

HSBC InvestDirect

Client Account Application

For Individual, Joint, Self-directed RRSP/RRIF Account, Tax Free Savings Account or
In Trust Accounts



Empower yourself with award-winning research and smart analysis tools that can help you make the right investment decisions. At HSBC InvestDirect, we give you the power to invest with success.

This application should take you approximately 10-15 minutes to complete.

Before you return your completed application please ensure you have:

1. Completed all applicable sections, including:
 - Section titled 'Shareholder Communication Instructions' - page 4
 - Section titled 'Privacy Consent' - page 6Please note that certain self-regulatory organizations require access to your personal information. Please read the "Privacy and Personal Information" section of the [Client Terms & Conditions](#).
2. Provided all required signatures including:
 - Suitability Acknowledgement - page 3
 - Pre-Authorized Monthly Contribution Plan (if applicable) - page 4
 - Designation of Successor Annuitant (RSP/RIF, if applicable) - page 5
 - Beneficiary Designation (RSP, if applicable) - page 6
 - Signature section - page 7
3. Signed and attached all the necessary documentation in the application.
4. Completed the following IRS W series form.
 - W-8BEN - Beneficial Owner for United States Tax Withholding OR
 - W-9 - Request for Taxpayer Identification Number and Certification
5. Provided verification of the identity of all persons authorized to trade in this account in order to satisfy The Proceeds of Crime (Money Laundering) and Terrorist Financing Act (Bill C-9). This may be done by either:
 - Presenting, in person, two pieces of identification (Current Passport, Current Driver's License, Canadian Citizenship or Permanent Resident Card, Senior Citizens (OAS) Card issued by the Federal Government), one of which must be a picture ID, of both the Applicant and Co-Applicant or any other individual with authority over the account to an HSBC InvestDirect office or nearest HSBC Bank Canada Branch for verification.
 - OR
 - Mailing in a cheque for \$10 drawn on a Canadian Financial institution from the personal account(s) of both the Applicant and Co-Applicant. We also require a photocopy of the identification (Current Passport, Current Driver's License, Canadian Citizenship or Permanent Resident Card, Senior Citizens (OAS) Card issued by the Federal Government) of both the Applicant and Co-Applicant or any other individual with authority over the account. The \$10 will be deposited into your HSBC InvestDirect account and is not a fee.
6. If you wish to establish an opening balance, please send a cheque, draft or money order OR complete an Authorization to Transfer Account, form # 1090104 (for Cash/Margin accounts) or Transfer Authorization for Registered Investment form #1090105 (for Registered accounts).

Please return the application by mail or in person with all the necessary documents and opening balance (if applicable) to the HSBC InvestDirect office noted below or any HSBC Bank Canada Branch.

HSBC InvestDirect Client Service Centre
4th Floor, 250 University Avenue
Toronto, Ontario
M5H 3E5

Questions? Please call **1-800-760-1180** or email us at: investdirect@hsbc.ca
Forms are available online at www.investdirect.hsbc.ca

Mailing Address - Optional

If you would like us to send information about your accounts to an address other than your home address in Section 2, please indicate it here along with an explanation.

Reason for separate mailing address

Street Address/concession/rural route/site Apt./Suite #

Street Address, continued

City Province Postal Code

Country

Co-Applicant's Personal Information – Required for Joint accounts only

I am an HSBC Premier/ HSBC Advance client

Mr. Mrs. Miss Ms. Dr.

Last Name (legal) First Name (legal) Middle Name (legal)

Home Tel. # Business Tel. # (and extension)

Mobile Tel. # Email Address

Country of Residence Citizenship (*list all countries*)

Residence Address (*P.O. Boxes, G.D. or c/o not accepted*) Apt./Suite #

Residence Address, continued

City Province Postal Code

Social Insurance Number Date of Birth (mm/dd/yy)

Marital status: Married Single Divorced Widowed Common Law Number of Dependents _____

Spousal Information (Complete if the applicant is not your spouse.)

Mr. Mrs. Miss Ms. Dr.

