



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 (First, Initial, Last) Joint Applicant Name (First, Initial, Last) Account Number

2. BENEFICIARY INFORMATION (REQUIRED BY SECURITIES REGULATORS)

#1 In Trust for: Mr. Mrs. Ms. Miss Dr.

Name of Beneficiary (First, Initial, Last) Email Address Percentage
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/yyyy)

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?
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?
C. Are you, your spouse or any member of your household an employee, Director, Partner or Officer of a securities dealer?

By signing and dating below, I confirm that the information I have provided is correct.

Beneficiary Signature (for beneficiaries who have reached the age of majority) Date (dd/mm/yyyy)

#2 In Trust for: Mr. Mrs. Ms. Miss Dr.

Name of Beneficiary (First, Initial, Last) Email Address Percentage
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/yyyy)

If beneficiary has reached the age of majority, beneficiary must answer the following questions and sign below.

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C. Are you, your spouse or any member of your household an employee, Director, Partner or Officer of a securities dealer?

By signing and dating below, I confirm that the information I have provided is correct.

Beneficiary Signature (for beneficiaries who have reached the age of majority) Date (dd/mm/yyyy)

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 above-referenced account (the "Account"), the undersigned applicant ("I" or "me") acknowledges and agrees (jointly and severally if more than one) as follows:

- 1. I have been advised to seek professional tax and legal advice with respect to the establishment or operation of the Account for or in relation to any trust and the achievement of any tax, estate planning or other similar objectives thereby.
2. Qtrade is not bound by, and has no responsibility to observe, the terms of any trust, whether written, verbal, implied, or constructive that may exist with respect to the Account.
3. I agree to indemnify and save harmless Qtrade against any and all loss, claim, damage, liability or expense which Qtrade may suffer or incur as a result of the operation of the Account, including without limitation any claims made by the trustees or beneficiaries or purported trustees or beneficiaries of any trust to which the Account may relate.
4. In the operation of the Account, Qtrade shall deal exclusively with me and shall receive trading and other instructions solely from me.
5. The name(s) of the Account holder(s) in section 1 are the only trustees of this Account and section 2 contains the name(s) and information of each beneficiary.
6. I acknowledge that I have read and understood all of the provisions contained in this agreement and that I have received a copy.

Applicant Signature Date (dd/mm/yyyy) Joint Applicant Signature Date (dd/mm/yyyy)

For each beneficiary include a legible photocopy of valid government issued picture ID. For Minor beneficiaries a photocopy of their birth certificate will suffice. For new accounts, include a completed New Account Application Form with this Agreement.