



CREDENTIAL QTRADE SECURITIES INC. SELF-DIRECTED
EDUCATION SAVINGS PLAN (ESP)
APPLICATION FORM

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

Internal Use Only: Confirmation #

Contract #

Username

1. ACCOUNT DETAILS

Account Type: ☐ Individual Plan (one beneficiary) ☐ Family Plan (one or more beneficiaries) ☐ Change to existing ESP Plan #

Features available with your ESP (Select all that apply):
☐ Long Calls and Puts ☐ Covered Writing

2. PRIMARY SUBSCRIBER INFORMATION AND PROFILE

<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Miss <input type="radio"/> Dr.	Primary Subscriber Name (First, Initial, Last)		Email Address		Business Phone	
Home Address (PO Box & General Delivery not acceptable)		City	Province	Postal Code	Social Insurance Number	Home Phone
Mailing Address (if different from above)		City	Province	Postal Code	Date of Birth (dd/mm/yyyy)	Cellular Phone
<input type="radio"/> Single <input type="radio"/> Divorced <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Common Law <input type="radio"/> Widowed	Employment Status	Employer Name	Industry		Occupation	
Employer Address (PO Box & General Delivery not acceptable)			Citizenship (List all countries)			
Spousal Profile (Do not complete if spouse is Joint Subscriber. Required for married, common law & separated.)						
<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Miss <input type="radio"/> Dr.	Name of Spouse					
	Employment Status	Employer Name	Industry		Occupation	

3. JOINT SUBSCRIBER INFORMATION AND PROFILE *Must be Subscriber's Spouse or Common-Law Partner*

<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Miss <input type="radio"/> Dr.	Joint Subscriber Name (First, Initial, Last)		Email Address		Business Phone	
Home Address (PO Box & General Delivery not acceptable)		<input type="checkbox"/> Same as Primary	City	Province	Postal Code	Social Insurance Number
Mailing Address (if different from above)		<input type="checkbox"/> Same as Primary	City	Province	Postal Code	Date of Birth (dd/mm/yyyy)
<input type="radio"/> Single <input type="radio"/> Divorced <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Common Law <input type="radio"/> Widowed	Employment Status	Employer Name	Industry		Occupation	
Employer Address (PO Box & General Delivery not acceptable)			Citizenship (List all countries)			
Spousal Profile (Do not complete if spouse is Primary Subscriber. Required for married, common law & separated.)						
<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Miss <input type="radio"/> Dr.	Name of Spouse					
	Employment Status	Employer Name	Industry		Occupation	

4. DESIGNATION OF BENEFICIARY

A beneficiary is the person entitled to receive educational assistance payments under the Plan. If necessary, add particulars of additional beneficiaries on the *Designation of Additional Beneficiaries Under Education Savings Plan (Family Plan)* form. The identity of each beneficiary must be verified by providing photocopies of their SIN card (or confirmation of SIN letter) and either a birth certificate or other government-issued ID. Nephew and Niece can only be selected for Individual Plans.

#1	<input type="radio"/> Male <input type="radio"/> Female	Relationship to Primary Subscriber:	<input type="radio"/> Son / Daughter <input type="radio"/> Grandchild <input type="radio"/> Brother / Sister <input type="radio"/> Nephew / Niece	Name of Beneficiary (First, Initial, Last)		Percentage
Home Address (if different from above)		<input type="checkbox"/> Same as Primary	City	Province	Postal Code	Social Insurance Number
If Beneficiary is under 19, provide Custodial Parents or Public Primary Caregiver's Name & Address (if different from above)			City	Province	Postal Code	Date of Birth (dd/mm/yyyy)
#2	<input type="radio"/> Male <input type="radio"/> Female	Relationship to Primary Subscriber:	<input type="radio"/> Son / Daughter <input type="radio"/> Grandchild <input type="radio"/> Brother / Sister	Name of Beneficiary (First, Initial, Last)		Percentage
Home Address (if different from above)		<input type="checkbox"/> Same as Primary	City	Province	Postal Code	Social Insurance Number
If Beneficiary is under 19, provide Custodial Parents or Public Primary Caregiver's Name & Address (if different from above)			City	Province	Postal Code	Date of Birth (dd/mm/yyyy)
#3	<input type="radio"/> Male <input type="radio"/> Female	Relationship to Primary Subscriber:	<input type="radio"/> Son / Daughter <input type="radio"/> Grandchild <input type="radio"/> Brother / Sister	Name of Beneficiary (First, Initial, Last)		Percentage
Home Address (if different from above)		<input type="checkbox"/> Same as Primary	City	Province	Postal Code	Social Insurance Number
If Beneficiary is under 19, provide Custodial Parents or Public Primary Caregiver's Name & Address (if different from above)			City	Province	Postal Code	Date of Birth (dd/mm/yyyy)