Spouse's Full Name

Spouse's Employer's Name

Type of Business

Spouse's Occupation/Position

Employment Information

Employment status: Employed Self-Employed Student
 Retired Homemaker Not Working

Employer's Name

Type of Business

Occupation/Position Years with Employer

Employer's Address

City Province Postal Code

Financial Information

Current Annual Income (\$)

_____ + _____ = _____
Net Liquid Assets* Net Fixed Assets** Total Net Worth
* *Cash & Securities less loans outstanding against securities*
** *Fixed assets less liabilities outstanding against fixed assets*

Source of Wealth (*i.e. how you earned or obtained your net worth*)

Source of funds for this account (*i.e. transfer of assets or cheque deposit*)

Banking Information

Bank Name

Branch Address

Bank Transit No. Bank Institution No. Bank Account No.
(*You can find this information on the bottom of most cheques*)

I would like the convenience of being able to settle my trades and execute funds transfers to/from my Bank account stated above

Yes No (If yes, please attach a void cheque)

Use of this Account – Required

Select all that apply

Income Generation Saving Growth of Capital Market Speculation

Investment Knowledge and Experience – Required

Investment Knowledge

Applicant: None Limited Average Experienced
 Co-Applicant: None Limited Average Experienced

Number of Years Investing

Applicant: 0 1-3 4-6 7-9 10+
 Co-Applicant: 0 1-3 4-6 7-9 10+

Investment Experience

	Applicant	Co-Applicant
Common Stock	<input type="checkbox"/>	<input type="checkbox"/>
Bonds	<input type="checkbox"/>	<input type="checkbox"/>
Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>
Options	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Stock	<input type="checkbox"/>	<input type="checkbox"/>
Short Selling	<input type="checkbox"/>	<input type="checkbox"/>

Other Information – Required

- | | Applicant | Co-Applicant |
|---|--|---|
| 1. Are you, your spouse or anyone you reside with employed by a securities dealer, IIROC Member firm, Stock Exchange or member of a Stock Exchange?

If yes, please state the name(s) of the Company : _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Are you, your spouse or anyone you reside with the CEO, CFO, COO or a Director of a publicly traded company ("a reporting issuer")? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are you, your spouse or anyone you reside with the CEO, COO or CFO of a major subsidiary of a reporting issuer? (Major subsidiary is defined as a subsidiary of an issuer whose assets or revenue comprise 30% of the consolidated assets or revenue of the issuer) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are you, your spouse or anyone you reside with a Significant Shareholder of a reporting issuer? In other words, do you, your spouse or anyone you reside with hold more than 10% of the voting rights of the issuer's outstanding voting securities, including any convertible securities that are convertible within 60 days that would put you over the 10% limit? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are you, your spouse or anyone you reside with a control person (holding more than 20%) in a reporting issuer's outstanding voting securities? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Are you, your spouse or anyone you reside with a director or CEO, COO or CFO of a management company that provides significant management or administrative services to a reporting issuer or a major subsidiary of a reporting issuer? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Even if questions 2 to 6 above do not apply, do you, your spouse or anyone you reside with receive or have access to material undisclosed information of a reporting issuer given the nature of the employment (i.e. finance, technology)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Do you, your spouse or anyone you reside with exercise "significant power or influence" over the decisions of a reporting issuer? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Name any reporting issuers (including symbol) to which a "Yes" answer applies in questions 2 to 8 above:

_____ | | |
| 10. Do you have accounts with other Brokerage firms? If yes, where?: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Will any other person(s) other than the Applicant or Co -Applicant have:
i) trading authority in this account? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" please complete Trading Authorization form #1090102
ii) power of attorney over this account? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" please complete Full Power of Attorney form #1090015
iii) financial interest in this account? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 11. Are you (or any members of your immediate family) currently, or have you (or any members of your immediate family) in the past, been employed in any of the following positions: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all applicable boxes: | | |
| <input type="checkbox"/> a head of state or government; | | <input type="checkbox"/> a president of a state owned company or bank; |
| <input type="checkbox"/> a member of the executive council of government or member of a legislature; | | <input type="checkbox"/> a head of a government agency; |
| <input type="checkbox"/> a deputy minister (or equivalent); | | <input type="checkbox"/> a judge; or |
| <input type="checkbox"/> an ambassador or an ambassador's attaché or counsellor; | | <input type="checkbox"/> a leader or president of a political party in a legislature. |
| <input type="checkbox"/> a military general (or higher rank); | | |

