdentification: Required for each Executor. Include a legible photocopy of valid government issued photo ID and select from the Verified Identification Methods (select either Credit File* or Dual Method): (Acceptable ID must have Unique Identifier, Signature and Order File* (must be in existence for at least 3 years) *Note – Ottrade will obtain the credit file report C attrade will not review any orders for subability. Without this consent Ortade will not previde will not review any orders for subability. Without this consent Ottrade will not previde will not review any orders for subability. Without this consent Ottrade will not open this account. I IC Onsent I ID Not Consent C Contact Number Email Addre G City I INFORMATION ON EXECUTOR (REQUIRED BY REGULATORS) Mr. O Mrs. O Ms. O Miss O Dr.  mee (First, Initial, Last) Country of Residence Occupation Employer Are you or any member of your immediate family a Politically Exposed Person (PEP) or O No Yes If yes, complete a PEP and HiO form? Do you or any member of your immediate family a Politically Exposed Person (PEP) or O No Yes If yes, specify name(s) or Are you a Director or Senior Officer, or an individual performing similar functions, of a group, O No Yes If yes, specify name(s) or Are you a Director or Senior Officer, or an individual performing similar functions, of an issuer or publicity traded company or other entity whose shares take a dore an ama	
issuër or publicly traded company or other entity whose shares trade on a marketplace?  If yes, specify name(s) o  Are you, your spouse, or any member of your household an employee, Director, Partner or ONO Yes  If yes, specify name(s) o  In which of the following do you have investment experience?  Nee OMULUAI Funds Stocks Bonds Options: Cong Calls or Puts Covered Writing Spr Identification: Required for each Executor. Include a legible photocopy of valid government issued photo ID and select from the Verified Ident Photo ID: OP Passport OD river's License (front & back) O Other ID Type & Number  Verified Identification Methods (select either Credit File* or Dual Method): Credit File* (must be in existence for at least 3 years)  Note – Qtrade will obtain the credit file report Credit File* (must be in existence for at least 3 years)  Note – Qtrade will obtain the credit file report Credit File* (must be in existence for at least 3 years)  Note – Qtrade will obtain the credit file report Credit File* (must be in existence for at least 3 years)  Note – Qtrade will obtain the credit file report Credit File* (must be in existence for at least 3 years)  Note – Qtrade will obtain the credit file report Credit File* (must be in existence for at least 3 years)  Note – Qtrade will not open this account. Credit File* C	company(ies) and % owned.
Officier of a securities dealer?       If yes, specify name(s) o         In which of the following do you have investment experience?       If yes, specify name(s) o         None       Mutual Funds       Stocks       Bonds       Options:       Long Calls or Puts       Covered Writing       Spr         Identification:       Required for each Executor.       Include a legible photocopy of valid government issued photo ID and select from the Verified Identification Methods (select either Credit File" or Dual Method):       Other ID Type & Number       (Acceptable ID must have Unique Identifier, Signature and conceptable ID must have Unique Identifier, Signature and conceptable (at least 6 months to 3 years old)       Imminum \$10, payable to Credential Qtrad present and warrant that the information provided herein is accurate and complete and that I have read and understand the terms and conceptable ID nust have Will lot open this account.         If Jonsent       ID o Not Consent         Instruct       Information nor vector (REQUIRED BY REGULATORS)         Mrr.       Mrs.       Mss.       D rs.         Intership (List all countries)       Country of Residence       Occupation       Employer         Are you or any member of your immediate family a Politically Exposed Person (PEP) or No       No       Yes       If yes, specify name(s) or the security or anismed runcings, of an issuer or publicly traded company or other entity?       No       Yes       If yes, specify name(s) or Secord or Senir Officer, or an individual performing sim	company(ies).
