

HSBC InvestDirect

Client Account Application

For Individual and Joint Accounts

Copyright© 2021 HSBC Bank Canada

All rights reserved



HSBC InvestDirect*

Before you return your completed application please ensure you have:

1. Completed all required sections and provided full information in relevant applicable sections.
2. Read the Client Terms and Conditions for important information in connection with your HSBC InvestDirect account.
3. Read the "Client Information Consent Agreement" section of the Client Terms and Conditions.
4. Provided all required signatures, including Suitability Acknowledgement and Signatures Section - page 7.
5. Signed and attached all the necessary supporting documentation for your application:

For Tax-Free Savings Account (TFSA):

- TFSA Form# 1090161 – Application

For Trading Authority:

- Trading Authorization Form

For Power of Attorney:

- Power of Attorney Authorization Form and Trading Authorization Form

If You Are Transferring to HSBC InvestDirect From Another Institution

- Non-Registered Account Transfer Form or Registered Account Transfer Form
- T2151 Form and completed/signed Pension package
- RESP Transfer Form (Form A or Form B and QESI Form - where applicable)

If you are a U.S. citizen or have U.S. Dual Citizenship:

- W9 Form for U.S. taxation purposes

If you are a Canadian Resident or a Non-Resident:

- W-8BEN Form for U.S. taxation purposes

6. Provided verification of the identity of each Applicant, Co-Applicant and all persons authorized to trade by providing two pieces of identification, one of which must be a government issued photo ID. Photo identification must be physically verified by HSBC branch personnel or HSBC InvestDirect office.
7. Please return your completed application after HSBC branch personnel has physically verified IDs to your HSBC Bank Canada branch or mail to an HSBC Bank branch or mail to:

HSBC InvestDirect

1725 16th Avenue

Suite 102

Richmond Hill, ON

L4B 4C6

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

*HSBC InvestDirect is a division of HSBC Securities (Canada) Inc. which is a wholly owned subsidiary of, but separate entity from, HSBC Bank Canada. HSBC Securities (Canada) Inc. is a member of The Canadian Investor Protection Fund and the Investment Industry Regulatory Organization of Canada (IIROC).

Client Account Application

ORDER EXECUTION ACCOUNT ONLY

Account Type – Required

Please refer to the Client Terms & Conditions

Investment Accounts**Cash****Margin****Canadian & U.S. Accounts (check one)**

- Individual Cash Margin
- Joint-Tenants in Common
(For Quebec Residents Only) Cash Margin
- Joint with Right of Survivorship
(Not Available to Quebec Residents) Cash Margin

Foreign Currency Cash Accounts (optional, select all that apply)

- HKD GBP EUR Other _____

Margin Account Privileges (optional, select all that apply)

- Options Trading Short Selling

Language of Correspondence for this Account

- English French
- I would like to receive marketing materials in Chinese

Registered Accounts**Account Types (select only one)**

- Tax-Free Savings Account (TFSA) – attach TFSA Form #1090161
- Retirement Savings Plan (RSP)
- Spousal Retirement Savings Plan (SRSP)
- Retirement Income Fund (RIF)
- Spousal Retirement Income Fund (SRIF)
- Life Income Fund (LIF) – attach Addendum
- Locked-in Retirement Income Fund (LRIF) – attach Addendum
- Prescribed Retirement Income Fund (PRIF) – attach Addendum
- Restricted Life Income Fund (RLIF) – attach Addendum
- Locked-In Retirement Account (LIRA) – attach Addendum
- Restricted Locked-in Savings Plan (RLSP) – attach Addendum
- Locked-in Retirement Savings Plan (LRSP) – attach Addendum

Applicant's Personal Information – Required

- Mr. Miss Ms. Mrs. Dr.

Last Name (Legal) First Name (Legal) Middle Name (Legal)

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

Mobile Tel. # E-mail Address

Country of Residence Citizenship (list all countries)

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

City Province Postal Code

SIN Date of Birth (mm/dd/yyyy)

- Marital Status: Married Single Divorced Widowed
- Common Law Separated

Number of Dependents: _____

Spousal Information (complete below only if your spouse is NOT a joint applicant)

- Mr. Mrs. Miss Ms. Dr.