Suitability Acknowledgement – Required

Mandatory for all accounts

I verify that I have carefully reviewed the applicable section of the Client Terms and Conditions with respect to suitability reviews and I understand and acknowledge that HSBC InvestDirect does not provide investment advice or recommendations regarding any of my investment decisions or securities transactions and that HSBC InvestDirect will not determine my general investment needs and objectives or the suitability of any of my investment decisions or securities transactions. I acknowledge that I have sole responsibility for all my investment decisions and securities transactions and I understand that my orders may be sent directly to the exchange or market without prior review by HSBC InvestDirect. I agree to comply with all applicable rules and customs of the Investment Industry Regulatory Organization of Canada and those governing the exchanges or markets (and their clearing houses, if any) where the orders are executed. HSBC InvestDirect, however, reserves the right to review any of my transactions prior to the exchange or market and to reject, change or remove any order for credit reasons or non-compliance with the requirements of those exchanges, markets or securities regulations.

Applicant's Signature X

Co-Applicant's Signature X

To: HSBC InvestDirect

I have read and understand the explanation to clients that you have provided me in the terms and conditions to this Account Agreement and the choices indicated by me apply to all of the securities held in this account.

PART 1 - Disclosure of Beneficial Ownership Information

Please mark the corresponding box to show whether you **OBJECT** or **DO NOT 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. If you indicate that you **OBJECT**, we are entitled to charge you the reasonable costs incurred by us to forward security-holder materials to you in accordance with securities law.

- I **OBJECT** to you disclosing the information described above.
 I **DO NOT OBJECT** to you disclosing the information described above.

PART 2 - Receiving Security-holder Materials

Please mark the corresponding box to show what you **WANT** to receive. **ALL** security-holder materials sent to beneficial owners of securities consist of the following:

- a) proxy-related materials for annual and special meetings;
 b) annual reports and financial statements that are not part of the proxy-related materials; and
 c) materials sent to security-holders that are not required by corporate or securities law to be sent.

- I **WANT** to receive **ALL** security-holder materials sent to beneficial owners of securities.
 I **DECLINE** to receive **ALL** security-holder 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 give or may have given 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 client response 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.

PART 3 - Preferred Language of Communication

I understand that the materials I receive will be in my preferred language of communication, that I chose at the time my account was opened, if the materials are available in that language.

Pre-Authorized Monthly Contribution Plan - optional

This establishes automatic transfers from the bank account identified below ("Bank Account") to your Cash/Margin, RSP, Spousal RSP, or TFSA Account HSBC InvestDirect ("HIDC") a division of HSBC Securities (Canada) Inc. You are responsible for ensuring that there is enough money in your Bank Account to cover the transfers.

To which HIDC account do you wish to transfer:

- Cash/Margin Account Spousal RSP Account
 Retirement Savings Account (RSP) TFSA

From which bank account do you wish to transfer:

- Bank Account detailed in the Applicant Information section
 Alternate Bank account detailed below (Please attach a "VOID" cheque from a Canadian dollar account.)

 Name of Bank (Bank must be a member of the Canadian Payments Association)

 Branch Address

Is this a joint bank account? Yes No

 Bank Transit No. Bank Institution No. Bank Account No.
(You can find this information on the bottom of most cheques)

Transfer Instructions:

The undersigned authorizes HSBC InvestDirect and the Bank to transfer \$ _____ (must not be less than CDN\$100) from the Bank Account to the HSBC InvestDirect Account named above, by paper, electronic, or other form on:

- the 1 st day of every month
 the 15th day of every month Start Date: MM/DD/YYYY
 the 1st and 15th day of every month

Signatures (Please read and sign below): By signing below, the undersigned confirms that he/she understands, accepts and participates in the pre-authorized transfers described above, and have received, read and agree with the Monthly Contribution Plan Agreement.