ORDER EXECUTION ACCOUNT

EDUCATION SAVINGS PLAN (ESP)
APPLICATION FORM700 - 1111 West Georgia Street
Vancouver, BC, Canada V6E 4T6
604.605.4199 Toll Free 1.877.787.2330

4. DESIGNATION OF BENEFICIARY (CONTINUED)

#4	<input type="radio"/> Male <input type="radio"/> Female	Relationship to Primary Subscriber: <input type="radio"/> Son / Daughter <input type="radio"/> Brother / Sister	<input type="radio"/> Grandchild						
				Name of Beneficiary (First, Initial, Last)				Percentage	
Home Address (if different from above) <input type="checkbox"/> Same as Primary				City	Province	Postal Code	Social Insurance Number		
If Beneficiary is under 19, provide Custodial Parents or Public Primary Caregiver's Name & Address (if different from above)				City	Province	Postal Code	Date of Birth (dd/mm/yyyy)		
#5	<input type="radio"/> Male <input type="radio"/> Female	Relationship to Primary Subscriber: <input type="radio"/> Son / Daughter <input type="radio"/> Brother / Sister	<input type="radio"/> Grandchild						
				Name of Beneficiary (First, Initial, Last)				Percentage	
Home Address (if different from above) <input type="checkbox"/> Same as Primary				City	Province	Postal Code	Social Insurance Number		
If Beneficiary is under 19, provide Custodial Parents or Public Primary Caregiver's Name & Address (if different from above)				City	Province	Postal Code	Date of Birth (dd/mm/yyyy)		

5. CONTRIBUTIONS, DESIGNATION AND GRANTS

Contributions and Termination Date: Contributions may not be made to the Plan after the 31st year following the year in which the Plan was established (35th year for a Specified Plan). The last contribution date for this Plan is (dd/mm/yyyy)

The Plan termination date must be no later than the last day of the 35th year following the year in which the Plan is established (40th year for a Specified Plan). The termination date for this Plan is (dd/mm/yyyy)

Designated Educational Institution (Optional): In the event that no beneficiary or other person qualifies for payments under the Plan on the termination date, the educational institution designated below shall be entitled to the net accumulated income portion held in the Plan:

Name of Institution	City	Province
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Application for Canada Education Savings Grant: Would you like to apply for the Canada Education Savings Grant ("CESG") for the beneficiary(ies)? ☐ No ☐ Yes

6. SUBSCRIBER(S) INVESTMENT PROFILE

	Estimated annual income from all sources	Spouse's estimated annual income from all sources	Estimated net family liquid assets (cash + securities - loans against securities)	Estimated net family fixed assets (fixed assets less liabilities against fixed assets)	= Estimated total family net worth
Primary Subscriber	\$	\$	\$	\$	\$
Joint Subscriber	\$	\$	\$	\$	\$
In which of the following do you have investment experience?					
Primary Subscriber	<input type="checkbox"/> None <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Stocks <input type="checkbox"/> Bonds	Options: <input type="checkbox"/> Long Calls or Puts <input type="checkbox"/> Covered Writing <input type="checkbox"/> Spreads <input type="checkbox"/> Uncovered Writing			
Joint Subscriber	<input type="checkbox"/> None <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Stocks <input type="checkbox"/> Bonds	Options: <input type="checkbox"/> Long Calls or Puts <input type="checkbox"/> Covered Writing <input type="checkbox"/> Spreads <input type="checkbox"/> Uncovered Writing			

