

1. ACCOUNT DETAILS

Applicant Name (First, Initial, Last) Joint Applicant Name (First, Initial, Last) Account Number

2. BENEFICIARY INFORMATION (REQUIRED BY SECURITIES REGULATORS)

#1 In Trust for: Mr. Mrs. Ms. Miss Dr.

Name of Beneficiary (First, Initial, Last) Email Address Percentage

Home Address (PO Box & General Delivery not acceptable) City Province Postal Code Home Phone

Citizenship (List all countries) Occupation (if applicable) Employer (if applicable) Date of Birth (dd/mm/yyyy)

If beneficiary has reached the age of majority, beneficiary must answer the following questions and sign below.

A. Do you own, or have control or direction over, directly or indirectly, alone or as part of a group, 10% or more of the voting rights of an issuer or publicly traded company or other entity?
 No Yes If yes, specify name(s) of company(ies) and % owned _____ %

B. Are you a Director or Senior Officer, or an individual performing similar functions, of an issuer or publicly traded company or other entity whose shares trade on a marketplace?
 No Yes If yes, specify name(s) of company(ies) _____

C. Are you, your spouse or any member of your household an employee, Director, Partner or Officer of a securities dealer?
 No Yes If yes, specify name(s) of security dealer(s) _____

By signing and dating below, I confirm that the information I have provided is correct.

x _____
 Beneficiary Signature (for beneficiaries who have reached the age of majority) Date (dd/mm/yyyy)

#2 In Trust for: Mr. Mrs. Ms. Miss Dr.

Name of Beneficiary (First, Initial, Last) Email Address Percentage

Home Address (PO Box & General Delivery not acceptable) City Province Postal Code Home Phone

Citizenship (List all countries) Occupation (if applicable) Employer (if applicable) Date of Birth (dd/mm/yyyy)

If beneficiary has reached the age of majority, beneficiary must answer the following questions and sign below.

A. Do you own, or have control or direction over, directly or indirectly, alone or as part of a group, 10% or more of the voting rights of an issuer or publicly traded company or other entity?
 No Yes If yes, specify name(s) of company(ies) and % owned _____ %

B. Are you a Director or Senior Officer, or an individual performing similar functions, of an issuer or publicly traded company or other entity whose shares trade on a marketplace?
 No Yes If yes, specify name(s) of company(ies) _____

C. Are you, your spouse or any member of your household an employee, Director, Partner or Officer of a securities dealer?
 No Yes If yes, specify name(s) of security dealer(s) _____

By signing and dating below, I confirm that the information I have provided is correct.

x _____
 Beneficiary Signature (for beneficiaries who have reached the age of majority) Date (dd/mm/yyyy)

3. APPLICANT AUTHORIZATION (READ CAREFULLY BEFORE SIGNING)

To Qtrade Investor ("Qtrade"):

In consideration of Qtrade opening, or if opened, continuing the operation of the above-referenced account (the "Account"), the undersigned applicant ("I" or "me") acknowledges and agrees (jointly and severally if more than one) as follows:

- I have been advised to seek professional tax and legal advice with respect to the establishment or operation of the Account for or in relation to any trust and the achievement of any tax, estate planning or other similar objectives thereby. Qtrade has provided no advice, counsel or opinion in that or any other regard and makes no representations with respect thereto.
- Qtrade is not bound by, and has no responsibility to observe, the terms of any trust, whether written, verbal, implied, or constructive that may exist with respect to the Account.
- I agree to indemnify and save harmless Qtrade against any and all loss, claim, damage, liability or expense which Qtrade may suffer or incur as a result of the operation of the Account, including without limitation any claims made by the trustees or beneficiaries or purported trustees or beneficiaries of any trust to which the Account may relate.
- In the operation of the Account, Qtrade shall deal exclusively with me and shall receive trading and other instructions solely from me. With respect to the Account, I am fully authorized and empowered to: give and receive from Qtrade oral or written instructions, confirmations, notices or demands whether by post, telephone, fax, electronic means or any other mode of communication; to deposit with Qtrade any securities or monies; to deliver securities or other property to, and deposit funds with, Qtrade; to order the transfer or delivery of securities to any name; to endorse any securities in order to pass title thereto; to direct the sale or exercise of any voting, subscription, conversion or other rights with respect to any security held in the Account; to sign any releases, assignments, powers of attorney and/or other documents in connection with any securities or property held in the Account; to surrender any securities to the proper agent or party for the purpose of effecting any exchange or conversion; and generally to do and take all action necessary in connection with the Account.
- The name(s) of the Account holder(s) in section 1 are the only trustees of this Account and section 2 contains the name(s) and information of each beneficiary. This agreement is binding on Qtrade, its successors and assigns and on me, any trustees and beneficiaries or purported trustees and beneficiaries of any trust to which this Account may relate, and our respective heirs, executors, administrators or legal representatives.
- I acknowledge that I have read and understood all of the provisions contained in this agreement and that I have received a copy.

x _____ x _____
 Applicant Signature Date (dd/mm/yyyy) Joint Applicant Signature Date (dd/mm/yyyy)

For each beneficiary include a legible photocopy of valid government issued picture ID. For minor beneficiaries a photocopy of their birth certificate will suffice. For new accounts, include a completed *New Account Application Form* with this Agreement.