Spouse's Full Name

Spouse's Employer's Name

Type of Business Spouse's Occupation/Position

Bank Information

Bank Name

Bank Address

Bank Transit # Bank Institution # Bank Account #

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 and the above is a non HSBC bank account, please attach a void personal cheque)

Employment Information

Employment status:

- Employed Self-Employed Student
- Retired* Homemaker* Not Working*

* Retired, Not Working, or Homemaker: Provide details of most recent job.

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 (Less liabilities)** Total Assets

* Cash & Securities less loans outstanding

** Fixed assets less liabilities outstanding against fixed assets

Source of funds for this account (select all that apply)

- Cheque Deposit Share Certificate Deposit
- Transfer from linked bank account
- Transfer in from a Financial Institution, specify: _____
- Other, specify: _____

Mailing Address – Optional

If you would like us to send information about your accounts to an address other than your home address on the previous page of this application, please indicate it here along with an explanation.

Reason for separate mailing address

Continued

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

Mr. Miss Ms. Mrs. Dr.

Relationship to Applicant

Last Name (Legal) First Name (Legal) Middle Name (Legal)

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

Mobile Tel. # E-mail Address

Country of Residence Citizenship (list all countries)

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

City Province Postal Code

SIN Date of Birth (mm/dd/yyyy)

Marital Status: Married Single Divorced Widowed
 Common Law Separated

Number of Dependents: _____

Spousal Information (complete below only if your spouse is NOT a joint applicant)

Mr. Mrs. Miss Ms. Dr.

Spouse's Full Name

Spouse's Employer's Name

Type of Business Spouse's Occupation/Position

Bank Information

Bank Name

Bank Address

Bank Transit # Bank Institution # Bank Account #

(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 and the above is a non HSBC bank account, please attach a void personal cheque)

Employment Information

Employment status:

Employed Self-Employed Student
 Retired* Homemaker* Not Working*

* Retired, Not Working, or Homemaker: Provide details of most recent job.

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 (Less liabilities)** = Total Assets

* Cash & Securities less loans outstanding

** Fixed assets less liabilities outstanding against fixed assets

Source of funds for this account (select all that apply)

Cheque Deposit Share Certificate Deposit
 Transfer from linked bank account
 Transfer in from a Financial Institution, specify:
 Other, specify: _____

Investment Experience and Use of Account – Required

Investment Knowledge

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

Number of Years Investing

Applicant: < 1 1-5 6-10 10+
 Co-Applicant: < 1 1-5 6-10 10+

Use of this Account (select all that apply)

Income Generation Saving Growth of Capital Market Speculation Other _____

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"/> |
| No Experience | <input type="checkbox"/> | <input type="checkbox"/> |

Other Information – Required

| | Applicant | Co-Applicant |
|--|---|--|
| 1. Are you, your spouse or anyone you reside with employed by an IIROC Member firm, Stock Exchange or member of a Stock Exchange? If yes, please state the name of the firm and provide a compliance letter(s): _____ | <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 or insider of a publicly traded (exchange or over-the-counter) 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 non-public 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 symbols) to which a “Yes” answer applies on questions 2 to 8 above: | | |
| 10. Will any other person(s) other than the applicant(s) have a financial interest in the account(s)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 11. For the new account(s) that you are applying for in this application, will any other person(s) other than the Applicant(s) be granted: i) trading authority in this account? <input type="checkbox"/> Yes <input type="checkbox"/> No If “yes”, please complete the Trading Authorization Form ii) power of attorney over this account? <input type="checkbox"/> Yes <input type="checkbox"/> No If “yes”, please complete the Power of Attorney Form and Trading Authorization Form | | |
| 12. 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, please check all applicable boxes and list the details of the individuals): | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> a head of state or government; <input type="checkbox"/> a member of the executive council of government or member of a legislature; <input type="checkbox"/> a deputy minister (or equivalent); <input type="checkbox"/> an ambassador or an ambassador’s attaché or counselor; | <input type="checkbox"/> a president of a state owned company or bank; <input type="checkbox"/> a head of a government agency; <input type="checkbox"/> a federal judge; or <input type="checkbox"/> a leader or president of a political party in a legislature | |

If answered yes to question 12, please indicate the details of the person(s) below:

| | | |
|------------------|---------------------------------------|------------------------------|
| Person Full Name | Relationship to the account holder(s) | Length in Position (From/To) |
| Description | | |
| (continued) | | |

Registered Account Administration Fee – Required

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

- This account (Default)
- Non-Registered Account No.: _____
- Bank account detailed in the Banking Information section of this application

Note: The account to be charged must belong to the Applicant or Co-Applicant of this registered account.

