

**Power of Attorney (for use in British Columbia)**

THIS POWER OF ATTORNEY is given in accordance with the *Power of Attorney Act*, R.S.B.C. 1996, c.370 by

\_\_\_\_\_ (name of Donor)

of \_\_\_\_\_ (address of Donor)

**1. Appointment:** I hereby appoint the following person(s):

\_\_\_\_\_ of \_\_\_\_\_  
\_\_\_\_\_ of \_\_\_\_\_

Jointly  Jointly or Separately

**(Initial one box if there is more than one Attorney. If left blank, my Attorneys must act jointly. If I choose to allow my Attorneys to act separately, I confirm that my Attorneys need not act unanimously in respect of the areas of authority set out in this document.)**

to be my Attorney(s) for my financial affairs in regards to my account(s) at **HSBC Bank Canada** or any of its subsidiaries (the "**Bank**") and such appointment shall take effect immediately, subject to any conditions and restrictions contained herein, and I authorize my Attorney(s) to do, from time to time, the following acts and things on my behalf and in my name involving the Bank which I could if capable:

- (a) To draw, accept, assign, sign, make, endorse, negotiate and deal with all or any bills of exchange, promissory notes, cheques, drafts, deposit instruments and orders for the payments of money, warehouse receipts and bills of lading;
- (b) To pay and receive all monies and securities held for my account (whether for safekeeping or by way of security or otherwise) and give receipts, releases and acquittances for the same;
- (c) To arrange, settle, balance and certify all books, statements and accounts and sign the Bank's regular form of confirmation of balance and vouchers, and any receipts and releases in respect thereof;
- (d) To borrow money by way of discount, overdraft or otherwise and to give any security or securities upon any of my property, rights and assets, present or future, whether real or personal or otherwise, for any debt or liability incurred or to be incurred by me or by my Attorney(s) on my behalf;
- (e) To subscribe for, accept, purchase, sell, transfer, surrender and in every way deal with shares, stocks, bonds, debentures and securities of every kind and description through the agency of the Bank or otherwise and to pay and receive the purchase money therefore and to give receipts, acquittances and releases for the same;
- (f) To authorize and empower any manager or other officer of the Bank to accept in my name all or any drafts and bills of exchange;
- (g) To receive any notice, notification, writ or process;
- (h) To establish, make contributions to or withdrawals from, transfer all or part of, redeem or terminate my Registered Retirement Savings Plans or similar retirement savings plans;
- (i) To execute and deliver all deeds and other documents necessary for the above purposes; and
- (j) Generally to transact with the Bank any business my Attorney(s) may see fit on my behalf and in my name as fully and effectually as I could do if present.

(Delete and initial if not desired.)

**2. Safety Deposit Box:** I authorize my Attorney(s) to have access to, control of and the power to deposit or remove any contents, including testamentary documents, securities, writings, jewellery and other items of any kind whatsoever, of any safety deposit box held by me at the Bank.

3. **Acknowledgement of Tax Liability:** I acknowledge that termination or redemption of a Registered Retirement Savings Plan or similar retirement savings plan could result in a significant tax liability.
4. **Multiple Powers of Attorney:** This Power of Attorney is in addition to and does not revoke any previous Power of Attorney granted by me.
5. **Ratification, Revocation and Indemnification:** I hereby ratify and confirm all acts and things which my Attorney(s) shall do or cause to be done under or by virtue of this Power of Attorney. The Bank will not oversee the use to which my Attorney(s) put my funds or assets. The Bank may continue to deal with my Attorney(s) until a written notice of revocation of this Power of Attorney has been given to the branch of the Bank at which my account(s) is kept, and the Bank has confirmed in writing that it has received my notice of revocation. I will indemnify the Bank and hold the Bank harmless from all losses, costs, fees, damages, expenses, claims and liabilities whatsoever that the Bank may suffer or incur or that may be brought against the Bank as a result of the Bank acting upon the instructions of my Attorney(s) pursuant to this Power of Attorney.

