

HSBC InvestDirect

Full Power of Attorney

PLEASE READ CAREFULLY

TO: HSBC INVESTDIRECT, A DIVISION OF HSBC SECURITIES (CANADA) INC.
(Herein called "you" or "your")

1. The undersigned Client or Clients (hereinafter "I", "me" or "my") hereby appoints: _____
("Attorney")
to act as my Attorney and Attorney in fact for my account(s) with you. I certify that I am the age of majority in the province in which my account(s) with you are opened.

2. The Attorney will have the power and authority to do the following for me through my accounts with you:
- (a) buy, sell and trade stocks, bonds and any other securities (including margin purchases and short sales);
 - (b) borrow money in connection with any securities related transaction (including margin purchases and short sales); Declined (Initial) _____
 - (c) receive and deliver securities and order their reception and delivery to others, either for free or against payment for my account;
 - (d) order the redemption of payments from and the making of payments to others including my Attorney;
 - (e) receive payments from or make payments to others;
 - (f) receive transaction statements and approve and confirm them;
 - (g) receive all notices and demands of any kind addressed to or intended for me regarding my account transactions;
 - (h) sign any agreements with you on my behalf necessary for my transactions; and
 - (i) act on my behalf in any other matter regarding my accounts with you.

You will NOT NOTIFY me if my Attorney performs any of the above transactions, since they will have the same affect as though performed by me. You are not required to send me any statements, notices, or demands concerning such actions. By signing this Power of Attorney, I am approving all of my Attorney's actions regarding my accounts with you.

3. Actions for My Benefit

The actions of my Attorney must be exclusively for my benefit. My Attorney may not deal with my account(s) for his or her personal purposes. My Attorney is aware of this limitation. You therefore, may choose not to allow my Attorney to take certain actions if you are not satisfied that such actions are for my benefit.

4. Ending this Power of Attorney

The Attorney and I agree that this Power of Attorney is binding on me and the Attorney as well as on my heirs, executors, administrators, successors and assigns. You will continue to deal with my Attorney until the Power of Attorney is ended by you actually having received either my written notice of revocation or proof of my death or otherwise ended as required by law.

5. Written Notice

I may revoke the Power of Attorney by giving a signed, written notice addressed and delivered to your head Office in Toronto, Ontario.
I agree to be responsible for any actions taken by my Attorney regarding my accounts with you until you receive written evidence that this Power of Attorney has ended. I and/or my Executor agree to indemnify you and hold you completely harmless from and against any losses arising from any action taken by my Attorney until such time as you know this appointment has been ended.

6. Proof of the Client's Death

This Power of Attorney will end when you have received written proof of my death (for example, when you receive a copy of my death certificate).

7. English Language

The parties hereto have requested that this document be drawn up in the English language only. Les Parties aux présentes ont demandé que cette convention soit rédigée en anglais uniquement.

Power of Attorney Continuing During Mental Infirmity

CLAUSE I

Applicable only in: British Columbia , Manitoba, New Brunswick, Saskatchewan and Quebec. The Client should initial "Yes" only if he/she wants the Attorney's authority to continue if he/she becomes mentally infirm.

I authorize this Power of Attorney to continue to be exercised if I become mentally infirm or legally incapacitated. I understand this is permitted under certain provisions of the Power of Attorney Act, and in Quebec, under the Civil Code of Quebec. This authority will end in the following situations:

- (a) if an order is made under the Patients' Property Act (B.C.), that I am incapable of managing my affairs, section 2;
- (b) if a Committee is appointed for me under the Patients' Property Act(B.C.); **OR**
- (c) if a Committee is appointed for my estate in Manitoba, New Brunswick or Saskatchewan.

Yes (initial) _____ No (initial) _____

CLAUSE II

Applicable only in Ontario: The Client should initial "Yes" only if he/she wants their Attorney's authority to continue if he/she becomes mentally incapable.

It is my intention and I so authorize my Attorney that the authority granted by Power of Attorney shall be exercised during any incapacity on my part to manage my property, pursuant to section 7 of the Substitute Decisions Act.

I hereby acknowledge and am aware of the following:

- (a) I know what kind of property I have and its approximate value;
- (b) I am aware of obligations owed to my dependents;
- (c) I know that my Attorney will be able to do anything in respect of my property that I could do if capable, within the scope of power set out in this Power of Attorney;
- (d) I know that my Attorney must account for his/her dealings with my property;
- (e) I know that I may, if capable, revoke this continuing Power of Attorney;
- (f) I appreciate that unless my Attorney manages my property prudently, the value of my property may decline; and
- (g) I appreciate the possibility that my Attorney could misuse the authority given to him/her.