7. ELECTRONIC FUNDS TRANSFER

Do you wish to enable your banking account(s) for Electronic Funds Transfer ("EFT") to and from your online brokerage account(s)? ☐ No ☐ Yes

If yes, please provide a personalized void cheque for each banking account you wish to enable. Please note that the banking account(s) information received will apply to all accounts held by you under this registration now, or in the future, unless otherwise advised by you. Banking information can be changed by completing an *Electronic Funds Transfer (EFT) Set-up Form*.

8. OTHER INTERESTS IN THE ACCOUNT

With respect to the account, will any other person(s):	Have Trading Authority (TA)?	<input type="radio"/> No <input type="radio"/> Yes	If yes, complete a <i>Trading Authorization Form</i>				
	Have a financial interest (excluding your spouse)?	<input type="radio"/> No <input type="radio"/> Yes	If yes, name of other person(s):				
	Guarantee your account?	<input type="radio"/> No <input type="radio"/> Yes	If yes, complete a <i>Guarantee of Account Form</i>				
	Have Power of Attorney (POA)?	<input type="radio"/> No <input type="radio"/> Yes	If yes, attach a <i>Trading Authorization Form</i> and notarized copy of the original POA				
	Provide directions to you (other than a TA or POA)	<input type="radio"/> No <input type="radio"/> Yes	If yes, complete the following:				
Third Party Name	Address	Phone Number	Principal Business or Occupation	Date of Birth (dd/mm/yyyy)	Relationship to Applicant	If Corporation: Incorporation #	Place of Incorporation

9. INFORMATION REQUIRED BY REGULATORS

A. Your business relationship with us is for? ☐ Investment Purposes ☐ Other:

B. What is the intended use for the account? ☐ Short term investing ☐ Income source ☐ Wealth accumulation ☐ Retirement savings ☐ Education savings ☐ Major purchase

C. Trusted Contact Person: A Trusted Contact Person (TCP) may be a close friend, family member, or caregiver that can be trusted to ensure your interests come first. This protects you, by authorizing us to contact, discuss concerns and disclose certain personal information about you to the TCP, if we suspect you are experiencing financial exploitation or mistreatment, or have concerns about your ability to make financial decisions. A TCP is not the same as a power of attorney; a TCP does not have authority to make financial decisions for you.

Would you like to add a Trusted Contact Person to your account? ☐ No ☐ Yes If yes, complete the following information:

Trusted Contact Person First Name	Last Name	Relationship to You	Phone Number	Email Address
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D. 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?

Primary Applicant: ☐ No ☐ Yes Joint Applicant: ☐ No ☐ Yes If yes, complete a PEP and HIO form.

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9. INFORMATION REQUIRED BY REGULATORS (CONTINUED)

E. 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 (i.e. Insider, Significant Shareholder, Control Person)?

☐ No ☐ Yes If yes, specify name(s) of company(ies) and % owned _____ % _____ %
Primary Subscriber Joint Subscriber

F. Are you a Director or Senior Officer, or an individual performing similar functions, or a promotor/investor relations, of an issuer or publicly traded company or other entity whose shares trade on a marketplace (i.e. Reporting and Non-reporting Insider)?

☐ No ☐ Yes If yes, specify name(s) of company(ies) _____
Primary Subscriber Joint Subscriber

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

☐ No ☐ Yes If yes, specify name(s) of security dealer(s) _____
Primary Subscriber Joint Subscriber

H. Do you trade or intend to trade with other investment firms?

☐ No ☐ Yes If yes, specify firm(s) _____
Primary Subscriber Joint Subscriber

I. **Identification:** For each Subscriber include a legible photocopy of valid government issued photo ID and select from the 'Verified Identification Methods' (see **Application Checklist** section for details).