X

Your Signature

MM/DD/YYYY

Date

X

Joint Bank Account Owner's Signature (if applicable)

MM/DD/YYYY

Date

Spouse as a Contributor – Required for Registered Spousal plans only

In this section, the words "I", "me", and "my" mean the Applicant's Spouse

Will your spouse be a contributor? Yes No If 'Yes', please complete section below

Mr. Mrs. Miss Ms. Dr.

First Name (Legal)

Middle Name (Legal)

Last Name (Legal)

Social Insurance Number (SIN)

I request that this Plan be established to allow contributions to be made by me in addition to contributions made by my spouse. I am aware that any contributions I make to the Plan now or in the future constitute irrevocable gifts to my spouse and request that they be accepted on that basis. I am aware that any withdrawals from the Plan, including any amounts I have contributed, may be taxable to me under the Income Tax Act.

Registered Account Administration Fee – Required for Registered accounts

Please indicate the account from which the administration fee is to be debited.*

This account

Non-Registered account : Account No.: _____

Bank account detailed in the Applicant Information section

Note: The account to be charged must belong to the holder of this registered account.

*Fee only applies to accounts with balances under CAD\$15,000 as of May 31st.

RIF Payments – Required for RIF accounts only

Payment Frequency

Please credit my RIF LRIF payments as follows: (Payments will be deposited directly to the Applicant's account at the institution indicated.)

Frequency (select one): Annually Semi-Annually Quarterly Monthly

First Payment Date: _____ (day 1-28 of the month only)

To which bank account do you wish to send payment:

Bank Account detailed in the Applicant Information section

Alternate Bank account detailed below (Please attach a "VOID" cheque from a Canadian dollar account.)

Name of Bank (Bank must be a member of the Canadian Payments Association)

Branch Address

Is this a joint bank account? Yes No

Bank Transit No. Bank Institution No. Bank Account No.

(You can find this information on the bottom of most cheques)

Payment Type

Minimum Amount Elected Amount (Indicate annual amount: \$ _____) Maximum (for LIF/LRIF only)

Election to use Spouse's Age (Complete only if Applicant wishes to use spouse's age to determine the amount of payments.)

I elect to use the age of my spouse to determine the period payments under the RIF.

Spouse's First Name (Legal)

Spouse's Middle Name (Legal)

Spouse's Last Name (Legal)

I certify my spouse's birth date to be: _____ (mm/dd/yy).

I understand that this election may not be changed after my first payment even if my spouse should die, or we separate. For accepting and complying with this direction, I waive notification of the aforementioned transactions and ratify any and all such transactions made for my HSBC InvestDirect Account. This direction is a continuing one and shall remain in full force and effect unless revoked by me by written notice addressed and delivered to you, but such revocations shall not affect any liability resulting from, or the waiver of liability relating to, transactions initiated prior to such revocation.

For RIF, complete either the Beneficiary Designation section or Designation of Successor Annuitant section below.

Designation of Successor Annuitant – RIF Only (required if Beneficiary not designated below)

With respect to this RIF and pursuant to the provisions of the Income Tax Act (Canada) and Part III, paragraph 4 of the HSBC InvestDirect Self-Directed RSP/RIF Terms and Conditions, I designate my spouse or common law partner as successor annuitant of the RIF in the event of my death prior to the maturity of this RIF. I reserve the right to change this designation.

Mr. Mrs. Miss Ms. Dr.

First Name (Legal)

Middle Name (Legal)

Last Name (Legal)

Social Insurance Number (SIN)

MM/DD/YYYY

Date

X

Signature of Witness

X

Applicant's Signature

Beneficiary Designation – Required for RSP, and for RIF if Successor Annuitant is not designated above. Not applicable in Quebec.