□ None       Mutual Funds       Stocks       Bonds       Options:       Long Calls or Puts       Covered Writing       Spr         Identification:       Required for each Executor.       Include a legible photocopy of valid government issued photo ID and select from the Verified Identification:       Required for each Executor.       Include a legible photocopy of valid government issued photo ID and select from the Verified Identification.         Photo ID:       Passport       O Driver's License (front & back)       O Other ID Type & Number         Credit File' (must be in existence for at least 3 years)       'Note – Otrade will obtain the credit file report       (Acceptable ID must have Unique Identifier, Signature and complete and that the information provided herein is accurate and complete and that 1 have read and understand the terms and corrount(s) and acknowledge that Orade will not review any orders for suitability. Without this consent Qtrade will not open this account.         I Consent       I Do Not Consent         gnature       IIFORMATION ON EXECUTOR (REQUIRED BY REGULATORS)         Mr.       Mrs.       Miss       D r.         me Address       City       If yes, complete a PEP a or the contrational Organization (HIO), or a close associate of a PEP or HIO, as defined or the volting rights of an issuer or publicity and company or other entity.       No       Yes         It yes, specify name(s) or an individual performing similar functions, of an anterteptace?       No       Yes       If yes, specify name(s) or th	security dealer(s).
Identification: Required for each Executor. Include a legible photocopy of valid government issued photo ID and select from the Verified Identifier; Signature and Orred File* (must be in existence for at least 3 years)       Other ID Type & Number (Acceptable ID must have Unique Identifier; Signature and Orred File* (must be in existence for at least 3 years)         Note – Qtrade will obtain the credit File* or Dual Method):       Orredit File* (must be in existence for at least 3 years)       Note – Qtrade will obtain the credit file report (Acceptable ID must have Unique Identifier; Signature and our and extranse that the information provided herein is accurate and complete and that I have read and understand the terms and comount(s) and acknowledge that Qtrade will not review any orders for suitability. Without this consent Qtrade will not open this account.         I Do Not Consent       I Do Not Consent         me (First, Initial, Last)       Contact Number       Email Addre         me Address       City         izenship (List all countries)       Country of Residence       Occupation       Employer         Are you or any member of your immediate family a Politically Exposed Person (PEP) or on the voting rights of an issuer or publicity rade company or other entity whose shares trade on a marketplace?       No       Yes         If yes, specify name(s) or Super publicity raded company or other entity       If yes, specify name(s) or fires, or an individual performing similar functions, of an issuer or publicity raded company or other entity whose shares trade on a marketplace?       No       Yes         If yes, specify name(s) or Indirectl	
Photo ID:       Passport       Driver's License (front & back)       Other ID Type & Number         Verified Identification Methods (select either Credit File* or Dual Method):       (Acceptable ID must have Unique Identifier, Signature and (Acceptable ID must have Unique Identifier, Signature and variant that the information provided herein is accurate and complete and that I have read and understand the terms and compute and that thave read and understand the terms and compute and that I have read and understand the terms and compute and that I have read and understand the terms and comount(s) and acknowledge that Qtrade will not review any orders for suitability. Without this consent Qtrade will not open this account.         I LONSENTION ON EXECUTOR (REQUIRED BY REGULATORS)         Mr.       Mrs.       Miss       Dr.         mee (First, Initial, Last)       Contact Number       Email Addree         me Address       City       If yes, complete and HIO, or a close associate of a PEP or HIO, as defined on the volting rights of an issuer or publicity traded company or ditrectly or indirectly, alone or as part of a group.       No       Yes         Do you own, or have control or direction over, directly or indirectly, alone or as part of a group.       No       Yes       If yes, specify name(s) or first, alone or publicity traded company or othere entity?       No       Yes         Internet or the volting rights of an insuer or publicity traded company or other enti	
Verified Identification Methods (select either Credit File' or Dual Method):       (Acceptable ID must have Unique Identifier, Signature and Order Credit File' (must be in existence for at least 3 years)       *Note – Qtrade will obtain the credit file report         O Dual Method (select 2 of the following):       Credit File' (must be in existence for at least 3 years)       *Note – Qtrade will obtain the credit file report         O Dual Method (select 2 of the following):       Credit File' (must be in existence for at least 3 years)       (Acceptable ID must have Unique Identifier, Signature and order the terms and compute and that 1 have read and understand the terms and compunt(s) and acknowledge that Otrade will not review any orders for suitability. Without this consent Qtrade will not open this account.         I Consent       I Do Not Consent         mature       INFORMATION ON EXECUTOR (REQUIRED BY REGULATORS)         Wr.       Mrs.       Miss       D r.         me (First, Initial, Last)       Contact Number       Email Addre         me Address       City       If yes, complete a PEP at Holorm?         No our any member of your immediate family a Politically Exposed Person (PEP) or HIO, as defined on the PEP and HIO form?       No       Yes         Do you own, or have control or direction over, directly or indirectly, alone or as part of a group.       No       Yes       If yes, specify name(s) or fissuer or publicly traded company or other entity?       If yes, specify name(s) or fissuer or publicly traded company or other entity?       If yes,	ication methods below.
