

**Trading Authorization for Unincorporated Groups
With Privilege to Withdraw Money and/or Securities**

(For Use by Partnerships, Investment Clubs, or Unincorporated Associations)

TO: **Credential Direct**® (a division of Credential Securities Inc.)

We, the members/partners (see addendum) of _____ (hereinafter referred to as "the entity"), do hereby jointly and severally authorize Credential Direct to open and/or maintain one or more accounts (hereinafter referred to as "the accounts") in the name of the entity for the purpose of buying and/or selling securities (as hereinafter defined). The accounts will be operated pursuant to the terms and conditions of Credential Direct's agreements governing such accounts, which agreements we have authorized to be executed on behalf of the entity and we hereby ratify and confirm the same. The accounts are numbered as follows:

Cash/Margin Account Number(s): _____

Suitability Waiver

By marking the boxes under the heading "Suitability Waiver" below, you acknowledge that Credential Direct and its Registered Representatives will not give you investment advice or recommendations and will not be responsible for the determination of your general investment needs and objectives regarding the purchase or sale of any security. You acknowledge that Credential Direct and its Registered Representatives do not accept any responsibility to advise you on the suitability of any of your investment decisions or transactions. You acknowledge that you alone are responsible for the financial impact of your investment decisions. You understand that orders entered by you may be sent directly to the exchange or market without prior review by Credential Direct. You acknowledge your obligation to comply with the requirements regarding entry and trading of orders on the exchanges and markets where your orders are executed. However, Credential Direct reserves the right to review any of your transactions prior to entry on the exchange or market. You acknowledge that Credential Direct has the right to reject, change or remove any order entered by you or to cancel any trade resulting from an order entered by you. Without this consent Credential Direct will not be able to open this account.

Authorized Individuals of the Group*

Credential Direct is authorized to accept any and all instructions relating to the operation of the accounts from any **one** of the following individual(s), and shall deal exclusively with said individual(s):

Name*	Position	Signature	Suitability Waiver
_____	_____	X _____	<input type="checkbox"/> I Acknowledge
_____	_____	X _____	<input type="checkbox"/> I Acknowledge

Each of the above being a natural person and each of them is hereby appointed as our agent and attorney-in-fact for all purposes including the purchase and sale of coins, securities of whatsoever nature or kind, and foreign exchange contracts (hereinafter collectively called "securities") on margin or otherwise; the execution of all documents and agreements relating to said account(s) or the operation thereof; the deposit or withdrawal of securities and/or other property; the withdrawal of monies and the delivery of securities as directed by our attorney(s); the signing of drafts or receipts for money or securities and the verification of accounts with Credential Direct. The undersigned hereby jointly and severally agree to indemnify and hold Credential Direct harmless from and to pay Credential Direct promptly on demand any and all losses arising therefrom or debit balance due thereon. The attorney(s) whose name(s) appear above shall continue to act as our attorney(s) unless Credential Direct is advised in writing signed by all of the undersigned of a substitution, deletion or addition.

Credential Direct shall be advised in writing of any additions to or resignations, deaths or insanity of any of the undersigned over the signature of one of the attorneys which writing shall contain a signed statement of acceptance of this agreement by an additional party or a statement of resignation by a resigning party. Any such addition, resignation, death or insanity shall not change, reduce or cancel any of the terms or conditions of this agreement nor the liability of any of the undersigned.

In all matters and things aforementioned, as well as in all other things necessary or incidental to the furtherance or conduct of the account(s) of the undersigned, the aforementioned agent(s) and attorney(s)-in-fact are authorized to act for and on behalf of the undersigned in the same manner and with the same force and effect as the undersigned might or could do personally.

The undersigned hereby ratify and confirm any and all transactions with you heretofore or hereafter made by the aforesaid agent(s) for the undersigned's account(s). This authorization and indemnity is in addition to (and in no way limits or restricts) any rights which you have under any other agreement or agreements between the undersigned and Credential Direct.

This authorization and indemnity is binding on all of the undersigned jointly and severally, on their heirs, executors, administrators, assigns and legal representatives and is also a continuing one and shall remain in full force and effect until revoked by a written notice executed by any two of the undersigned (or their heirs, executors, administrators or legal personal representatives) addressed and delivered to Credential Direct but such revocation shall not affect any liability in any way resulting from transactions initiated prior to actual receipt by Credential Direct of such notice or revocation. This authorization and indemnity shall enure to the benefit of Credential Direct its successors and assigns.

All notices given to Credential Direct hereunder shall be delivered to Credential Direct at its head office at 800 – 1111 West Georgia Street, Vancouver, B.C. V6E 4T6 and are not binding on Credential Direct unless acknowledged in writing and signed by a Designated Officer of Credential Direct.

SIGNED and DATED at _____ in the Province of _____ this ____ day of _____, 20____.

President or Secretary Name (please print)

X _____
President or Secretary Signature

Witness Name (please print)

X _____
Witness Signature

*If the Group has more than two members, complete *Addendum to Trading Authorization for Unincorporated Groups* form for the remaining members. Authorized Individuals and Members of the Group with greater than 10% interest **must also** complete a *KYC Supplemental* form.

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 ¹	
Employer Name		Occupation		

¹Note: If U.S., complete IRS W-9 form

Identification: ID Type: _____ Issuer: _____ ID #: _____

Are you or a family member living in your household considered a PRO? No Yes² ²If Yes, please complete the following:

Name of PRO: _____ Employer: _____ Occupation: _____

²Note: Please provide a letter of authorization completed by the PRO's employer

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? Yes, complete table below No

Company Name	Ticker Symbol	Market	Insider/Director/Officer	Control Person
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

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.