Primary Subscriber: ☐ Passport ☐ Driver's License (front & back) ☐ Other ID Type & Number _____
(Acceptable ID must have Unique Identifier, Signature and Expiry Date)

Joint Subscriber: ☐ Passport ☐ Driver's License (front & back) ☐ Other ID Type & Number _____
(Acceptable ID must have Unique Identifier, Signature and Expiry Date)

10. NATIONAL INSTRUMENT 54-101 COMMUNICATION WITH BENEFICIAL OWNERS OF SECURITIES

I have read and understand the Explanation to Clients provided to me in connection with this form and the choices indicated by me below apply to all of the securities held in all accounts held by me under this registration now, or in the future, unless I advise you otherwise in writing. The Explanation to Clients can be found in the *Customer Agreements & Disclosure Documents* booklet (the "Booklet").

Section 1 - Disclosure of Beneficial Ownership Information

Please select the appropriate button below to show whether you **do not object** or **object** to us disclosing your name, address, electronic mail address, securities holdings and preferred language of communication (English or French) to issuers of securities you hold with us and to other persons or companies in accordance with securities law.

- ☐ I **do not object** to you disclosing the information described above.
☐ I **object** to you disclosing the information described above.

Note: If you object, you will be responsible for any costs associated with delivering securityholder materials to you.

Section 2 - Receiving Securityholder Materials

Please select the appropriate button below to show what materials you want to receive. Securityholder materials sent to beneficial owners of securities consist of the following materials: (a) proxy-related materials for annual and special meetings; (b) annual reports and financial statements that are not part of proxy-related materials; and (c) materials sent to securityholders that are not required by corporate or securities law to be sent.

- ☐ I **want** to receive **all** securityholder materials sent to beneficial owners of securities.
☐ I **decline** to receive **all** securityholder materials sent to beneficial owners of securities. (Even if I decline to receive these types of materials, I understand that a reporting issuer or other person or company is entitled to send these materials to me at its expense.)
☐ I **want** to receive **only** proxy-related materials that are sent in connection with a special meeting.

Note: These instructions do not apply to any specific request you may give to a reporting issuer concerning the sending of interim financial statements of the reporting issuer. In addition, in some circumstances, the instructions you give in this form will not apply to annual reports or financial statements of an investment fund that are not part of proxy-related materials. An investment fund is also entitled to obtain specific instructions from you on whether you wish to receive its annual report or financial statements, and where you provide specific instructions, the instructions in this form with respect to financial statements will not apply.

Section 3 - Preferred Language of Communication

Please select the appropriate button below to show your preferred language of communication.

☐ **English** ☐ **French**

I understand that the materials I receive will be in my preferred language of communication if the materials are available in that language.

11. SUBSCRIBER CONSENTS AND ACKNOWLEDGEMENTS

A. I acknowledge, understand and agree that: (i) the Canadian securities regulators have granted Qtrade Direct Investing (hereafter referred to as "you") an exemption from the requirement to review trades for suitability; (ii) you will not provide me with any advice or recommendation regarding any security or investment or their purchase or sale nor any legal, tax or accounting advice or recommendation; (iii) you are not responsible for making a suitability determination of my trades and will neither determine my general investment needs and objectives nor review my trades for suitability; (iv) I am solely responsible for my own investment decisions and understand the implications of not having my trades reviewed for suitability; (v) you will not consider my financial situation, investment knowledge, investment objectives and risk tolerance when accepting orders from me; (vi) you and your employees and agents are not authorized to provide me with the aforementioned advice, recommendations or suitability determination, and I will neither solicit nor rely upon any such advice, recommendation or suitability determination from you or any of your employees and agents; and (vii) you and your officers, employees, agents and affiliates will have no liability whatsoever with respect to transactions in or for my account(s) or for my investment decisions.