I revoke any and all beneficiary designations made in respect to this Plan, and designate the person named below as beneficiary to receive the proceeds payable under the Plan in the event of my death. This designation will remain in effect until revoked in accordance with the terms of the HSBC InvestDirect Self-Directed RSP/RIF Terms and Conditions.

Note: In certain provinces, the Applicant can only designate a beneficiary by including a special clause in his or her will.

Caution: Your designation of a beneficiary by means of a designation form will not be revoked or changed automatically by any future marriage or divorce. Should you wish to change your beneficiary in the event of a future marriage or divorce, you will have to do so by means of a new designation.

Beneficiary Information

Mr. Mrs. Miss Ms. Dr.

First Name (Legal) Last Name (Legal) Social Insurance Number (SIN) Or Your Estate

Relationship to Applicant: _____

I acknowledge that, before making this designation, I should discuss with my legal advisor the validity and effect of making the designation.

Date X Signature of Witness X Applicant's Signature

Privacy Consent – Required ("Yes" or "No" selection)

Please read the "Privacy and Personal Information" section of the Client Terms and Conditions booklet

1. HSBC InvestDirect may collect and use my personal information and, where permitted by law, share it within the HSBC Group, to identify and inform me of products and services provided by the HSBC Group that may be of interest to me.

Yes No

I consent to the collection, use and disclosure of personal information in the manner and for the purposes specified in the Client Terms and Conditions. In particular, I agree that HSBC InvestDirect may:

- 2. collect and use my Personal Information to promote the products and services of select third parties that may be of interest to me; and
- 3. collect, use and share my SIN for the additional purposes of meeting legal and regulatory requirements, and for internal audit (including security), statistical, and record keeping purposes.

I may at any time refuse or withdraw my consent to 1, 2 or 3 above by: contacting HSBC at 1-800-760-1180; or visiting the HSBC web site at www.investdirect.hsbc.ca. I understand that if I do refuse or withdraw my consent to 1, 2 or 3 it will not affect my eligibility for products or services.

Applicant Agreement – Required

For Non-Registered Accounts

In this Agreement, the words "I", "me" and "my" mean the Applicant (and any Co-Applicant Client or any other individual with authority over the account, as applicable). The words "you", "your" and "yours" mean HSBC InvestDirect, a division of HSBC Securities (Canada) Inc. All capitalized terms have the same meaning as in the Client Terms and Conditions.

- 1. I am applying for the Investment Account.
- 2. I verify that I have read the Client Terms and Conditions and, upon acceptance of this Agreement by HSBC InvestDirect, agree to be bound by such terms and conditions (which are incorporated herein) and agree that my first transaction using services offered in connection with the Investment Account will constitute further evidence of my acceptance of and my agreement to be bound by such terms and conditions.
- 3. I certify that the interest rates and service charges and fees for the Investment Account have been disclosed to me. I authorize HSBC InvestDirect to debit my Investment Account for interest, service charges and fees.
- 4. **Description of Relationship between HSBC InvestDirect and HSBC Bank Canada:** I understand that HSBC InvestDirect and HSBC Bank Canada are separate entities.
- 5. Balances are not insured by the Canadian Deposit Insurance Corporation (CDIC) but are covered under the Canadian Investor Protection Fund. Certain limits apply.
- 6. It is the express wish of the parties that this Agreement and any related documents be drawn up and executed in English. Les parties conviennent que la présente convention et tous les documents s'y rattachant soient rédigés en anglais.
- 7. **Joint Tenants with Right of Survivorship** (not available in Quebec). In the event of the death of either of any of the undersigned, the entire interest in the joint account shall be vested in the survivor or the survivors on the same terms and conditions as theretofore held, without in any manner releasing the undersigned or their estates from the liability provided for in the Client Terms and Conditions.
- 8. **Tenants in Common** If the interests are NOT to be equal, please designate the percentage of each tenant. In the event of the death of either or any of the undersigned, the interests in the tenancy as of the close of business on the date of death of the decedent (or on the following business day if the date of death is not a business day) shall be equal unless otherwise specified immediately below.