Spouse as a Contributor – Required for Registered Spousal plans only

Will your spouse be a contributor? Yes No Please complete section below

Mr. Mrs. Miss Ms. Dr.

 First Name (Legal) Middle Name (Legal) Last Name (Legal) 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.

RIF and LIF Payments – Required for RIF and LIF accounts only**Payment Frequency**

For my RIF LRIF LIF

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

First Payment Date (mm/dd/yyyy): _____ (day 1–28 of the month only)

To which account do you wish to send the payment:

- InvestDirect non-registered account no. _____
- Bank Account detailed in the Applicant Information section
- Alternate Bank account detailed below (Please attach a “VOID” cheque from a Canada dollar account.)

 Name of Bank (Bank must be a member of the Payments Canada) Branch Address

 Bank Transit No. Institution No. Bank Account No. Is this a joint bank account? Yes No

Payment Type

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

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.

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 periodic payments under the RIF and LIF. Below is my spouse's name.

 First Name (Legal) Middle Name (Legal) Last Name (Legal)

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

I understand that this election to use my spouse's age may not be changed after my first payment even if my spouse should die, or we separate or divorce.

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 in the Client Terms and Conditions, I, the Applicant, 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) SIN

Beneficiary Designation – for Registered Account(s) and for RIF if Successor Annuitant is not designated above. Not applicable to Quebec Residents.

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 contained in the Client Terms and Conditions.

Note: In Quebec, 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 change in circumstances, including any future marriage or divorce. Should you wish to revoke or change your beneficiary, you will have to do so by means of a new designation.

Mr. Mrs. Miss Ms. Dr.

First Name (Legal) Middle Name (Legal) Last Name (Legal) SIN _____ or Default to Your Estate if no beneficiary designation

Relationship to Applicant: _____

Shareholder Communication Instructions – Required

Under Canadian securities laws, you are entitled to receive a copy of all security holder materials issued by or in respect of Canadian public issuers whose securities you hold in your account with us. The following is a description of how you can receive or refuse to receive these materials.

This description exclusively applies to issuers of securities that are governed only by Canadian securities laws. It does NOT apply to issuers of securities that are governed by the laws of the United States or other countries. Accordingly, even if you indicate to us that you do not wish to receive security holder materials, we may be required to send security holder materials to you in certain circumstances including in relation to issuers of securities that are governed by the laws of other countries.

An explanation is provided to you in the National Instrument 54-101 Communication with Beneficial Owners of a Securities of a Reporting Issuer Form 54-101F1 Explanation to Clients, contained in the Client Terms and Conditions. We are required under Canadian securities law to obtain your instructions concerning various matters relating in respect of Canadian public issuers whose securities you hold in your account with us.

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 (Default)

PART 2 - Receiving Security-holder Materials

Please mark the corresponding box to show what you **WANT** to receive. 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.** (Default)
 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, which I chose at the time my account was opened, if the materials are available in that language.

Privacy Consent – Required

Please read the "Client Information Consent Agreement" section of the Client Terms and Conditions. I consent to the collection, use and disclosure of Client Information in the manner and for the purposes specified therein. I agree HSBC InvestDirect may collect, use and share my SIN for the additional purposes of conducting Financial Crime Risk Management Activities, and for internal audit, security, statistical, and record keeping purposes.

I also agree to the following optional uses of my Personal Information:

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.

2. HSBC InvestDirect may collect and use my Personal information to promote the products and services of select third parties that may be of interest to me.

Yes (Default unless instructed otherwise) or No

(Your selection applies to both #1 and #2.)

I may at any time change my consent to any of the above by visiting a branch, contacting HSBC at 1-800-760-1180 or visiting the HSBC website at www.investdirect.hsbc.ca. I understand that if I refuse or withdraw my consent, it will not affect my eligibility for products or services.

Applicant Agreement – Required

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).