This continuing Power of Attorney is in addition to, and does not revoke, any previous Power of Attorney granted by me in accordance with paragraph 12 (1)(d) of the Substitute Decisions Act. (Ontario).

Yes (initial) _____ No (initial) _____

Note: For residents of the Province of Alberta, this Power of Attorney will not survive the mental incapacity of the Client.

Signatures

The signatures on this form MUST be witnessed by two witnesses, neither of whom falls within the categories listed below. Two witnesses per signature are required. A witness can witness more than one signature.

Date: _____
Client's Name _____ Client's Signature _____

Date: _____
Client's Name (If Joint Account) _____ Client's Signature _____

Witnesses for Signature of CLIENT:

Acknowledgment by each WITNESS who witnessed the Client's Signature(s) above:

I (the Witness) acknowledge and confirm that I am none of the following:

- i. the Attorney appointed hereunder;
- ii. the spouse or partner* of the Attorney appointed hereunder;
- iii. the Client's spouse or partner*;
- iv. the Client's child or a person whom the Client has demonstrated a settled intention to treat as his or her child;
- v. a person whose property is under guardianship or who has a guardian of the person; or
- vi. a person who is not the age of majority in the province in which the account (s) are opened and I reside.

* "Partner" means a person who has lived with the Client for at least one year in a close personal relationship that is of primary importance to the client.

Date: _____
First Witness' Name (Please Print) _____ Witness' Signature _____

Date: _____
Second Witness' Name (Please Print) _____ Witness' Signature _____

I accept this appointment as AGENT and ATTORNEY. I certify that I am of the age of majority in the province in which the account(S) are opened and I reside.

Date: _____
Attorney's Name (Please Print) _____ Attorney's Signature _____

Attorney's Address

Attorney Information

To be completed for

Attorney Name (Please Print) _____ Date of Birth (dd/mm/yy) _____

Name and Address of Attorney's Employer

Occupation

Does Attorney have an existing account with HSBC InvestDirect or other firms? No Yes

If so, please name firm and account number

Investment Knowledge of Attorney: None Limited Average Sophisticated

Is Attorney a director or officer of a publicly traded company, or owner/attorney (alone or as part of a group) of 10% or more of such voting rights?

No Yes Name of Company _____

Attorney Identification: Passport No. or D.L. No. _____

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:
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); | |

Notes

1. We are not advising you to appoint an attorney to make decisions for you. This is a decision that only you can make.
2. You should be aware that you must be a mentally competent adult in order to create a valid power of attorney. In some provinces, people who have declared bankruptcy cannot create powers of attorney. As well, you must appoint someone who is now an adult to be your attorney.
3. Whenever you give someone else the authority to manage your property, there is a risk that they will make errors, exercise poor judgment or even behave dishonestly causing a loss to you. It is therefore imperative that you consider seriously whether the person whom you have chosen to appoint as your attorney is trustworthy and capable of making good decisions on your behalf.
4. If you have already made a power of attorney with a lawyer, you should be careful that the new power of attorney you are creating does not unintentionally replace the earlier one or lead to conflicts between your attorneys. If you already have a power of attorney, instead of using our form you may choose to provide us with a "notarial" (signed by a notary) copy of the document that your lawyer has created for you. The rules on new powers of attorney replacing old ones vary from province to province; if you already have a power of attorney, you should consult a lawyer in your province.
5. If you have had a lawyer make a power of attorney for you, we strongly recommend that you have a lawyer assist you in completing this power of attorney form.
6. Although we do our best to provide you with a form that is valid in all Canadian provinces, the law is constantly changing in this area and we cannot guarantee that the document will be effective. The only way to be certain that your power of attorney is legally valid, and appropriate for your needs, is to seek the advice of a local lawyer.
7. If the power of attorney that you are making is a continuing one, meaning it will continue if you become mentally incompetent, you should be aware that if you lose the ability to make your own decisions, you will not be able to remove at all, or remove easily, the person whom you have appointed to make decisions on your behalf.
8. Finally, HSBC will not undertake in any way to oversee, control or supervise the decisions made by your attorney for property. The purpose of creating the document is to put someone in place with the authority to provide us with instructions. As a result, we will ordinarily be legally obligated to obey the instructions provided to us by your attorney, unless you inform us to the contrary.