

HSBC InvestDirect

Investment Account Application

**For businesses, trusts, estates &
other non-personal 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" in the Client Terms and Conditions.
4. Provided all required signatures, including Suitability Acknowledgement and Signatures Sections.
5. Signed and attached all the necessary documentation for your application.

For all "Entity" accounts, including corporation, a trust, a fund or an unincorporated association or organization, this includes:

- ◆ Investment Account Application
- ◆ Incumbency Certificate
- ◆ Beneficial Ownership Determination Form (BODF)[†]
- ◆ Guarantee of Account Form (Must be notarized for organizations incorporated in Alberta)
- ◆ Articles of Incorporation
- ◆ W-8BEN-E
- ◆ Trust Documents

[†] Note: Each non-authorized individual is required to complete a separate BODF.

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, at your HSBC Bank branch or mail to a HSBC Bank branch or mail to:

HSBC InvestDirect
Suite 102 – 1725 16th Avenue, Box #5
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).

Non-Personal Account Application

ORDER EXECUTION ACCOUNT ONLY

New Account Update to existing account _____

Account Type - Required

Investment Accounts

Canadian & U.S. Accounts (check one)

	Cash	Margin
Corporation	<input type="checkbox"/>	<input type="checkbox"/>
Sole Proprietorship	<input type="checkbox"/>	<input type="checkbox"/>
Formal Trust	<input type="checkbox"/>	
Estate	<input type="checkbox"/>	

Please refer to the Client Terms & Conditions

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

HKD GBP EUR Other: _____

Margin Account Privileges (optional, select all that apply)

Options Short Selling

Organization Information - Required

Organization Name (legal) and Business name (if different from Legal Name)

Country of Incorporation Trust Establishment Corporation Registration #

Type of Business **Business Identification #

Registered Address

City Province Postal Code

Country Contact's Name (Attention)

Contact's Phone Number Cell Phone Number

Email Address

Not-for-Profit - Is the entity a registered charity for income tax purposes?

Yes No **If yes, registered charity #:** _____

- Is the entity soliciting charitable donations from the public?

Yes No

** Canada Customs and Revenue Agency business number is applicable to Sole Proprietorships, Partnerships or Corporations. Tax ID Registration Number is applicable to Non-profit Organizations.

Financial Information

Estimated Annual Revenue from all Sources

Net Liquid Assets + Net Fixed Assets (Less liabilities) = Total Assets

Source of Funds (for this account)

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 CDN bank account, please attach a void 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)

Use of this Account - Required

Select all that apply

Income Generation Saving
 Growth of Capital Market Speculation Estates

Mailing Address

If you would like us to send information about your account(s) to an address which is different from your registered address in the previous section, please indicate below 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

In addition to the above mailing address, if you would like us to send DUPLICATE copies of your confirmations and/or statements to anyone else, please indicate which duplicates and the address below.

Monthly Statements Trade Confirmations

Reason for separate mailing address

Recipient's Name (if different)

Relationship to the contact person

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

Street Address, continued

City Province Postal Code

Country

Settlor Information Required – Formal Trust Account ONLY

Last Name (Legal)	First Name (Legal)	Middle Name (Legal)
Residential Address	City	Country
Date of Birth (MM/DD/YYYY)		
Occupation	Citizenship	

Authorized Individual “A” – Personal Information - Required**You are completing this section as a:**

Owner ____% *
 Director
 Partner
 Executor
 Signing/Trading Officer
 Trustee
 Other _____

* Non-authorized owners must complete BODF

Title: Mr. Miss. Mrs. Dr.