**SECTION 6 BELOW GRANTS AN ENDURING POWER OF ATTORNEY WHICH WILL ALLOW THIS POWER OF ATTORNEY TO BE EXERCISED DURING YOUR MENTAL INCAPACITY. IF YOU DO NOT WISH TO GRANT AN ENDURING POWER OF ATTORNEY, YOU *MUST* DELETE AND INITIAL SECTION 6.**

(Delete and initial section if not desired.)

6. **Enduring Power of Attorney:** It is my intention and I so authorize my Attorney(s) that this authority shall be exercised when I am capable of making decisions regarding my financial affairs and the authority of my Attorney(s) shall continue despite my incapability.
7. **General:** I hereby confirm having secured such legal advice concerning this Power of Attorney as I consider necessary. I acknowledge that HSBC is not providing legal advice to me. I declare that I have read and understood the terms of this Power of Attorney.
8. **Acknowledgement of Mental Capacity:** I acknowledge and am aware of the following:
  - (a) I know what kind of property I have and its approximate value;
  - (b) I am aware of obligations owed to my dependants;
  - (c) I understand that my Attorney(s) will be able to do on my behalf anything in respect of my financial affairs that I could do, if capable, except for making a will, subject to any terms and conditions set out in this document;
  - (d) I understand that unless my Attorney(s) manage my business and property prudently, their value may decline;
  - (e) I understand that my Attorney(s) might misuse their authority; and
  - (f) I understand that I may, if capable, revoke this Enduring Power of Attorney.

Executed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

If this is an Enduring Power of Attorney, it must be executed in the presence of two witnesses, each present at the same time, except only one witness is required if the witness is a practicing member of the Law Society of British Columbia or a member in good standing of the Society of Notaries Public of British Columbia.

If this is not an Enduring Power of Attorney, only one witness is required.

_____	_____	)	
Signature of witness*	Signature of witness*	)	
		)	
_____	_____	)	
Print name	Print name	)	
		)	
_____	_____	)	_____
Print address	Print address	)	Donor
		)	
_____	_____	)	
		)	
_____	_____	)	
Print occupation	Print occupation	)	

\* If this is an Enduring Power of Attorney, the signature of a witness is the witness' acknowledgement that the witness has no reason to believe that the Donor is incapable of giving this Enduring Power of Attorney, and that the witness is not:

(a) a person named in the Enduring Power of Attorney as an attorney;	(d) a person who does not understand the type of communication used by the adult; unless the person receives interpretive assistance to understand that type of communication.
(b) a spouse, child, parent, employee or agent of a person named in the Enduring Power of Attorney as an attorney;	
(c) a person who is not an adult;	

("spouse" means a person who (a) is married to another person and is not living separate and apart from the other person, or (b) is living with another person in a marriage-like relationship.)

Acknowledgement of Attorney: I hereby accept the above appointment.

Executed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

If this is an Enduring Power of Attorney, it must be executed in the presence of two witnesses, each present at the same time, except only one witness is required if the witness is a practicing member of the Law Society of British Columbia or a member in good standing of the Society of Notaries Public of British Columbia.

If this is not an Enduring Power of Attorney, only one witness is required.

_____	_____	)	
Signature of witness*	Signature of witness*	)	
		)	
_____	_____	)	
Print name	Print name	)	
		)	
_____	_____	)	_____
Print address	Print address	)	Signature of Attorney
		)	
_____	_____	)	
		)	
_____	_____	)	
Print occupation	Print occupation	)	

Acknowledgement of Attorney: I hereby accept the above appointment.

Executed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

If this is an Enduring Power of Attorney, it must be executed in the presence of two witnesses, each present at the same time, except only one witness is required if the witness is a practicing member of the Law Society of British Columbia or a member in good standing of the Society of Notaries Public of British Columbia.

If this is not an Enduring Power of Attorney, only one witness is required.

