

Bring this form to your financial institution to verify your account information.

1. ACCOUNT DETAILS

Primary Account Holder Name (First, Initial, Last) or Corporate/Non-Personal Account Name

Address City Province Postal Code

Joint Account Holder Name (First, Initial, Last)

Address City Province Postal Code

Qtrade Investor Account Number (not applicable for new accounts):

This form is being completed to verify account information for a client who (select all that apply):

- does not have a chequing account
- has provided a counter cheque rather than a personalized cheque.

2. BANKING INFORMATION

Type of Account:  Individual  Joint  Corporate/Non-Personal

Financial Institution Name

Institution Number

Transit Number

Account Number

Corporate/Non-Personal accounts only:

Signing Authority Name (First, Initial, Last)

Title

Signing Authority 2 Name (First, Initial, Last)

Title

3. BRANCH VERIFICATION (to be completed by a Representative from your Financial Institution)

Please verify the above noted account holder name, address and banking information is correct.

Financial Institution Name:

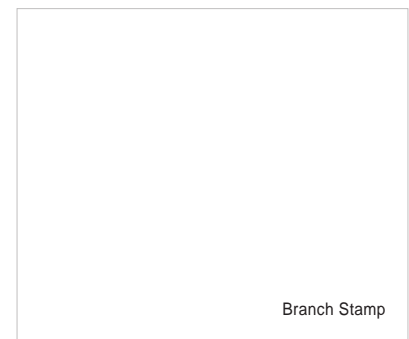
Branch:

Employee Name:

Employee Title:

Telephone Number:

Employee Signature: x



Branch Stamp

4. ACCOUNT HOLDER AUTHORIZATION

I hereby authorize my financial institution to verify the banking information as noted above.

x Primary Account Holder Signature

Date (dd/mm/yyyy)

x Joint Account Holder Signature

Date (dd/mm/yyyy)

5. SUBMISSION INSTRUCTIONS

Attach a Counter cheque here (if applicable)

Please Forward To:

Qtrade Investor Customer Support, 700 – 1111 West Georgia Street, Vancouver, BC, Canada V6E 4T6  
If you require assistance in completing this form, please call Qtrade Investor Customer Support at 1.877.787.2330