☐ I **Acknowledge** Note: This account cannot be opened without this acknowledgment.

B. I consent to you sharing information about me and my account(s) with your affiliates and agents and my referring organization (if any) and its affiliates and agents, and acknowledge and agree that: (i) your affiliates and agents and my referring organization (if any) and its affiliates and agents may use any such shared information in order to better serve my current and future investment and financial services needs, develop and offer suitable products and services to me and better manage their overall relationship with me; (ii) I can revoke this consent such that information will no longer be shared; and (iii) my consent herein is not a condition of you dealing with me.

☐ I **Consent** ☐ I **Do Not Consent**

C. Are you applying for this account in the office of a Canadian Financial Institution?

☐ **No** ☐ **Yes** If yes, I have read the Disclosure in Respect of Securities Related Activities in a Canadian Financial Institution in the Booklet.

D. **Trusted Contact Person:** By providing the name and contact information of my Trusted Contact Person above, I acknowledge and agree that you may contact such person to confirm or make inquiries about matters such as possible financial exploitation, concerns about capacity as it relates to my ability to make decisions involving financial matters, the name and contact information of my legal representative, and my current contact information. I acknowledge that I have read and agree to the terms set forth in the "Trusted Contact Person" section in the Booklet.

12. SUBSCRIBER AGREEMENT (READ CAREFULLY BEFORE SIGNING)

A. I the undersigned: (i) certify that the information I have provided in this application is true, complete and accurate and you may rely thereon, and agree to notify you in writing within 30 days of any change that causes the information to be untrue, incomplete or inaccurate; (ii) consent to and authorize you to conduct a credit and/or financial institution reference check with regard to approving my application; (iii) consent to and authorize you to obtain credit or other information about me, to the extent permitted by law; and to give other credit grantors and credit bureaus information about the application and any credit experience with me; (iv) confirm that I have read and understand the Electronic Delivery of Documents Agreement in the Booklet and consent to the electronic delivery of all documents and communications pertaining to my account(s); (v) acknowledge and agree that you may share information you hold relating to my account(s) with your applicable regulators to fulfill your regulatory obligations; (vi) understand and agree that contributions or transferred funds and securities will be valued at current market value when you have received them; and (vii) acknowledge and understand that Qtrade Direct Investing is a division of Credential Qtrade Securities Inc. ("CQSI") an affiliate of Northwest & Ethical Investments L.P., the manager of the Ethical Funds, the NEI Funds and the Northwest Funds, and a related issuer to Fiera Capital Corporation, manager of the Fiera Capital Mutual Funds, and to Desjardins Group. By signing this form, I acknowledge receipt of this disclosure and consent to you effecting transactions for my account(s), as I instruct you from time to time, in mutual funds or other investment products issued, managed or administered by a related or connected issuer to you, including Northwest & Ethical Investments L.P., Fiera Capital Corporation or members of Desjardins Group.

By placing my first order in my account, I acknowledge, confirm and agree that: (i) I have reviewed, understand and agree with the "Privacy Policy", "Terms of Use" and "Security" terms, each of which is found as a footer at the bottom of every page on your securities trading platform website, as well as the terms, conditions and disclosures contained in the Booklet, which contains, among other things, the Account Holder Agreement, the National Instrument 54-101 Explanation to Clients regarding securityholder materials, the Joint Account Agreement, the Risk Disclosure Statement (including leverage risk disclosure), the Electronic Delivery of Documents Agreement, the CQSI Relationship Disclosure (including conflict of interest and related issuer disclosure) and client Complaint Handling Procedures, and is found on the Forms page of your securities trading platform website; (ii) neither you nor any of your affiliates, directors, officers, employees, agents or third party suppliers will be liable to me for, and I agree to indemnify each of you from any harm whatsoever that may arise from, any errors or omissions in connection with my reliance on or use of in any way whatsoever of: (A) market data, research or any other information whatsoever provided to me by you or your third party suppliers; (B) systems, platforms, tools or any other technology services of any kind whatsoever provided to me by you or your third party suppliers; or (C) the handling of, or orders relating to, the purchase, sale, execution or expiration of a security or any matter related thereto by you or any of your third party suppliers; and (iii) my referring organization (if any) has no liability whatsoever in connection with my use of your or your third party supplier's securities trading platform and that I will not undertake any action whatsoever against my referring organization (if any) in connection with my use of your or your third party supplier's securities trading platform.

