

1. ACCOUNT DETAILS

Primary Account Holder Name (First, Initial, Last)	Joint Account Holder Name (First, Initial, Last)	Account Number(s)
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2. ACCOUNT HOLDER AUTHORIZATION

To: Qtrade Investor (the "Broker")

Please be advised that the undersigned Account Holder has appointed: _____
 Trading Authority Name (First, Initial, Last) (Please Print)

(hereafter referred to as "TA") to act on behalf of the undersigned with respect to transactions in the account(s) specified above, in accordance with the following:

1. My appointment of my TA and any actions taken by my TA are governed by the *Customer Agreements & Disclosure Documents* booklet (the "Booklet") which both my TA and I have read and agree to be bound by.
2. The Broker is hereby authorized to accept and act upon the instructions of my TA with respect to:
 - a. The purchase and sale (including short selling) of securities on my behalf, on margin or otherwise;
 - b. Foreign exchange conversions;
 - c. Moving funds from my Account into another financial institution account that I have set up for electronic funds transfer;
 - d. Making contributions into my RSP account (if applicable); and
 - e. Requesting a cheque in my name to be mailed to my address.
3. I agree that the foregoing instruction shall remain in full force and effect until notification to the contrary has been received in writing by the Broker, and until such notification, all that the TA shall do or purport to do by virtue hereof is fully ratified and confirmed; and,
4. I expressly agree that all such transactions handled by the Broker are at my risk and I undertake to hold the Broker harmless and indemnify the Broker against all costs, damages and losses, including legal costs arising out of any such transactions.

The Broker will not notify you if your TA performs any of the above transactions. Please ensure you are aware of the permissions granted on any financial institution account that you have set up for electronic funds transfer.

x _____ Primary Account Holder Signature	_____ x Date (dd/mm/yyyy)	_____ x Joint Account Holder Signature	_____ x Date (dd/mm/yyyy)
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3. TRADING AUTHORITY INFORMATION AND AUTHORIZATION

Mr. Mrs. Ms. Miss Dr.

			Social Insurance Number		
Trading Authorization Name (First, Initial, Last)		Contact Number	Email Address	Relationship to Account Holder	
Home Address			City	Province	Postal Code
			Date of Birth (dd/mm/yyyy)		
Citizenship (List all countries)		Country of Residence	Occupation	Employer	Industry

A. Are you a tax resident of: Canada U.S. Other(s): _____
 (select all that apply) Tax Identification Number (TIN) _____ Enter Country Names and Tax Identification Numbers
 Note: You are considered a US tax resident if you are a US resident or citizen. US tax residents must include an IRS Form W9 and Waiver of Client Confidentiality.

B. 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.

C. 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).

D. 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).

E. In which of the following do you have investment experience?
 None Mutual Funds Stocks Bonds **Options:** Long Calls or Puts Covered Writing Spreads Uncovered Writing

F. **Identification:** For each Trading Authorization, include a legible photocopy of valid government issued photo ID and select from the Verified Identification Methods below.

Photo ID: Passport Driver's License (front & back) Other ID Type & Number _____
 (Acceptable ID must have Unique Identifier, Signature and Expiry Date)

Verified Identification Methods (select either Credit File* or Dual Method):

- Credit File* (must be in existence for at least 3 years) *Note – The Broker will obtain the credit file report
- Dual Method (select 2 of the following): Credit File* (at least 6 months to 3 years old) Personal Cheque (minimum \$10, payable to Credential Qtrade Securities Inc.) Original document (CRA Assessment, Utility bill)

I represent and warrant that the information provided herein is accurate and complete and that I have read and understand the account holder authorization above as well as the terms and conditions of the Broker's agreement governing the account holder's account(s) and acknowledge and agree that the Broker will not review any orders for suitability.

I Agree I Do Not Agree

x _____ Trading Authorization Signature	_____ x Date (dd/mm/yyyy)
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4. APPROVAL (FOR INTERNAL USE ONLY)

_____ x Authorized Officer or Branch Manager Name	_____ x Authorized Officer or Branch Manager Signature	_____ x Date (dd/mm/yyyy)
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