

HSBC InvestDirect

Account Application

**For Self-Directed Education
Savings Plan (Family Plan)**

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HSBC InvestDirect*

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 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” in the Client Terms and Conditions.
4. Provided all required signatures including, Suitability Acknowledgement and Signatures Section.
5. Signed and attached all the necessary documentation for your application.
 - Canadian Education Savings Grant
 - Alberta Centennial Educations Savings Plan Grant Form
(For Residents of Alberta only)
 - For non-U.S. persons: (W-8BEN Form)
 - For U.S. persons: (W-9 Form)
6. 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*. This may be done by:

Presenting, in person, two pieces of identification, one of which must be a government issued photo ID, of both the Subscriber (and, if applicable, the Joint Subscriber) or any other individual with authority over the account to an HSBC InvestDirect office or nearest HSBC Bank Canada Branch for verification.
7. If you wish to establish an opening balance, please send a cheque, OR complete a [Registered Education Savings Plan \(RESP\) Transfer Form](#).

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
Suite 102, 1725 16th Avenue
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 Securities (Canada) Inc. is a wholly owned subsidiary of, but separate entity from, HSBC Bank Canada. HSBC Securities (Canada) Inc. is a member of the Investment Industry Regulatory Organization of Canada.

Preferred language of communication - Required

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

Subscriber's Personal Information - Required

- Mr. Mrs. Miss Ms. 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)

Country of Birth

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 Number of Dependents: _____

Spousal Information (complete below only if your spouse is not a joint Subscriber)

- Mr. Mrs. Miss Ms. Dr.

Spouse's Full Name

Spouse's Employer's Name

Type of Business

Spouse's Occupation/Position

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

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, please attach a void personal cheque)

E-Documents

- I would like online access to my statements and other documents. To receive these in electronic form, please check the box.
(For full details, refer to the Terms and Conditions and electronic consent to Tax Documents.)

Please refer to the client Terms & Conditions

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 against securities
** Fixed assets less liabilities outstanding against fixed assets

Source of Wealth (select all that apply)

- Employment Income Previous Employment Income
 Business Income Pension Income
 Spouse's Employment Income Rental Income
 Investment Income, specify: _____
 Inheritance, specify: _____
 Gift/Allowance, specify: _____
 Other, specify: _____

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

Joint Subscriber's Personal Information (Must be spouse or common-law partner of Subscriber)

Mr. Mrs. Miss Ms. 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)

Country of Birth

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 Number of Dependents: _____

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 against securities

** Fixed assets less liabilities outstanding against fixed assets

Source of Wealth (select all that apply)

Employment Income Previous Employment Income
 Business Income Pension Income
 Spouse's Employment Income Rental Income

Investment Income, specify: _____
 Inheritance, specify: _____
 Gift/Allowance, specify: _____
 Other, specify: _____

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

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

Investment Experience and Use of Account - Required

Investment Knowledge

Subscriber: None Limited Average Experienced
 Joint Subscriber: None Limited Average Experienced

Number of Years Investing

Subscriber: 0 1-5 6-10 10+
 Joint Subscriber: 0 1-5 6-10 10+

Use of this Account (select all that apply)

Income Generation Saving Growth of Capital Market Speculation

Investment Experience

	Subscriber	Joint Subscriber
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

- | | Subscriber | Joint Subscriber |
|---|--|--|
| 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 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)?
If "yes", name of person: | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 11. Will any other person(s) other than the Subscriber(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 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 federal judge; or |
| <input type="checkbox"/> an ambassador or an ambassador's attaché or counselor; | | <input type="checkbox"/> a leader or president of a political party in a legislature |
| <input type="checkbox"/> a military general (or higher rank); | | |

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

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

(continued)

(continued)

Designation of Beneficiaries

The following person(s) is/are designated as beneficiary(ies) entitled to received Educational Assistance Payments under this Plan. Each beneficiary must be related to each Subscriber by blood relationship or adoption as defined in applicable tax legislation. For additional beneficiaries, please attach all beneficiary information with this application.

Beneficiary 1

Corresponding Language: English French

Beneficiary's Name (as it appears on the Social Insurance Card):

Last Name (Legal)

First Name (Legal)

Middle Name (Legal)

SIN

Date of Birth (mm/dd/yyyy)

Gender: Male Female

Relationship of Subscriber to Beneficiary (i.e. Parent, Grandparent, Guardian)

Address (if different from Subscriber)

Apt./Suite #

City

Province

Postal Code

If the Beneficiary is under 19 years of age, please provide name and address of parent, guardian, or primary public caregiver, if different from Subscriber.