_____	_____	)	
Signature of witness*	Signature of witness*	)	
		)	
_____	_____	)	
Print name	Print name	)	
		)	
_____	_____	)	_____
Print address	Print address	)	Signature of Attorney
		)	
_____	_____	)	
		)	
_____	_____	)	
Print occupation	Print occupation	)	

\* If this is an Enduring Power of Attorney, the signature of a witness is the witness' acknowledgement that the witness is not:

(a) a person named in the Enduring Power of Attorney as an attorney;	(d) a person who does not understand the type of communication used
(b) a spouse, child, parent, employee or agent of a person named in the Enduring Power of Attorney as an attorney;	by the adult; unless the person receives interpretive assistance to understand that type of communication.
(c) a person who is not an adult;	

("spouse" means a person who (a) is married to another person and is not living separate and apart from the other person, or (b) is living with another person in a marriage-like relationship.)

Account Number

## Trading Authorization Form

### Please Read Carefully

In this trading authorization, the words "I", "me" and "my" mean the undersigned client(s), and the words "you", "your", "yours" and "HSBC InvestDirect" means HSBC InvestDirect, a division of HSBC Securities (Canada) Inc.

1. I appoint \_\_\_\_\_ as my agent ("agent") with respect to one or more brokerage accounts with you provided that this authority is limited to only power to buy, sell (including short sales) and/or trade, in securities and options, on margin, or otherwise, all in accordance with your general terms and conditions and with the usual practice of brokers, subject to the constitution, by-laws, rules, regulations, customs and usages in existence from time to time of the stock exchange or market (and its respective clearing house, if any) where the transaction is made to all laws, regulations and orders of any governmental or regulatory authority that may be applicable.
2. This trading authorization shall apply to my account held with you as noted above. I hereby ratify and confirm any and all transactions by the agent made after the date of the agent's appointment and any and all transactions previously made by the agent but not yet settled and agree to indemnify and hold you harmless against any loss, liability or damage, cost and expenses arising in any way out of such transactions.
3. This trading authorization and indemnity shall remain in full force and effect and shall survive any incidental, temporary or intermittent closing out, or reopening or renumbering of my account with you and shall continue in favour of you and your successors and assigns until you receive written notice of revocation or proof of my death at your Head Office in Toronto, Ontario. Any revocation or termination shall in no way affect the indemnity herein contained respecting any action taken by my agent.
4. Each party hereto has requested that this trading authorization and all documents and notices be drawn up in the English language. Les parties conviennent que la présente convention et tous les documents s'y rattachant soient rédigés en anglais.

### Important Information

1. I understand that you are not advising me to appoint an agent to make decisions for me. This is a decision that I alone can make.
2. I understand whenever I give someone else the authority to manage my property, there is a risk that they will make errors, exercise poor judgment or even behave dishonestly causing a loss to me. It is therefore imperative that I consider seriously whether the person whom I have chosen to appoint as my agent is trustworthy and capable of making good decisions on my behalf.
3. You and the agent understand that under Canadian securities laws registration as an adviser is required before a person can engage in the business of advising or holding himself or herself out as being in the business of advising.
4. You and the agent further understand that the Canadian Securities Regulatory Authorities have stated that (among other factors) receiving, or expecting to receive, any form of compensation for carrying on an advisory activity (such as making specifically tailored trading recommendations for a client) would be indicative of engaging in the business of advising.
5. HSBC InvestDirect may also terminate the agent's trading authorization over your account at any time for any reason in its sole discretion. In the event HSBC InvestDirect terminates the agent's trading authorization over your account, HSBC InvestDirect will provide written notice to both the client and the trading agent.

6. The appointment of an agent does not negate or minimize any rights that HSBCInvestDirect has under the Client Terms and Conditions and you shall remain liable for all amounts owing on your account. Even though you granted trading authorization to another, you should be diligent to closely scrutinize and review what transactions occur in your account. As an Order Execution Only Account, HIPC has no obligation to conduct any trade by trade suitability and shall not provide any investment recommendations or advice.

## Agent:

### 1. Agent's Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address : \_\_\_\_\_ ( P.O. Boxes and c/o not accepted)

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Business/Day: \_\_\_\_\_

Date of Birth(MM/DD/YYYY): \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Type of Business: \_\_\_\_\_

### 2. Relationship to Applicant:

#### I. Are you an immediate family member of the Applicant(s)?

(By immediate family member we mean: spouse, parent, sibling, child, grandparent, grandchild, and/or any other family member who shares the Applicant's home)

If YES, specify the relationship: \_\_\_\_\_

If NO, complete a, b, c and d below.

