



HSBC InvestDirect

Trading Authorization

PLEASE READ CAREFULLY

TO: HSBC INVESTDIRECT, A DIVISION OF HSBC SECURITIES (CANADA) INC.

In this Limited Power of Attorney the words "I", "me" and "my" mean the undersigned client(s) and the words "you" and "your" means HSBC InvestDirect.

1. I appoint (please provide full name, including first, middle and last name) _____ ("Attorney") my agent and attorney with respect to one or more brokerage accounts with you provided that this power is limited to only power to buy, sell (including short sales) and/or trade, in securities and options, on margin, or otherwise, all in accordance with your general terms and conditions and with the usual practice of brokers, subject to the constitution, by-laws, rules, regulations, customs and usages in existence from time to time of the stock exchange or market (and its respective clearing house, if any) where the transaction is made and to all laws, regulations and orders of any governmental or regulatory authority that may be applicable.
2. This Power of Attorney shall apply to all of my accounts held with you whether opened now or opened in the future (and all words herein implying the singular imply the plural and vice versa). I hereby ratify and confirm any and all transactions by the Attorney made after the date of the Attorney's appointment and any and all transactions previously made by the Attorney but not yet settled and agree to indemnify and hold you harmless against any loss, liability or damage arising in any way out of such transactions.
3. This Power of Attorney and indemnity shall remain in full force and effect and shall survive any incidental, temporary or intermittent closing out, or reopening or renumbering of any of my accounts with you and shall continue in favour of you and your successors and assigns until you receive written notice of revocation or proof of my death at your Head Office in Toronto, Ontario. Any revocation or termination shall in no way affect the indemnity herein contained respecting any action taken by my Attorney.

(Ontario Only)

4. I declare this Power of Attorney for property is a continuing power of attorney for property pursuant to the *Substitute Decisions Act* (Ontario) and the authority given may be exercised during my incapacity to manage property. I hereby declare that pursuant to paragraph 12(1)(d) of the *Substitute Decisions Act* (Ontario), I may have multiple continuing Powers of Attorney.
5. **Note: For residents of the Province of Alberta, this Power of Attorney will not survive the mental incapacity of the Client.**
6. Each party hereto has requested that this agreement and all documents and notices be drawn up in the English language. Les parties aux présentes ont demandé que cette convention et tout avis afférent soient rédigés en langue anglaise uniquement.

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 Trading Authority 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 this Trading Authority 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. 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.