



AUTHORIZATION TO DISTRIBUTE DUPLICATE STATEMENTS AND/OR CONFIRMATIONS

Form 319.7 01/22

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

Please complete to authorize distribution of duplicate account statements and/or trade confirmations.

1. ACCOUNT HOLDER INFORMATION

Mr. Mrs. Ms. Miss Dr.

Nom du titulaire du compte (First, Initial, Last)

2. ACCOUNT INFORMATION • Please complete to one form for each account.

Account Type (select one):

Cash Account (cash settlement) Margin Account (borrowing against equity) Registered Retirement Savings Plan (RSP)
 Registered Retirement Income Fund (RIF) Registered Life Income Fund (LIF) Other

Account Status (select one): New Account Existing Account Qtrade Investor account # _____

Ownership (select one): Individual Joint

Mr. Mrs. Ms. Miss Dr.

Nom du titulaire du compte conjoint (prénom, initiale, nom)

3. RECIPIENT OF DUPLICATE ACCOUNT STATEMENTS AND / OR TRADE CONFIRMAT

Please select which duplicate documents you would like to have directed to the recipient indicated below: Account Statements Trade Confirmations

Mr. Mrs. Ms. Miss Dr. Company

Name of Recipient (Person) / Name of Recipient Company

Address

City

Province

Postal Code

Email

Business Number

Residential Number (if applicable)

If the recipient above is a company, please indicate to whose attention the duplicate documents should be directed.

Mr. Mrs. Ms. Miss Dr.

Name of Recipient (First, Initial, Last)

4. AUTHORIZATION

By signing below, I/we authorize the distribution of duplicate account statements and/or trade confirmations (as indicated in Section 3) for my/our account (as indicated in Section 2).

x
Signature of Account Holder

Date (dd/mm/yyyy)

x
Signature of Joint Account Holder

Date (dd/mm/yyyy)

5. FOR QTRADE DIRECT INVESTING USE ONLY

x
Authorized Officer or Branch Manager's Signature

Date (dd/mm/yyyy)

Branch Comments