



JOINT ACCOUNT ELECTION

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Complete this form for all Non-Personal Accounts, excluding Corporations. Note: In this form, *Foreign* refers to non-U.S.

1. ACCOUNT HOLDER INFORMATION

Account Holder Name (First, Initial, Last)

Account Number

Ownership Type: Non-withholding foreign Partnership¹ Non-withholding foreign Trust² Other: _____
(Ownership Type examples include: ¹ Partnership, Foundation, Association, Charitable Organization, Investment Club ² Formal Trust)

FATCA Status: Active or Passive Non-Financial Foreign Entity Exempt Beneficial Owner Other: _____

2. JOINT ACCOUNT ELECTION

Use this option to claim joint account status for U.S. tax reporting purposes for Non-Personal, non-withholding foreign accounts.

- Designate the Non-Personal account identified above as a Joint account for U.S. tax reporting purposes.
- None of the Account Holder's partners, beneficiaries, or owners is a U.S. person or is subject to FATCA withholding.
- None of the Account Holder's partners, beneficiaries, or owners acts as a flow-through entity or intermediary for a payment received from Credential Qtrade Securities Inc. ("CQSI").
- Within 90 days of any request, we will make available to CQSI, records indicating that the Non-Personal account has obtained documentation from all partners, beneficiaries or owners.

The Account Holder has provided all of the following:

- W-8IMY; and An associated withholding statement (below).

Each of the Account Holder's partners, beneficiaries, and owners have provided one of the following:

- W-8BEN (Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding); W-8BEN-E; or Other Form W-8: _____

Total Number of Partners/Beneficiaries: _____ Every partner/beneficiary must complete the following: (attach additional pages if necessary to list all partners/beneficiaries)

#1			
Full Name (First, Initial, Last)		TIN (If applicable)	
Address	City	Province	Postal Code
#2			
Full Name (First, Initial, Last)		TIN (If applicable)	
Address	City	Province	Postal Code
#3			
Full Name (First, Initial, Last)		TIN (If applicable)	
Address	City	Province	Postal Code

3. WITHHOLDING STATEMENT

All indirect accounts must complete this section in conjunction with the Certificate of Foreign Intermediary, Foreign Flow-Through Entity or Certain U.S. Branches for United States Tax Withholding (W-8IMY) form.

Withholding Rate: _____ %

I request that CQSI accept the enclosed W-8IMY form and pay any U.S. source income subject to non-resident tax, to the account identified above, at the requested withholding rate. I certify that the rate requested is based on the highest withholding rate applicable to any partner or beneficiary for this account, and is supported by the beneficial owner documentation.

4. ACCOUNT HOLDER AUTHORIZATION

By signing this document, I acknowledge the following:

- that the information provided in this form is accurate and complete.
- that the accountholder has maintained the above FATCA status at all times from the date the account(s) was opened.
- I will inform CQSI of any changes to the information provided.

Authorized Signatory of Account Holder

x
Signature

Date (dd/mm/yyyy)