Last Name (Legal)	First Name (Legal)	Middle Name (Legal)
Home Tel. #	Business Tel. #	Cell Tel. #
Address		
City	Province	Postal Code
Country of Residence	Citizenship (list all countries)	
SIN	Date of Birth (MM/DD/YYYY)	

Employment Information

Employer's Name	Type of Business	
Occupation/Position	Years with Employer	
Employer's Address		
City	Province	Postal Code

Marital Status and Spousal Information

Married
 Single
 Divorced
 Widowed
 Separated
 Common Law
(Complete spousal information below if your spouse is NOT an Authorized individual)

Name of Spouse	
Spouse's Employer's Name	Type of Business
Spouse's Occupation/Position	Years with Employer
Spouse's Employer's Address	

* For Additional Authorized Personnel, complete another pg. 2 Authorized Individual section only

Settlor Information Required – continued

Country of Tax Residency	Relationship to Trust Beneficiaries
Contribution %	

Authorized Individual “B” – Personal Information**You are completing this section as a:**

Owner ____% *
 Director
 Partner
 Executor
 Signing/Trading Officer
 Trustee
 Other _____

* Non-authorized owners must complete BODF

Title: Mr. Miss. Mrs. Dr.

Last Name (Legal)	First Name (Legal)	Middle Name (Legal)
Home Tel. #	Business Tel. #	Cell Tel. #
Address		
City	Province	Postal Code
Country of Residence	Citizenship (list all countries)	
SIN	Date of Birth (MM/DD/YYYY)	

Employment Information

Employer's Name	Type of Business	
Occupation/Position	Years with Employer	
Employer's Address		
City	Province	Postal Code

Marital Status and Spousal Information

Married
 Single
 Divorced
 Widowed
 Separated
 Common Law
(Complete spousal information below if your spouse is NOT an Authorized individual)

Name of Spouse	
Spouse's Employer's Name	Type of Business
Spouse's Occupation/Position	Years with Employer
Spouse's Employer's Address	

Other Information - Required

	Authorized Individual A	Authorized Individual B	Authorized Individual C
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(s) of the Company: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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 or a Director 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	<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	<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	<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	<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	<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	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Name any reporting issuers (including symbol) to which a "Yes" answer applies on questions 2 to 8 above: _____			
10. Is there any other person(s) or entity, other than the Applicant(s), that will exert control over the account(s) or direct the transactions to be conducted through the account(s) by the Applicant(s)? If "yes", please complete the Third-Party Determination Form.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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(s) have a financial interest in the accounts? If "yes", name of person: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Do you have or exercise authority over any account(s) with other brokerage firms? If "yes", please indicate the name of brokerage firm _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are you, or any director, partner or 3rd party authorized person (or any members of your/their immediate family) currently, or have you, or any director, partner or 3rd party authorized person (or any members of your/their 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"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Governor General, lieutenant governor or head of government;		<input type="checkbox"/> head of a federal or provincial government agency;	
<input type="checkbox"/> Deputy Minister or equivalent rank;		<input type="checkbox"/> a president of a state-owned company or bank;	
<input type="checkbox"/> Member of the senate or House of Commons or member of a legislature;		<input type="checkbox"/> a head of state or government;	
<input type="checkbox"/> leader or president of a political party represented in a legislature;		<input type="checkbox"/> a member of the executive council of government or member of a legislature;	
<input type="checkbox"/> military officer with a rank of general or above;		<input type="checkbox"/> a judge of a supreme court, constitutional court or other court of last resort;	
<input type="checkbox"/> mayor (head of a city, town, village or rural or metropolitan municipality, regardless of the population);		<input type="checkbox"/> the head of an international organization established by the governments of states; or	
<input type="checkbox"/> Ambassador or attaché or counsellor of an ambassador;		<input type="checkbox"/> the head of an institution established by an international organization.	
<input type="checkbox"/> judge of an appellate court in a province, the Federal Court of Appeal or the Supreme Court of Canada;		<input type="checkbox"/> President of a corporation that is wholly owned directly by the Crown in right of Canada or a province	

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

Full Name	Relationship	Description

Investment Knowledge - Required

Authorized Individual A	<input type="checkbox"/> None	<input type="checkbox"/> Limited	<input type="checkbox"/> Average	<input type="checkbox"/> Experienced
Authorized Individual B	<input type="checkbox"/> None	<input type="checkbox"/> Limited	<input type="checkbox"/> Average	<input type="checkbox"/> Experienced
Authorized Individual C	<input type="checkbox"/> None	<input type="checkbox"/> Limited	<input type="checkbox"/> Average	<input type="checkbox"/> Experienced