B. To: Credential Qtrade Securities Inc. (the "Promoter")

I the undersigned apply for a Credential Qtrade Securities Inc. Education Savings Plan (the "Plan") in accordance with this application form, the *Customer Agreements & Disclosure Documents* and the attached *Education Savings Plan Terms and Conditions* (collectively, the "Contract"). I have read and understand the Contract and I agree to be bound by its provisions.

I expressly acknowledge the appointment of Canadian Western Trust Company (the "Trustee") to act as trustee of the Plan. I request that the Promoter apply for registration of the Plan as an Education Savings Plan under the *Income Tax Act* (Canada) and, if applicable, any other statute of the province indicated in my residential address above (the "Tax Laws"). I understand that any excess amounts arising from over contributions to the Plan may be subject to taxes applicable under the Tax Laws and I acknowledge that I am responsible for determining the permitted amounts that may be contributed to the Plan and for determining the amount of, and making payments for, taxes to which over-contributions are subject. I acknowledge that the type of investments that may be held by the Plan is limited by the Tax Laws and that it is my responsibility to determine the eligibility of each investment under the provisions of the applicable Tax Laws, and I am aware of the tax consequences of including investments which do not qualify under such legislation.

I understand that any amounts paid out of the Plan other than by way of a refund of contributions may be subject to income tax under the Tax Laws and I further understand that contributions to the Plan are not deductible for income tax purposes. I acknowledge that the value of the Plan will depend on the investments made according to my instructions, and that the Promoter and the Trustee assume no liability whatsoever in this respect, nor shall they have any obligation to give any investment advice in connection with the purchase, retention or sale of any investment.

By signing below, I acknowledge, agree and consent to all of the foregoing under this Subscriber Agreement section and that the information, acknowledgements, agreements and consents I have provided in this application will apply to all accounts held by me under this registration now, or in the future, except to the extent I advise you otherwise in writing.

x _____ Primary Subscriber Signature	_____ Date (dd/mm/yyyy)	x _____ Joint Subscriber Signature	_____ Date (dd/mm/yyyy)
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For Options Trading Privileges Only: By signing below, I certify and agree that I have received, read, understand and agree to the options terms and conditions in the Booklet, and I am aware of the risks involved in options trading as outlined in the Booklet under Risk Disclosure Statement and am willing to take those risks.

x _____ Primary Subscriber Signature	_____ Date (dd/mm/yyyy)	x _____ Joint Subscriber Signature	_____ Date (dd/mm/yyyy)
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Accepted by Credential Qtrade Securities Inc. as Promoter	x _____ Authorized Signature	_____ Date (dd/mm/yyyy)
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13. PRE-AUTHORIZED CONTRIBUTION (OPTIONAL - ATTACH A VOID CHEQUE)

_____ Name of Financial Institution		_____ Address	
_____ Transit Number	_____ Bank Code	_____ Account Number	_____ Name on Account
Frequency: <input type="radio"/> Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> Semi-Monthly <input type="radio"/> Monthly			
Pre-Authorized Contribution Amount: _____		Date of 1st Contribution: _____	
Percent (%) / Beneficiary	1 st Beneficiary _____ %	2 nd Beneficiary _____ %	3 rd Beneficiary _____ % 4 th Beneficiary _____ % 5 th Beneficiary _____ %

Please allow 10 days before the start date to set up or to change a PAC plan.