Account Holder or His or Her Estate (Print Name): _____ %

Co-Account Holder or His or Her Estate (Print Name): _____ %

Each of the undersigned acknowledges that he/she have read and understand the Joint Account Agreement (contained in the Client Terms and Conditions), and agree to the terms and conditions set forth therein.

- 9. For the purpose of evaluating this Agreement, HSBC InvestDirect is authorized to collect factual credit information and other personal information about me from third parties such as credit reporting agencies and credit grantors and from income sources and personal references and to disclose to other credit grantors and credit bureau particulars of this Agreement and subsequent credit experience, and to retain this Agreement for HSBC InvestDirect records. I authorize other institutions with which I deal to provide HSBC InvestDirect with any such information requested.

For Registered Accounts

In this Agreement, the words "I", "me" and "my" mean the Applicant and the words "you", "your", "yours" and "HSBC InvestDirect" means HSBC InvestDirect, a division of HSBC Securities (Canada) Inc. All capitalized terms have the same meaning as in the Client Terms and Conditions.

1. I am applying for a HSBC InvestDirect Self-Directed RSP/RIF Account and request that HSBC Trust Company (Canada), (the "Trustee") apply to have the RSP/RIF (the "Plan"), registered under the provisions of the Income Tax Act (Canada) and the applicable provisions of similar legislation, if any of my province of residence (the "Applicable Tax Legislation").
2. I acknowledge and agree that:
 - (a) I have read the Client Terms and Conditions and, upon acceptance of this Agreement by HSBC InvestDirect, agree to be bound by such terms and conditions (which are incorporated herein) and agree that my first transaction will constitute further evidence of my acceptance of and my agreement to be bound by such terms and conditions.
 - (b) I am solely responsible for determining whether the amount of any contribution to the Plan which I may claim as a deduction is within the deductible limits prescribed under the Applicable Tax Legislation (RSP Only).
 - (c) I am responsible for determining the eligibility of each investment under the provisions of the Applicable Tax legislation and that I am solely responsible for all tax consequences resulting in from including investments which are not eligible.
 - (d) I will furnish proof of any information, including my age and the age of my spouse when required by HSBC InvestDirect or the Trustee.
 - (e) Any benefits derived from this Plan will be taxable under the Applicable Tax Legislation.
3. **Description of Relationship between HSBC InvestDirect and the Trustee:** I understand that HSBC InvestDirect and the Trustee are separate entities.
4. Balances are not insured by the Canada Deposit Insurance Corporation (CDIC) but are covered under the Canadian Investor Protection Fund. Certain limits apply.
5. It is the express wish of the parties that this Agreement and any related documents be drawn up and executed in English. Les parties conviennent que la présente convention et tous les documents s'y rattachant soient rédigés en anglais.

Signatures

By signing any of the signature areas, I am certifying that the information provided by me in this application is true and complete and I agree to advise HSBC InvestDirect immediately of any material change in the information. I further certify that I am capable of evaluating and bearing the financial risk inherent in buying and selling securities and that trading in all transactions for which approval is sought is suitable for the purposes of my investment objectives. I acknowledge and confirm that I have received, read and consent to the Client Terms and Conditions, including the Statement of Policies and Securities Related Activities Section and the Privacy and Personal Information Section, which includes my consent to the collection, use and disclosure of my personal information for the purposes described.

I acknowledge and agree that a credit check may be performed on me.

Sign here if you are opening a Cash Account /Registered Account/Tax Free Savings Account

X	MM/DD/YYYY	X	MM/DD/YYYY
Applicant's Signature	Date	Co-Applicant's Signature (if applicable)	Date

Sign here if you are opening a Margin Account

I hereby apply to be granted a margin facility with respect to this account. I acknowledge and confirm that I have received, read and accept the Margin Account Terms and Conditions.

X	MM/DD/YYYY	X	MM/DD/YYYY
Applicant's Signature	Date	Co-Applicant's Signature (if applicable)	Date

Sign here if you are applying to place Option Trades in any selected account.

