

TO: **Credential Direct**<sup>®</sup> (a division of Credential Securities Inc.)  
800 – 1111 West Georgia Street  
Vancouver, BC  
V6E 4T6

Account Number(s): \_\_\_\_\_

Name(s) on the Account: \_\_\_\_\_

The undersigned (hereinafter called the "Client") hereby appoints \_\_\_\_\_ (hereinafter called the "Attorney") my Attorney with full power and authority to act for me with the same force and effect as I could personally act, to operate one or more brokerage accounts with you in my name and for my account and risk and more particularly but without limiting the generality of the foregoing, with the power to buy, sell (including short sales) and/or trade in, securities, coins and foreign exchange contracts on margin or otherwise, all in accordance with your terms and conditions.

This trading authorization shall apply to all the accounts of the undersigned whether presently of hereafter opened, however designated, and all transactions hereafter made as well as those heretofore made and still outstanding. The undersigned hereby waives notice of all transactions and delivery of any statements, notices or demands and hereby ratifies and confirms any and all transactions heretofore and hereafter made by the Attorney. The undersigned hereby indemnifies and holds you harmless from and agrees to promptly pay you on demand any and all loss, liability or damage arising out of such transactions in any way.

This trading authorization and indemnity shall remain in full force and effect and shall ensure and continue in favour of Credential Direct, its successors and assigns until Credential Direct receives written notice of revocation at its head office at Vancouver, British Columbia and confirms it in writing signed by a designated officer of Credential Direct; or in the event of the termination hereof by my death, or my mental capacity (judicially determined), until Credential Direct shall have received actual written notice thereof at Credential Direct's head office but such revocation or termination shall in no way affect the indemnity herein contained respecting any action taken, by my Attorney, prior to the actual receipt and confirmation of same by Credential Direct.

*The parties hereto have requested that this agreement be drawn up in the English language only. Les parties aux présentes ont demandé que cette convention soit rédigée en anglais uniquement.*

---

### Attorney Information\*

Are you a Registered Representative in any Province?  Yes  No

Will you be receiving a fee in exchange for your role as Attorney?  Yes  No

\* The Attorney must complete a KYC Supplemental form as well as provide a copy of valid photo ID and a \$10 personal cheque payable to Credential Direct.

---

### Attorney Acknowledgement\*

I, \_\_\_\_\_, of \_\_\_\_\_ accept the  
(Attorney Name) (City)

appointment as Attorney, have informed myself of the investment objectives of the Client and the terms and conditions of the agreement(s) between Credential Direct and the Client regarding the Account(s), (the numbers of which are set out at the beginning of this limited trading authorization) and agree to adhere to said terms and conditions.

**SIGNED and DATED** at \_\_\_\_\_ in the Province of \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**X**  
\_\_\_\_\_  
Client Signature

**X**  
\_\_\_\_\_  
Joint Client Signature

**X**  
\_\_\_\_\_  
Attorney Signature

If more than one KYC Supplemental Form is being completed for the account, this is page \_\_\_\_\_ of \_\_\_\_\_.

**Account Holder Information:**

Investor Name \_\_\_\_\_ Account Number \_\_\_\_\_

**Complete this form if you are a:** (Select ALL that apply to the above listed account)

- beneficial owner of more than 10% of a corporation, partnership, sole proprietorship, foundation, investment club, estate, association, charitable organization or similar entity
- beneficial owner/beneficiary of a formal or informal trust
- trustee and/or settlor of a formal or informal trust
- executor/trix of an estate account
- person who is the Attorney of a General Power of Attorney to an account
- person with trading authority to a personal account
- person designated as trading officer with a corporation, partnership, sole proprietorship, foundation, investment club, estate, association, charitable organization or similar entity.