(a) Specify the relationship: \_\_\_\_\_

(b) Are you receiving any form of direct or indirect compensation from the Applicant or charging a fee to the Applicant to act as agent and buy, sell and/or trade, in securities Yes / No

If YES, provide details: \_\_\_\_\_

(c) Do you have financial interest in the account? Yes / No

If YES, explain the nature of the financial interest \_\_\_\_\_

(d) Are you registered/licensed to provide financial advice in the province where the client/account holder resides? Yes / No

If YES, please provide the following: the name of the Canadian securities regulatory authority, the name of the registrant firm that you are registered with and your National Registration Database (NRD No.), if applicable. NRD No: \_\_\_\_\_

If NO, you are not registered/licenced with the Canadian securities regulatory authorities and have responded Yes to (b) that you are being compensated, please provide detailed commentary as to why you are not registered.

Details: \_\_\_\_\_

II. Are you a partner, director, officer or employee of a Member firm of the Investment Industry Regulatory Organization of Canada or a relative of any such individual living in the same household? Yes / No

If YES, please provide the name of the Member firm and provide the required authorization letter from the Member firm: \_\_\_\_\_

III. Do you hold or have trading authority on any other accounts with HSBC? Yes / No

If YES, how many accounts: \_\_\_\_\_

### 3. Insider Status

I. Are you or your spouse/partner a director, senior officer, 10% shareholder or more, or insider of any reporting issuer?

(complete a and b)

a) If YES, please indicate the name of issuer(s): \_\_\_\_\_, \_\_\_\_\_

b) If your spouse, indicate the name of issuer(s): \_\_\_\_\_, \_\_\_\_\_

II. Do you or your spouse/partner, as individuals or in combination with others, control (directly or indirectly) more than 20% of the voting securities of any reporting issuer? Yes / No

a) If yes, please indicate the name of issuer(s) : \_\_\_\_\_

**IMPORTANT:** If the you answered « **yes** » to either question I or II of this section, you confirm that you are aware of your obligation to report purchases or sales and possible restrictions on trading of these securities according to applicable securities legislation.

### Applicant Signatures

The signatures on this form must be witnessed by someone other than the applicant, co-applicant, agent, spouse or common-law partner of any of these persons. A person may witness all signatures and each signature must be witnessed. The witness must be present when the applicant, co-applicant and/or agent sign and must then sign as a witness.

Applicant's Name: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_ Date: (MM/DD/YYYY)

Co-Applicant's Names: \_\_\_\_\_ Co-Applicant's Signature: \_\_\_\_\_ Date: (MM/DD/YYYY)

Witness Signature for Applicant \_\_\_\_\_ Date: (MM/DD/YYYY) \_\_\_\_\_

### Agent Acceptance and Signature

I accept the appointment as Agent and confirm that I have read and understood this authorization and HSBC InvestDirect general Terms and Conditions as they will apply to the operation of the Applicant's account and I agree to adhere to the same. I represent and warrant that I am familiar with the investment objectives of the applicant(s) and that the information included above is accurate and complete. I hereby authorize HSBC InvestDirect to review the personal information I have provided above and update my HSBC InvestDirect Investing account(s) and client information with the foregoing information, as necessary.

Please be advised that HSBC InvestDirect is required to collect and confirm the foregoing personal information during the course of our relationship with the Applicant to fulfill our legal, regulatory and self-regulatory obligations in Canada and in some cases, abroad. We may obtain this information from a variety of sources, including from credit reporting agencies and other financial institutions, as is necessary. You acknowledge receipt of notice that from time to time reports about you may be obtained by us from credit reporting agencies.

Signature of Agent: \_\_\_\_\_ Date: (MM/DD/YYYY) \_\_\_\_\_

Witness Signature for Agent: \_\_\_\_\_ Date: (MM/DD/YYYY) \_\_\_\_\_

# Authorized Individual Information Form

## Personal Information

 Mr.    Mrs.    Miss    Dr.