RESOLUTION OF THE BOARD OF DIRECTORS OF

_____ (the "Corporation")

_____ (Corporation's Name)

RESOLVED THAT:

1. Any one of the following Officer(s) of the Corporation (collectively, the "Authorized Persons"):

NAME	OFFICER	SIGNATURE
_____	_____	X _____
_____	_____	X _____
_____	_____	X _____

is hereby authorized for and on behalf of the Corporation to establish and maintain one or more accounts (collectively, the Account) with HSBC InvestDirect, a division of HSBC Securities (Canada) Inc. (InvestDirect) for the purchase, on margin or otherwise, or sale (including short sale) of, or otherwise dealing in (collectively, the Transactions):

- Securities (including, without limitation, shares, bonds, debentures, notes, warrants and right):
and/or
- Options,

and to do all things and to make, execute and sign, as InvestDirect may require, all agreements, including account agreements, documents, and instruments in connection therewith.

- 2. All Transactions for the Account are to be effected and controlled with respect to settlement and all other matters pursuant to the terms and conditions of InvestDirect's agreement(s) governing the Account, which agreement(s) has/have been duly executed and are hereby ratified and confirmed:
- 3. Any and all Transactions for the Account and any documents in connection with the Account executed either before or after this Resolution executed by an Authorized Person on the Corporation's behalf are hereby ratified and confirmed:
- 4. Any one of the Authorized Persons is hereby authorized to (i) give written or oral instructions with respect to any Transactions relating to the Account; (ii) bind and obligate the Corporation to and for the carrying out of any contract, arrangement or transaction which may be entered into by the Authorized Person with InvestDirect; (iii) pay from the funds of the Corporation such sums as maybe necessary in connection with the Account; (iv) deliver securities to, and deposit funds with InvestDirect; (v) order the transfer or delivery of securities to any other person, and to order the transfer of record of any securities; (vi) affix the corporate seal to any documents or agreements; (vii) endorse any securities in order to pass title thereto; (viii) direct the sale or exercise of any rights with respect to any securities; (ix) sign all releases, powers of attorney and/or other documents in connection with the Account; and (x)generally to do and take all actions as are deemed by any such Authorized Person to be necessary or proper in connection with the Transactions and the Account.
- 5. This Resolution shall remain in full force and effect. InvestDirect may rely upon it until a copy, certified by the Corporation's Secretary; of a resolution replacing the Authorized Persons named above has been received by InvestDirect at its Head Office in Toronto, Ontario. All other terms of this Resolution shall remain in full force and effect; and
- 6. The parties hereto have requested that this document be drawn up in the English language only. / Les parties aux presentes ont demandé que cette convention soit rédigée en langue anglaise uniquement.

CERTIFICATE OF SECRETARY

Certified to be a true copy of a Resolution duly passed by the Board of Directors of

_____ (Corporation's Name)

at a properly constituted meeting held on the _____ day of _____, _____, which Resolution is now in full force and effect, unmodified as of the date hereof and that the person(s) named above is/are Officer(s) (strike out inapplicable words) of the Corporation and that the signature(s) is/are their respective signature(s) (strikeout inapplicable words).

DATED at _____, _____ day of _____, _____.

Corporate Seal
(If available)

Name of Corporate Secretary (please print)

Signature of Corporate Secretary

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.

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.

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. (Default option)
- 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:

- proxy-related materials for annual and special meetings;
- annual reports and financial statements that are not part of the proxy-related materials; and
- 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 option)
- 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:

- 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.
 - 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 or 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). All capitalized terms have the same meaning as in the enclosed Client Terms and Conditions.

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

- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.

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 in respect of my investment decisions and actions.

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	X	X	
Signature - Authorized Individual A	Signature - Authorized Individual B (if applicable)	Signature - Authorized Individual C (if applicable)	Date

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.