By signing this Application, I and any Co-Applicant or any other individual with authority over the Account, acknowledge and agree that:

1. I am applying for an HSBC InvestDirect Investment Account (the **Account**). I understand that HSBC InvestDirect is a division of HSBC Securities (Canada) Inc. (**HCSC**). I understand that the opening of the Account is subject to HCSC’s/HSBC InvestDirect’s approval.
2. The terms and conditions that govern my account and our relationship are set out in this Application Form, the HSBC InvestDirect Fee Schedule and the Client Terms and Conditions (collectively, the **Terms and Conditions**). I acknowledge that I have received, read, understand and agree to the Terms and Conditions.
3. The interest rates, service charges and any other fees associated with my HSBC InvestDirect Account have been disclosed to me. I authorize HCSC/HSBC InvestDirect to debit my Investment Account for interest, service charges, and any other fees.
4. **Relationship Disclosure and Disclosure Regarding Conflicts of Interest:** I have carefully reviewed the Relationship Disclosure and Disclosure Regarding Conflicts of Interest contained in the enclosed Client Terms and Conditions. I understand that HCSC/HSBC InvestDirect and HSBC Bank Canada are separate entities.
5. **Consent to Electronic Delivery of Documents.** I acknowledge that I have carefully reviewed the Consent to Electronic Delivery of Documents in the enclosed Client Terms and Conditions and I agree to adhere to all requirements contained therein.
6. **Short Sale Risk Statement:** I acknowledge that I have carefully reviewed the Short Sale Risk Statement contained in the enclosed Client Terms and Conditions and I agree to adhere to all requirements contained therein.
7. I agree to comply with all applicable regulations, rules and customs of the relevant provincial securities regulator(s), the Investment Industry Regulatory Organization of Canada and other regulatory authorities governing the exchanges or markets (and their clearing houses, if any) where my orders are executed. I understand that HSBC InvestDirect reserves the right to review any of my transactions prior to the exchange or market and to reject, change or remove any order, including for credit reasons or non-compliance with the requirements of those exchanges, markets or securities regulations.
8. The balances in my Account may not be insured by the Canada Deposit Insurance Corporation. My Account at HSBC InvestDirect is protected by the Canadian Investor Protection Fund within specified limits. I confirm that I will refer to the applicable websites for information on the nature and limits of coverage.
9. A credit check may be performed on me. 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 with to provide HCSC/HSBC InvestDirect with any such information requested.
10. **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.
11. **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’s Estate (Print Name): _____ %

Co-Account Holder’s Estate (Print Name): _____ %

Each of the undersigned acknowledges that he/she/they have read, understand and agree to the Joint Account Agreement contained in the Client Terms and Conditions.

Additional Information For RSP/RIF Accounts

12. If I am applying for a HSBC InvestDirect Self-Directed RSP/RIF Account, I 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 under any applicable provisions of similar legislation, if any, of my province of residence (the **Applicable Tax Legislation**).
13. I have received, read, understand and agree to the applicable Registered Plan documentation.
14. I am solely responsible for determining whether the amount of any contribution to the Plan which you may claim as a deduction is within the deductible limits prescribed under the Applicable Tax Legislation (RSP or spousal RSP only).
15. I am responsible for determining the eligibility of each of my investments under the provisions of the Applicable Tax Legislation and the tax legislation of other jurisdictions, if applicable, and I am solely responsible for all tax consequences resulting from including investments which are not eligible.
16. I will furnish proof of any information, including my age and the age of my spouse, when required by HCSC/HSBC InvestDirect or the Trustee.
17. Any benefits I derive from a Registered Plan will be taxable under the Applicable Tax Legislation.

Suitability Acknowledgement – Required

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. I agree that HSBC InvestDirect is not responsible for making a determination that the product and account types offered by HSBC InvestDirect in the order execution only account are appropriate for me. Additionally, I understand that HSBC InvestDirect will not determine my investment needs and objectives or assess the suitability of any of my investment decisions or actions. I understand that HSBC InvestDirect is not responsible for making a suitability determination for me, and that HSBC InvestDirect will not consider my personal and financial circumstances, investment knowledge, investment objectives, risk profile, investment portfolio composition, investment time horizon nor other similar factors.

I acknowledge that I have sole responsibility for all my investment actions and decisions and securities transactions in the order execution only account and I understand that my orders may be sent directly to the exchange or market without prior review by HSBC InvestDirect.

Signature – Applicant

Signature – Co-Applicant

Date (mm/dd/yyyy)

Signatures – Required

By signing this Application, I certify 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 confirm that I have read, understand and agree to the terms and conditions in this Application Form and the Client Terms and Conditions.

