

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

4 ACCOUNT DETAILS				
1. ACCOUNT DETAILS				
Primary Account Holder Name (First, Initial, Last)		Joint Account Holder Name (Fire	st, Initial, Last)	
Client ID	Client ID	l.	Client ID	
Note: Your Client ID is found in the first page of your Qtrade Direct Investing ("QDI") account statement. Please note that the Trusted Contact Person information will apply to all registered and non-registered accounts associated with the Client ID.				
2. APPOINT A TRUSTED CONTACT PERSON				
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Trusted Contact Person				
When you open an account or update your information, you may	y appoint a Trusted Contact Person ('	'TCP"). A TCP may be a close frie	nd, family member or car	regiver that can be trusted to ensure that
your interests come first. This step adds an extra layer of protection for you by providing us the opportunity to connect with the TCP where we have concerns about financial decisions or where we				
believe that there is financial exploitation of your Account. Should you wish to appoint a TCP, the name and contact information for the TCP will be recorded with your account application information. It is important to emphasize that the TCP is not the same as a power of attorney. A power of attorney has the authority to make financial decisions on your behalf whereas the TCP does not have an interest or involvement in making financial decisions for you.				
Qtrade may place a temporary hold on the purchase or sale of a security or on the withdrawal or transfer of cash or securities from your Account, where we reasonably believe that financial exploitation has occurred, is occurring, has been attempted or will be attempted, or where we reasonably believe that you do not have the mental capacity to make decisions involving financial matters.				
Appointment				
I hereby revoke any appointment of Trusted Contact Person made by me for this Client ID Number and I hereby appoint the person named below as my Trusted Contact Person. I authorize you to contact, discuss concerns and disclose personal information about me to my Trusted Contact Person.				
Would you like to add a Trusted Contact Person to your account? O No Yes If yes, complete the following information:				
Trusted Contact Person First Name Last Name		Relationship To You	Phone Number	Email Address
3. ACCOUNT HOLDER AUTHORIZATION (READ CARE	FILLLY REFORE SIGNING)			
3. ACCOUNT HOLDER AUTHORIZATION (READ CAREFULLI BEFORE SIGNING)				
By signing and dating below, I acknowledge, agree and consent to all of the foregoing and confirm that the information I have provided is correct.				
X				
Account Holder Signature				Date (dd/mm/yyyy)
x				
Joint Account Holder Signature				Date (dd/mm/yyyy)