\_\_\_\_\_  
 Last Name (Legal)                  First Name (Legal)                  Middle Name (Legal)

\_\_\_\_\_  
 Home Tel. #                          Business Tel. #

\_\_\_\_\_  
 Mobile Tel. #                          E-mail Address

\_\_\_\_\_  
 Residence Address (P.O. Boxes, G.D.. or c/o not accepted)                  Apt./Suite#

\_\_\_\_\_  
 City                                  Province                                  Postal Code

\_\_\_\_\_  
 Country of Residence                  Citizenship (list all countries)

\_\_\_\_\_  
 Country of Birth                  SIN                                  Date of Birth (mm/dd/yyyy)

### Employment Status

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

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

### 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     Common Law

\_\_\_\_\_  
 Name of Spouse

\_\_\_\_\_  
 Spouse's Employer's Name    Type of Business

\_\_\_\_\_  
 Spouse's Occupation/Position    Years with Employer

## Other Information

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 : \_\_\_\_\_  Yes     No
2. Are you, your spouse, or anyone you reside with, the CEO, CFO, COO or a Director of a publicly traded company ("a reporting issuer")?  Yes     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)  Yes     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?  Yes     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?  Yes     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?  Yes     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)?  Yes     No
8. Do you, your spouse, or anyone you reside with, exercise "significant power or influence" over the decisions of a reporting issuer?  Yes     No
9. Name any reporting issuers (including symbol) to which a "Yes" answer applies on questions 2 to 8 above: \_\_\_\_\_
10. 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)*  Yes     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 military general (or higher rank);	<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 10, please indicate the details of the individual(s) below:

Full Name	Relationship	Description
-----------	--------------	-------------



## Privacy Consent

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 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; and
3. HSBC InvestDirect may collect, use and share my SIN for the additional optional purposes of conducting Financial Crime Risk Management Activities, and for internal audit, security, statistical, and record keeping purposes.

Yes  No (Default - unless instructed otherwise)

I may at any time refuse or withdraw my consent to 1,2, or 3 above by contacting HSBC at 1-800-760-1180; or visiting the HSBC InvestDirect website at [www.investdirect.hsbc.ca](http://www.investdirect.hsbc.ca). I understand that if I do refuse or withdraw my consent to 1,2, or 3 it will not affect my eligibility for products or services.

## Signature

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 investment decisions or securities transactions and that HSBC InvestDirect will not determine the general investment needs and objectives or the suitability of any investment decisions or securities transactions.

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

I agree to comply with all applicable rules and customs of the Investment Industry Regulatory Organization of Canada and those governing the exchanges or markets (and their clearing houses, if any) where the orders are executed. HSBC InvestDirect, however, reserves the right to review any transactions prior to the exchange or market and to reject, change or remove any order for credit reasons or non-compliance with the requirements of those exchanges, markets or securities regulations.

## I acknowledge and agree that a credit check may be performed on me.

x

Signature – Authorized Individual

Date (mm/dd/yyyy)

## Internal Use Section

### Method of Anti Money Laundering Verification

Face to Face Date of Verification (mm/dd/yyyy): \_\_\_\_\_

#### ID#1

Type of ID Verified:

Drivers License  Passport  Other: \_\_\_\_\_

ID Number: \_\_\_\_\_

Place of Issuance: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Verified by: Name: \_\_\_\_\_

Entity:  HSBC Bank  Other: \_\_\_\_\_

Branch Location/Transit Number: \_\_\_\_\_

#### ID#2

Type of ID Verified:

Drivers License  Passport  Other: \_\_\_\_\_

ID Number: \_\_\_\_\_

Place of Issuance: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Verified by: Name: \_\_\_\_\_

Entity:  HSBC Bank  Other: \_\_\_\_\_

Branch Location/Transit Number: \_\_\_\_\_

**Non Face to Face (Canadian Residents Only)**

Credit Bureau (plus one of the following)  Bank Reference Letter/Group Introduction Form  Cheque (in name of individual) attached for clearing

Bank Name: \_\_\_\_\_ Cheque Number: \_\_\_\_\_ Cheque Amount: \$ \_\_\_\_\_

### HIDC Reviewing Representative Comments

Comments: \_\_\_\_\_  
\_\_\_\_\_

Representative Name: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_