I hereby apply to be granted option facilities with respect to any selected account. I acknowledge and confirm that I have received, read and accept the Option Trading Agreements in the Client Terms and Conditions. I also confirm that I have received and read the applicable Risk Disclosure Document and am aware of and accept all risks associated with the trading of options and securities.

What kind of options trades would you like to make in your margin account? Buy Puts/Calls Covered Writing Spreads Uncovered Writing

What kind of options of trades would you like to make in your Registered accounts? Buy Puts/Calls Covered Writing

What kind of options of trades would you like to make in your TFSA? Buy Puts/Calls Covered Writing

X	MM/DD/YYYY	X	MM/DD/YYYY
Applicant's Signature	Date	Co-Applicant's Signature (if applicable)	Date
Indicate years of options experience _____		Indicate years of options experience _____	

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding

OMB No. 1545-1621

▶ Section references are to the Internal Revenue Code. ▶ See separate instructions.
 ▶ Give this form to the withholding agent or payer. Do not send to the IRS.

Do not use this form for:

- A U.S. citizen or other U.S. person, including a resident alien individual W-9
- A person claiming that income is effectively connected with the conduct of a trade or business in the United States W-8ECI
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (see instructions for exceptions) W-8ECI or W-8IMY
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession that received effectively connected income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (see instructions) W-8ECI or W-8EXP

Instead, use Form:

Note: These entities should use Form W-8BEN if they are claiming treaty benefits or are providing the form only to claim they are a foreign person exempt from backup withholding.

- A person acting as an intermediary W-8IMY

Note: See instructions for additional exceptions.

Part I Identification of Beneficial Owner (See instructions.)

1 Name of individual or organization that is the beneficial owner	2 Country of incorporation or organization
3 Type of beneficial owner: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Disregarded entity <input type="checkbox"/> Partnership <input type="checkbox"/> Simple trust <input type="checkbox"/> Grantor trust <input type="checkbox"/> Complex trust <input type="checkbox"/> Estate <input type="checkbox"/> Government <input type="checkbox"/> International organization <input type="checkbox"/> Central bank of issue <input type="checkbox"/> Tax-exempt organization <input type="checkbox"/> Private foundation	
4 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.	
City or town, state or province. Include postal code where appropriate.	Country (do not abbreviate)
5 Mailing address (if different from above)	
City or town, state or province. Include postal code where appropriate.	Country (do not abbreviate)
6 U.S. taxpayer identification number, if required (see instructions) <input type="checkbox"/> SSN or ITIN <input type="checkbox"/> EIN	7 Foreign tax identifying number, if any (optional)
8 Reference number(s) (see instructions)	

Part II Claim of Tax Treaty Benefits (if applicable)

9 I certify that (check all that apply):

a The beneficial owner is a resident of within the meaning of the income tax treaty between the United States and that country.

b If required, the U.S. taxpayer identification number is stated on line 6 (see instructions).

c The beneficial owner is not an individual, derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits (see instructions).

d The beneficial owner is not an individual, is claiming treaty benefits for dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation, and meets qualified resident status (see instructions).

e The beneficial owner is related to the person obligated to pay the income within the meaning of section 267(b) or 707(b), and will file Form 8833 if the amount subject to withholding received during a calendar year exceeds, in the aggregate, \$500,000.

10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article of the treaty identified on line 9a above to claim a % rate of withholding on (specify type of income):

Explain the reasons the beneficial owner meets the terms of the treaty article:

Part III Notional Principal Contracts

11 I have provided or will provide a statement that identifies those notional principal contracts from which the income is **not** effectively connected with the conduct of a trade or business in the United States. I agree to update this statement as required.

Part IV Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- 1** I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates,
- 2** The beneficial owner is not a U.S. person,
- 3** The income to which this form relates is (a) not effectively connected with the conduct of a trade or business in the United States, (b) effectively connected but is not subject to tax under an income tax treaty, or (c) the partner's share of a partnership's effectively connected income, **and**
- 4** For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner.

Sign Here ▶

Signature of beneficial owner (or individual authorized to sign for beneficial owner) Date (MM-DD-YYYY) Capacity in which acting