O Dual Method (select 2 of the following):       □ Credit File* (at least 6 months to 3 years old)       □ Personal Cheque (minimum \$10, payable to Credential Qtrad viscent and warrant that the information provided herein is accurate and complete and that I have read and understand the terms and con unit(s) and acknowledge that Qtrade will not review any orders for suitability. Without this consent Qtrade will not open this account.         I Consent       I Do Not Consent         INFORMATION ON EXECUTOR (REQUIRED BY REGULATORS)         Mr.       Mrs.         Mrs.       Miss         Dr.         me (First, Initial, Last)       Contact Number         Email Address         City         Zenship (List all countries)       Country of Residence       Occupation         Dr uo the PEP and HIO form?       No       Yes         If yes, specify name(s) of the voling rights of an issuer or publicly traded company or other entity?       No       Yes         If yes, specify name(s) of the voling rights of an issuer or publicly traded company or other entity?       No       Yes         If yes, specify name(s) of the voling rights of an issuer or publicly traded company or other entity?       No       Yes         If yes, specify name(s) of the voling rights of an issuer or publicly traded company or other entity?       No       Yes         If yes, specify name(s) of the voling rights of an issuer or publicly traded company or other entity?       N	Expiry Date)
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oresent and warrant that the information provided herein is accurate and complete and that I have read and understand the terms and compunt(s) and acknowledge that Qtrade will not review any orders for suitability. Without this consent Qtrade will not open this account.         I Consent       I Do Not Consent         inature       INFORMATION ON EXECUTOR (REQUIRED BY REGULATORS)         Wr.       Mrs.       Miss       D r.         me (First, Initial, Last)       Contact Number       Email Addree         me Address       City         izenship (List all countries)       Country of Residence       Occupation         D the PEP and HIO form?       On or or or opublicly traded company or other entity?       No         Do you own, or have control or direction over, directly or indirectly alone or as part of a group, or more of the voting rights of an issuer or publicly traded company or other entity?       No       Yes         If yes, specify name(s) or a cose associate of a performing similar functions, of an individual performing similar functions, of an individual performing similar functions, of an ON or Yes       If yes, specify name(s) or If yes, specify name(s) or If yes, specify name(s) or Officer of a securities dealer?       If yes, specify name(s) or If yes, sp	Securities Inc.) Reliable document (CRA Assessment, Utili
Mr.       Mrs.       Ms.       Miss       Dr.         me (First, Initial, Last)       Contact Number       Email Addree         me Address       City         izenship (List all countries)       Country of Residence       Occupation       Employer         Are you or any member of your immediate family a Politically Exposed Person (PEP) or Head of International Organization (HIO), or a close associate of a PEP or HIO, as defined on the PEP and HIO form?       No       Yes         Do you own, or have control or direction over, directly or indirectly, alone or as part of a group, 10% or more of the voling rights of an issuer or publicly traded company or other entity?       No       Yes         If yes, specify name(s) or arrow or provide company or other entity?       No       Yes       If yes, specify name(s) or Gifficer, 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) or Officer of a securities dealer?       In which of the following do you have investment experience?       No       Yes         In which of the following do you have investment experience?       No       No       Yes         In which of the following do you have investment experience?       Long Calls or Puts       Covered Writing       Spr	Date (dd/mm/yyyy)
ame (First, Initial, Last)       Contact Number       Email Address         ome Address       City         itizenship (List all countries)       Country of Residence       Occupation       Employer         Are you or any member of your immediate family a Politically Exposed Person (PEP) or Head of International Organization (HIO), or a close associate of a PEP or HIO, as defined on the PEP and HIO form?       No       Yes         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         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         Are you, your spouse, or any member of your household an employee, Director, Partner or Officer of a securities dealer?       No       Yes         In which of the following do you have investment experience?       If yes, specify name(s) or If yes, specify name(s) or       If yes, specify name(s) or	