X	X	X	
Signature - Authorized Individual A	Signature - Authorized Individual B (if applicable)	Signature - Authorized Individual C (if applicable)	Date

I acknowledge I have received a copy of this application

X

Applicant(s) Initials

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 contained in the Client Terms and Conditions and I am aware of and accept all the risks associated with a Margin Account

X	X	X	
Signature - Authorized Individual A	Signature - Authorized Individual B (if applicable)	Signature - Authorized Individual C (if applicable)	Date

Sign here if you are applying for Option Trading

By signing below, I certify that the information in this application is true and complete and I agree to advise InvestDirect immediately of any material changes in the information. I hereby apply to be granted option and margin facilities with respect to this account. I acknowledge and confirm that I have received, read and accept the Margin Account and 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: Buy Calls/Puts Covered Writing Spreads Uncovered Writing

Authorized Individual A - Investment Information

Prior Options Experience None Limited Average Experienced

Applicant's years of option experience _____

Authorized Individual B - Investment Information

Prior Options Experience None Limited Average Experienced

Applicant's years of option experience _____

Authorized Individual C - Investment Information (if applicable)

Prior Options Experience None Limited Average Experienced

Applicant's years of option experience _____

X	X	X	
Signature - Authorized Individual A	Signature - Authorized Individual B (if applicable)	Signature - Authorized Individual C (if applicable)	Date

INTERNAL USE SECTION

HSBC InvestDirect Branch Location or HSBC Transit Number: _____

Number of Years with HSBC _____ Client EBN # _____

Jade Client Premier Client Advance Client

ORDER EXECUTION ACCOUNT ONLY

Referral HSBC Bank: Employee Officer Code _____
 HSBC Securities: Investment Advisor Code _____
 Other HSBC Group Member: _____

Name: _____ Phone (____) _____

Employee Comments _____

Face to Face Anti Money Laundering Verification

Authorized Individual A

Date of Verification _____

ID #1

Type of ID Verified:

Driver's Licence Passport

Other _____

ID Number _____

Country/Jurisdiction of Issuance _____

Expiry Date _____

Verified by: Name _____

HSBC Bank

Other HSBC Entity _____

Branch Transit Number: _____

Authorized Individual B

Date of Verification _____

ID #1

Type of ID Verified:

Driver's Licence Passport

Other _____

ID Number _____

Country/Jurisdiction of Issuance _____

Expiry Date _____

Verified by: Name _____

HSBC Bank

Other HSBC Entity _____

Branch Transit Number: _____

Authorized Individual C

Date of Verification _____

ID #1

Type of ID Verified:

Driver's Licence Passport

Other _____

ID Number _____

Country/Jurisdiction of Issuance _____

Expiry Date _____

Verified by: Name _____

HSBC Bank

Other HSBC Entity _____

Branch Transit Number: _____

ID #2

Type of ID Verified:

Driver's Licence Passport

Other _____

ID Number _____

Country/Jurisdiction of Issuance _____

Expiry Date _____

Verified by: Name _____

HSBC Bank

Other HSBC Entity _____

Branch Transit Number: _____

ID #2

Type of ID Verified:

Driver's Licence Passport

Other _____

ID Number _____

Country/Jurisdiction of Issuance _____

Expiry Date _____

Verified by: Name _____

HSBC Bank

Other HSBC Entity _____

Branch Transit Number: _____

ID #2

Type of ID Verified:

Driver's Licence Passport

Other _____

ID Number _____

Country/Jurisdiction of Issuance _____

Expiry Date _____

Verified by: Name _____

HSBC Bank

Other HSBC Entity _____

Branch Transit Number: _____

HIDC Reviewing Representative Comments

Comments: _____

Representatives Initials: _____ Date: _____ / _____ / _____

Account Approval

Check if obtained: Cash Margin Short Selling Buy Calls/Puts Covered Writing

HSBC InvestDirect Supervisor Comments:

HSBC InvestDirect Supervisor Name:

HSBC InvestDirect Supervisor Signature:

Date:

Head Office Options Approval Level (if required): Spreads Uncovered Writing

HSBC InvestDirect Option Supervisor Comments:

HSBC InvestDirect Option Supervisor Name:

HSBC InvestDirect Option Supervisor Signature:

Date: