

## 1. ACCOUNT DETAILS

Primary Account Holder Name (First, Initial, Last)	Joint Account Holder Name (First, Initial, Last)	Account Number(s)
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## 2. ACCOUNT HOLDER AUTHORIZATION

## To: Qtrade Direct Investing (the "Broker")

Please be advised that the undersigned Account Holder has appointed:

Trading Authority Name (First, Initial, Last) (Please Print)

(hereafter referred to as "TA") to act on behalf of the undersigned with respect to transactions in the account(s) specified above, in accordance with the following:

- My appointment of my TA and any actions taken by my TA are governed by the *Customer Agreements & Disclosure Documents* booklet (the "Booklet") which both my TA and I have read and agree to be bound by.
- The Broker is hereby authorized to accept and act upon the instructions of my TA with respect to:
  - The purchase and sale (including short selling) of securities on my behalf, on margin or otherwise;
  - Foreign exchange conversions;
  - Transferring assets (cash or securities) from my Account to any other of my Qtrade Direct Investing account(s). For clarity, my TA is not permitted to transfer assets (cash or securities) from my Account to another financial institution or dealer.
- I agree that the foregoing instruction shall remain in full force and effect until notification to the contrary has been received in writing by the Broker, and until such notification, all that the TA shall do or purport to do by virtue hereof is fully ratified and confirmed; and,
- I expressly agree that all such transactions handled by the Broker are at my risk and I undertake to hold the Broker harmless and indemnify the Broker against all costs, damages and losses, including legal costs arising out of any such transactions.

The Broker will not notify you if your TA performs any of the above transactions. Please ensure you are aware of the permissions granted on any financial institution account that you have set up for electronic funds transfer.

x Primary Account Holder Signature	Date (dd/mm/yyyy)	x Joint Account Holder Signature	Date (dd/mm/yyyy)
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## 3. TRADING AUTHORITY INFORMATION AND AUTHORIZATION

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

Trading Authorization Name (First, Initial, Last)	Contact Number	Email Address	Relationship to Account Holder	
Home Address	City	Province	Postal Code	Date of Birth (dd/mm/yyyy)
Citizenship (List all countries)	Country of Residence	Occupation	Employer	Industry

A. Are you a tax resident of: ☐ Canada ☐ U.S. ☐ Other(s):  
(select all that apply) Tax Identification Number (TIN) Enter Country Names and Tax Identification NumbersNote: You are considered a US tax resident if you are a US resident or citizen. US tax residents must include an IRS Form W9 and *Waiver of Client Confidentiality*.B. 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? ☐ No ☐ Yes  
If yes, specify name(s) of company(ies) and % owned.C. 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? ☐ No ☐ Yes  
If yes, specify name(s) of company(ies).D. 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).

E. In which of the following do you have investment experience?

☐ None ☐ Mutual Funds ☐ Stocks ☐ Bonds **Options:** ☐ Long Calls or Puts ☐ Covered Writing ☐ Spreads ☐ Uncovered WritingF. **Identification:** For each Trading Authorization, include a legible photocopy of valid government issued photo ID and select from the Verified Identification Methods below.Photo ID: ☐ Passport ☐ Driver's License (front & back) ☐ Other ID Type & Number  
(Acceptable ID must have Unique Identifier, Signature and Expiry Date)

Verified Identification Methods (select either Credit File\* or Dual Method):

☐ Credit File\* (must be in existence for at least 3 years)

\*Note - The Broker will obtain the credit file report

☐ Dual Method (select 2 of the following): ☐ Credit File\* (at least 6 months to 3 years old) ☐ Personal Cheque (minimum \$10, payable to Aviso Financial Inc.)☐ Reliable Document (CRA Assessment, Utility bill)

I represent and warrant that the information provided herein is accurate and complete and that I have read and understand the account holder authorization above as well as the terms and conditions of the Broker's agreement governing the account holder's account(s) and acknowledge and agree that the Broker will not review any orders for suitability.

☐ I Agree ☐ I Do Not Agree

x Trading Authorization Signature	Date (dd/mm/yyyy)
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## 4. APPROVAL (FOR INTERNAL USE ONLY)

Authorized Officer or Branch Manager Name	x Authorized Officer or Branch Manager Signature	Date (dd/mm/yyyy)
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ORDER EXECUTION ACCOUNT