arme (First, Initial, Last)       Contact Number       Email Address         idizenship (List all countries)       Country of Residence       Occupation       Employer         Are you or any member of your immediate family a Politically Exposed Person (PEP) or Head of International Organization (HIO), or a close associate of a PEP or HIO, as defined on the PEP and HIO form?       No       Yes         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         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         Are you, your spouse, or any member of your household an employee, Director, Partner or Officer of a securities dealer?       No       Yes         In which of the following do you have investment experience?       If yes, specify name(s) or In which of the following do you have investment experience?       Isong Calls or Puts       Covered Writing       Spr	
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Are you or any member of your immediate family a Politically Exposed Person (PEP) or       No       Yes         Head of International Organization (HIO), or a close associate of a PEP or HIO, as defined       No       Yes         Do you own, or have control or direction over, directly or indirectly, alone or as part of a group,       No       Yes         10% or more of the voting rights of an issuer or publicly traded company or other entity?       No       Yes         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         Are you, your spouse, or any member of your household an employee, Director, Partner or Officer of a securities dealer?       No       Yes         In which of the following do you have investment experience?       If yes, specify name(s) or       If yes, specify name(s) or         None       Mutual Funds       Stocks       Bonds       Options:       Long Calls or Puts       Covered Writing       Spr	Province Postal Code
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on the PEP and HIO form?       If yes, complete a PEP a         Do you own, or have control or direction over, directly or indirectly, alone or as part of a group,       No       Yes         10% or more of the voting rights of an issuer or publicly traded company or other entity?       If yes, specify name(s) or         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         Are you, your spouse, or any member of your household an employee, Director, Partner or       No       Yes       If yes, specify name(s) or         Officer of a securities dealer?       In which of the following do you have investment experience?       If yes, Specify name(s) or       If yes, specify name(s) or	
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Are you, your spouse, or any member of your household an employee, Director, Partner or       No       Yes         Officer of a securities dealer?       If yes, specify name(s) or         In which of the following do you have investment experience?       If yes, specify name(s) or         None       Mutual Funds       Stocks       Bonds       Options:       Long Calls or Puts       Covered Writing       Spr	company(ies).
In which of the following do you have investment experience?         None       Mutual Funds       Stocks       Bonds       Options:       Long Calls or Puts       Covered Writing       Spr	
	security dealer(s).
Identification: Required for each Executor. Include a legible photocopy of valid government issued photo ID and select from the Verified Ident	eads Ducovered Writing
Photo ID: O Passport O Driver's License (front & back) O Other ID Type & Number	ication Methods below.
Verified Identification Methods (select either Credit File* or Dual Method): (Acceptable ID must have Unique Identifier, Signature and	
O Credit File* (must be in existence for at least 3 years) *Note – Qtrade will obtain the credit file report	Expiry Date)
<ul> <li>Dual Method (select 2 of the following):</li> <li>Credit File*</li> <li>(at least 6 months to 3 years old)</li> <li>Personal Cheque (minimum \$10, payable to Credential Qtrad)</li> </ul>	Expiry Date)
present and warrant that the information provided herein is accurate and complete and that I have read and understand the terms and con ount(s) and acknowledge that Qtrade will not review any orders for suitability. Without this consent Qtrade will not open this account.	Reliable document
O I Consent O I Do Not Consent	Reliable document     (CRA Assessment, Utili