Parent/Guardian's Name :

Last Name (Legal)

First Name (Legal)

Middle Name (Legal)

Address

Apt./Suite #

City

Province

Postal Code

Beneficiary 2

Corresponding Language: English French

Beneficiary's Name (as it appears on the Social Insurance Card):

Last Name (Legal)

First Name (Legal)

Middle Name (Legal)

SIN

Date of Birth (mm/dd/yyyy)

Gender: Male Female

Relationship of Subscriber to Beneficiary (i.e. Parent, Grandparent, Guardian)

Address (if different from Subscriber)

Apt./Suite #

City

Province

Postal Code

If the Beneficiary is under 19 years of age, please provide name and address of parent, guardian, or primary public caregiver, if different from Subscriber.

Parent/Guardian's Name :

Last Name (Legal)

First Name (Legal)

Middle Name (Legal)

Address

Apt./Suite #

City

Province

Postal Code

Last Date of Contribution and Termination Date

PLAN MATURITY DATE

The last day of the 31st year following the date on which the plan was entered: MM/DD/YYYY

If this plan includes a transfer from another RESP, the maturity date will be based on the earliest effective date.

PLAN TERMINATION DATE

The last day of the 35th year following the date on which the plan was entered: MM/DD/YYYY

If this plan includes a transfer from another RESP, the termination date will be based on the earliest effective date.

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 Subscriber or Joint Subscriber of this registered account.

Percentage Allocation - optional

If you do not indicate % allocation of contributions for each beneficiary, contributions will be allocated evenly among beneficiaries. Total allocations must be 100%.

Beneficiary's Legal Name (Please print)	Allocation%
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Shareholder Communication - Required

To: HSBC InvestDirect

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. **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.** (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 booklet.

I consent to the collection, use and disclosure of Client Information in the manner and for the purposes specified in the Client Terms and Conditions. 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 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.

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.

X

Signature – Subscriber

X

Signature – Joint Subscriber

Date (mm/dd/yyyy)

Subscriber(s) Agreement

In this section (Subscriber(s) Agreement), all capitalized terms have the same meaning as in the Client Terms and Conditions.

1. I am applying for an HSBC InvestDirect Self-Directed Education Savings (Family) Plan 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. I request that HSBC Securities (Canada) Inc., as the Promoter, apply to have the HSBC InvestDirect Self-Directed Education Savings (Family) Plan (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) The terms and conditions that govern my account and my relationship with HSBC InvestDirect are set out in this Application Form, HSBC InvestDirect Fee Schedule and the Client Terms and Conditions (collectively, the Terms and Conditions). You acknowledge that you have received, read, understand and agree to the Terms and Conditions.
 - (b) I have read the HSBC InvestDirect Self-Directed Education Savings (Family) Plan Terms and Conditions as well as the Client Terms & Conditions and this Application, and upon acceptance of this Agreement by HSBC Securities (Canada) Inc., agree to be bound by all of the 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.
 - (c) 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.
3. **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.
4. **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.
5. **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.
6. I understand that:
 - (a) Contributions to the Plan are not deductible for income tax purposes;
 - (b) Contributions in excess of the Plan lifetime limits allowed under the Income Tax Act (Canada) will be subject to a penalty tax; and
 - (c) Any amounts paid out of the Plan otherwise than by way of refund of contributions paid into the Plan, may be subject to tax under the Applicable Tax Legislation.
7. I certify that:
 - (a) I reside in Canada, in the province indicated in this HSBC InvestDirect Self-Directed Education Savings (Family) Plan Application; and
 - (b) I agree that the facts contained in this Application are true and I will notify HSBC InvestDirect of any changes in such information.
8. I agree that the value of my Plan will depend on the investment made according to my instructions and that HSBC Trust Company (Canada) and HSBC InvestDirect assume no liability whatsoever in this respect.

9. I understand that 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.
10. I understand that 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 HSBC InvestDirect with any such information requested.

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 condition 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 – Subscriber

Signature – Joint Subscriber

Date (mm/dd/yyyy)

Sign here if you are applying for Option Trading

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.

Years of Options Experience (Subscriber): 0 1-5 6-10 10+ Years of Options Experience (Joint Subscriber): 0 1-5 5-10 10+

What kind of option trades would you like to make:

Buy Calls/Puts Covered Writing

Signature – Subscriber

Signature – Joint Subscriber

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 Known: _____

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) _____

Subscriber

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

Joint Subscriber

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: (mm/dd/yyyy) _____

Account Approval

Check if obtained: Education Savings Plan
 Buy Puts/Calls
 Covered Writing

HSBC InvestDirect Supervisor Comments:		
HSBC InvestDirect Supervisor (Print):	HSBC InvestDirect Supervisor: X	Date:

Spreads Uncovered Writing

HSBC InvestDirect Option Supervisor Comments:		
HSBC InvestDirect Option Supervisor Name (Print):	HSBC InvestDirect Option Supervisor Signature: X	Date:

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.