I also acknowledge and understand that using borrowed money to finance the purchase of securities involves greater risk than using cash resources only. If I borrow money to purchase securities, it is my responsibility to repay the loan and pay interest as required by its terms remains the same even if the value of the securities purchased declines.

An electronic version of the Client Terms and Conditions is available at www.hsbc.ca/investdirect-terms, or a paper copy may be requested by contacting HSBC InvestDirect at 1-800-760-1180.

Signature – Applicant

Signature – Co-Applicant

Date (mm/dd/yyyy)

I acknowledge I have received a copy of this application.

Applicant(s) Initials

Sign here if you are opening a Margin Account.

I hereby apply to be granted margin facility with respect to this account. I acknowledge and confirm that I have received, read and accept the Margin Account Terms and Conditions contained in the Client Terms and Conditions and I am aware of and accept all the risks associated with a Margin Account.

Signature – Applicant

Signature – Co-Applicant

Date (mm/dd/yyyy)

Sign here if you are applying to trade options in any selected account.

I hereby apply to be granted option facilities with respect to this 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 option trades would you like to make in your Margin Account?

- Buy Calls/Puts
- Spreads
- Covered Writing
- Uncovered Writing

What kind of option trades would you like to make in your Registered Accounts?

- Buy Calls/Puts
- Covered Writing

What kind of option trades would you like to make in your Tax-Free Savings Account?

- Buy Calls/Puts
- Covered Writing

Indicate years of options experience:

- < 1
- 1-5
- 6-10
- 10+

Indicate years of options experience:

- < 1
- 1-5
- 6-10
- 10+

Signature – Applicant

Signature – Co-Applicant

Date (mm/dd/yyyy)

INTERNAL USE SECTION

Referral HSBC Bank Employee Officer Code: _____
 Other HSBC Group Member
Name: _____ Phone: (____) _____
E-mail: _____

Investment Account Number

HSBC /HIDC Transit Number: _____ Number of Years with HSBC: _____ Client EBN # _____
 Jade Client Premier Client Advance Client Employee Account If yes, please provide employee ID _____
Employee Comments: _____

Face to Face Anti Money Laundering Verification

Date of Verification (mm/dd/yyyy) _____

Applicant

ID #1

Type of ID Verified:
 Driver's License Passport Other: _____
ID Number _____
Place of Issuance _____
Expiry Date _____
Verified by: _____
 HSBC Bank Other HSBC Entity _____
Transit Number: _____

Certified True copies attached

ID #2

Type of ID Verified:
 Driver's License Passport Other: _____
ID Number _____
Place of Issuance _____
Expiry Date _____
Verified by: _____
 HSBC Bank Other HSBC Entity _____
Transit Number: _____

Certified True copies attached

Co-applicant

ID #1

Type of ID Verified:
 Driver's License Passport Other: _____
ID Number _____
Place of Issuance _____
Expiry Date _____
Verified by: _____
 HSBC Bank Other HSBC Entity _____
Transit Number: _____

Certified True copies attached

ID #2

Type of ID Verified:
 Driver's License Passport Other: _____
ID Number _____
Place of Issuance _____
Expiry Date _____
Verified by: _____
 HSBC Bank Other HSBC Entity _____
Transit Number: _____

Certified True copies attached

HIDC Reviewing Representative Comments

Comments: _____
Representative's Name: _____ Date: _____ / _____ / _____

Account Approval

Check if obtained: Cash Margin Short Selling TFSA RSP SRSP LRSP
 RIF SRIF LIF LRIF PRIF RLIF LIRA
 Buy Puts/Calls Covered Writing Next Level Review: Spreads Uncovered Writing

HSBC InvestDirect Supervisor Comments:
HSBC InvestDirect Supervisor (Print): _____ HSBC InvestDirect Supervisor Signature: _____ Date: _____
 Spreads Uncovered Writing

HSBC InvestDirect Supervisor Comments:
HSBC InvestDirect Supervisor Name (Print): _____ HSBC InvestDirect Option Supervisor Signature: _____ Date: _____
 Spreads Uncovered Writing

Signature of HSBC InvestDirect, for and on behalf of HSBC Securities (Canada) Inc., and HSBC Trust Company (Canada)
Note: Signed by the HSBC InvestDirect Supervisor, for and on behalf of HSBC InvestDirect as agent for the Trustee.