14. REFERRAL INFORMATION (IF APPLICABLE)

_____ Financial Institution Name	_____ Representative Name	_____ Branch Name
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Qtrade Direct Investing Partner employees: Work email address: _____

15. APPROVAL (FOR INTERNAL USE ONLY)

x _____ Authorized Officer or Branch Manager Signature (Accepted on behalf of the Trustee by its Agent)	_____ Date (dd/mm/yyyy)	x _____ Options Supervisor	_____ Date (dd/mm/yyyy)
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Comments: _____

APPLICATION CHECKLIST

Include the following with this Application Form (Signed and dated by all Subscribers in all applicable areas (including options signature lines)):

Account Funding Instructions (provide at least one):

- ☐ **Cheque:** Payable to "Credential Qtrade Securities Inc."
- ☐ **Cash/Securities Transfer:**
 - ☐ Completed Registered Education Savings Plan (RESP) Transfer Form
- ☐ **Electronic Funds Transfer ("EFT") / Bill Payment**

Identification (Note: ID is not required if you have an existing account with us)

To comply with the Proceeds of Crime (Money Laundering) and Terrorist Financing Act, we are required to verify the identity of all persons involved with an account.

A photocopy of ID **and** a verified ID method are required for each person (applicant, trading authority and/or power of attorney).

1. Photocopy of valid (not expired) Federal, Provincial or Territorial Government Photo ID:
 - ☐ Passport
 - ☐ Driver's License (front and back)
 - ☐ Other ID Type (Acceptable ID must have a unique identifier, photo and legal name)
2. Verified Identification Method (select either Single Process Credit File or Dual Method)
 - ☐ Single Process Credit File (must be derived from more than 1 source and in existence for at least 3 years) – we will obtain the credit file report
 - ☐ Dual Method (In addition to the photocopy of the Photo ID provided in item 1 above, select one of the following options):
 - ☐ Credit File (must be derived from more than 1 source and in existence for at least 6 months but less than 3 years) – we will obtain the credit file report
 - ☐ Bank/Credit account statement (must be current and show legal name and account number) **or** Personal Cheque (counter cheques, bank drafts or money orders are not acceptable for identity verification) – we will verify each person's identity by clearing a personal cheque payable to Credential Qtrade Securities Inc., for a minimum of \$10, for deposit to your QtradeDirect Investing account. For joint accounts, provide either personal cheques drawn on a joint account (one for each person) or individual personal cheques (one for each person)
 - ☐ Document from a reliable and independent source – Provide a recent and un-altered paper or electronic file of a document, received directly from the issuer, showing each person's name and address from a:
 - Canadian government (e.g. CRA Notice of Assessment)
 - Canadian utility (e.g. a utility bill for electricity, gas, water or telecommunications)
3. For each Beneficiary, provide a photocopy of valid (not expired) government issued ID:
 - ☐ SIN Card **and** ☐ Birth Certificate **or** ☐ Other Government-Issued ID

Grant Forms (attach applicable forms):

- ☐ CESG and CLB Application Form
- ☐ Annex A (Additional Beneficiaries)
- ☐ Annex B (Primary Caregiver and/or Custodial Parent/Legal Guardian)
- ☐ Annex D (BC TESG)

US Citizens and Residents:

- ☐ Completed Form W9 and *Waiver of Client Confidentiality* (both available on our online brokerage website). Include your Tax Identification Number.

Mail or deliver the original copy of the application with all necessary additional forms and documents (i.e. supplementary forms, grant forms, trading authorizations, valid photo ID and verified identification method) to:

Qtrade Direct Investing
700 – 1111 West Georgia Street
Vancouver, BC, Canada V6E 4T6

Note: We are unable to accept faxed copies.

Once your account is open, you will receive a Welcome Package containing all the necessary information to manage your account via either: (1) email (where email address was provided); or (2) mail. Cleared funds must be in your account to fully cover your first purchase.

FOR FURTHER INFORMATION VISIT US ONLINE OR EMAIL INFO@QTRADE.CA OR CALL 1.877.787.2330