**Supplemental Person/Entity Information**

First Name		Middle Name		Last Name	
Legal Entity Name			Entity Type of Business		Business Number
Beneficial Ownership %					
Apt/Suite	Street Address			City	Province
Postal Code	Country	Residential Phone		Alternative Phone	
Relationship to Account Holder			Date of Birth (dd/mmm/yyyy)		Citizenship <sup>1</sup>
Employer Name			Occupation		

<sup>1</sup>Note: If U.S., complete IRS W-9 form

**Identification:** ID Type: \_\_\_\_\_ Issuer: \_\_\_\_\_ ID #: \_\_\_\_\_

**U.S Tax Status Self Certification:**

Are you a U.S. resident for U.S. tax purposes or a U.S. citizen?  No  Yes *If "yes" please provide the U.S. tax identification number in the SSN field, if applicable and complete a W9 to determine whether the account will be subject to U.S. withholding taxes.*

Are you or a family member living in your household considered a Professional (PRO) working in the Securities Industry?

No  Yes *If Yes, Please provide a letter of authorization completed by the securities professional's employer and complete the following:*

Name of PRO: \_\_\_\_\_ Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Investment Information**

**Investment Experience** (Tick all that Apply):  Stocks  Bonds  Mutual Funds  Options  Commodities/Futures  None

**Investment Knowledge** (Select One):  Sophisticated  Good/Average  Limited  Poor/Nil

**Insider or Control Person** Are you considered an "Insider" or "Control Person" of any public companies listed on a Canadian or U.S. exchange?  No  Yes, complete table below

Company Name	Ticker Symbol	Market	Insider/Director/Officer	Control Person	Insider Reporting
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Supplemental Person/Entity Authorization**

By signing below, you hereby declare that the information provided above is full, true and complete. You also acknowledge that you have reviewed a copy of the Credential Direct Account Agreements and Disclosure Document booklet (available online) and agree to the terms therein. Credential Direct may rely on the information you have provided until you send us written notice of any changes.

**X**  
Supplemental Person/Entity Signature \_\_\_\_\_ Date (dd/mmm/yyyy) \_\_\_\_\_ Existing Account # of Supplemental Person (if applicable) \_\_\_\_\_

---

## How to Complete the Know-Your-Client Supplemental Form

The *Know Your Client* principle applies to all the individuals' names on the NAAF and any other individuals having control over or financial interest in the account. As such, full disclosure must be made of all persons that have trading authorization or beneficial/financial ownership on an account to satisfy KYC requirements. Use this form as supplemental information to accompany the New Account Application Form.

### Account Holder Information

Enter the Account Holder Name and Account # of the account for which Supplemental Person/Entity Information is being added.

### Supplemental Person/Entity Information

**Legal Entity** – enter the Legal Entity Name (and Business Number, if applicable) if the KYC Supplemental is being completed by an entity rather than an individual. In addition, entry fields such as *Investment Experience* and *Investment Knowledge* should be completed based on the 'entity' rather than an individual. Legal Entities may also be required to complete additional IRS Tax Treaty Documents.

**Beneficial Ownership %** – for beneficial owners, indicate the percentage of ownership you maintain.

### Identification

Enter the identification information and attach a photocopy of a valid, original Driver's License, Passport or Permanent Resident Card.

### Insider or Control Person

Regulations require Credential Direct to know if the Individual is considered an "Insider" or "Control Person" of a publicly traded company on any Canadian or US exchange.

**Insider:** an "Insider" is:

- An officer, director or promoter of a publicly traded Canadian or US company, and/or
- A person with direct or indirect beneficial ownership of, control or direction over (or combination thereof) 10% or more of the voting rights attached to the securities of a publicly traded company listed in Canada (5% or more for a publicly listed company in the U.S.)

**Control:** a "control person" holds or exercises control or direction over, or has any agreement, arrangement, commitment or understanding (whether or not in writing) individually or with any other persons with respect to 20% or more of the voting rights attached to the securities of a publicly traded company listed in Canada (10% or more for a publicly listed company in the U.S.)

**Existing Account # of Supplemental Person** – If the Supplemental Person/Entity has an account with Credential Direct, enter the account number.