

HSBC Bank Canada

POWER OF ATTORNEY *(for use in Ontario)*

THIS POWER OF ATTORNEY FOR PROPERTY is given by _____
(name of Grantor)

of _____
(address of Grantor)

1. Appointment: I hereby appoint the following person(s):

_____ of _____
 _____ of _____

- Jointly Jointly or Singly

(Initial one if there is more than one Attorney - if left blank, my Attorneys must act jointly)

to be my Attorney(s) for my property and I authorize my Attorney(s) to do, from time to time, the following acts and things on my behalf and in my name involving **HSBC Bank Canada** or any of its subsidiaries (the “**Bank**”) which I could do if capable, subject to any conditions and restrictions contained herein:

- (a) To draw, accept, assign, sign, make, endorse, negotiate and deal with all or any bills of exchange, promissory notes, cheques, drafts, deposit instruments and orders for the payments of money, warehouse receipts and bills of lading; and
- (b) To pay and receive all monies and securities held for my account (whether for safekeeping or by way of security or otherwise) and give receipts, releases and acquittances for the same; and
- (c) To arrange, settle, balance and certify all books, statements and accounts and sign the Bank’s regular form of confirmation of balance and vouchers, and any receipts and releases in respect thereof; and
- (d) Generally to transact with the Bank any business my Attorney(s) may see fit on my behalf and in my name as fully and effectually as I could do if present; and

(Following are some more specific powers granted to your Attorney(s). If you do not wish your Attorney(s) to have some or all of the following powers, you must delete and initial the powers which you do not wish to grant).

- (e) To appoint any substitute Attorney and to revoke any such appointment; and
- (f) To borrow money by way of discount, overdraft or otherwise and to give any security or securities upon any of my property, rights and assets, present or future, whether real or personal or otherwise, for any debt or liability incurred or to be incurred by me or by my Attorney(s) on my behalf; and
- (g) To subscribe for, accept, purchase, sell, transfer, surrender and in every way deal with shares, stocks, bonds, debentures and securities of every kind and description through the agency of the Bank or otherwise and to pay and receive the purchase money therefore and to give receipts, acquittances and releases for the same; and
- (h) To authorize and empower any manager or other officer of the Bank to accept in my name all or any drafts and bills of exchange; and
- (i) To receive any notice, notification, writ or process; and
- (j) To establish, make contributions to or withdrawals from, transfer all or part of, redeem or terminate my Registered Retirement Savings Plans or similar retirement savings plans; and
- (k) To execute and deliver all deeds and other documents necessary for the above purposes.

2. Restricted to Certain Accounts: Despite any other provision of this power of attorney, the powers granted to my Attorney(s) hereunder may only be exercised with respect to the following Bank accounts:

(Insert and initial Branch and account numbers - if left blank, this power of attorney applies to all my accounts)

(Delete and initial if not desired)

3. Safety Deposit Box: I authorize my Attorney(s) to have access to, control of and the power to deposit or remove any contents, including testamentary documents, securities, writings, jewellery and other items of any kind whatsoever, of any safety deposit box held by me at the Bank.

4. Acknowledgement of Tax Liability: I acknowledge that termination or redemption of a Registered Retirement Savings Plan or similar retirement savings plan could result in a significant tax liability.

5. Multiple Powers of Attorney: This power of attorney is in addition to and does not revoke any previous power of attorney granted by me.

6. Ratification, Revocation and Indemnification: I hereby ratify and confirm all acts and things which my Attorney(s) shall do or cause to be done under or by virtue of this power of attorney. The Bank may continue to deal with my Attorney(s) until a written notice of revocation of this power of attorney has been given to the branch of the Bank at which my account(s) is kept, and the Bank has confirmed in writing that it has received my notice of revocation. I will indemnify the Bank and hold the Bank harmless from all losses, costs, fees, damages, expenses, claims and liabilities whatsoever that the Bank may suffer or incur or that may be brought against the Bank as a result of the Bank acting upon the instructions of my Attorney(s) pursuant to this power of attorney.

SECTION 7 BELOW GRANTS A CONTINUING POWER OF ATTORNEY WHICH WILL ALLOW THIS POWER OF ATTORNEY TO BE EXERCISED DURING YOUR MENTAL INCAPACITY. IF YOU DO NOT WISH TO GRANT A CONTINUING POWER OF ATTORNEY, YOU *MUST* DELETE AND INITIAL SECTION 7

7. Continuing Power of Attorney: It is my intention and I so authorize my Attorney(s) that this authority shall be exercised during any incapacity on my part to manage my property, pursuant to the *Substitute Decisions Act*.

8. Acknowledgement of Mental Capacity: I acknowledge and am aware of the following:

- (a) I know what kind of property I have and its approximate value;
- (b) I am aware of obligations owed to my dependents;
- (c) I know that my Attorney(s) will be able to do anything in respect of my property I could do if capable, with the exception of making my will;
- (d) I know that my Attorney(s) must account for his, her or their dealings with my property;
- (e) I know that I may, if capable, revoke this power of attorney;
- (f) I appreciate that unless my Attorney(s) manages my property prudently, the value of my property may decline; and
- (g) I appreciate the possibility that my Attorney(s) could misuse the authority given to him, her or them.

Executed at _____ this _____ day of _____, _____.

If this is a continuing power of attorney, it must be executed in the presence of two witnesses, each present at the same time.
 If this is not a continuing power of attorney, only one witness is required.

Signature of witness*	Signature of witness*	
)
)
)
)
Print name	Print name	
)
)
)
Print address	Print address	Signature of Grantor
)
)
)
)
)
Print occupation	Print occupation	
)

* If this is a continuing power of attorney, the signature of each witness is his or her acknowledgement that he or she has no reason to believe that the Grantor is incapable of giving this power of attorney, and that he or she is not:

- (a) an Attorney or substitute Attorney appointed hereunder;
- (b) the spouse or partner of an Attorney or substitute Attorney appointed hereunder;
- (c) the Grantor's spouse or partner;
- (d) a child of the Grantor or a person whom the Grantor has demonstrated a settled intention to treat as his or her child;
- (e) a person whose property is under guardianship or who has a guardian of the person; or
- (f) less than 18 years old.

("partner" means a person who has lived with the Grantor for over one year in a close personal relationship that is of primary importance in both person's lives)

Acknowledgement of Attorney(s): I hereby accept the above appointment.

Signature of Attorney	Signature of Attorney
Date	Date

Privacy Consent

Please read the "Client Information Consent Agreement" section of the Client Terms and Conditions booklet. I consent to the collection, use and disclosure of Client Information in the manner and for the purposes specified in the Client Terms and Conditions.

I agree to the following optional uses of my Personal Information:

1. HSBC InvestDirect may collect and use my personal information and, where permitted by law, share it within the HSBC Group, to identify and inform me of products and services provided by the HSBC Group that may be of interest to me.
2. HSBC InvestDirect may collect and use my Personal information to promote the products and services of select third parties that may be of interest to me; and
3. HSBC InvestDirect may collect, use and share my SIN for the additional optional purposes of conducting Financial Crime Risk Management Activities, and for internal audit, security, statistical, and record keeping purposes.

Yes No (Default - unless instructed otherwise)

I may at any time refuse or withdraw my consent to 1,2, or 3 above by contacting HSBC at 1-800-760-1180; or visiting the HSBC InvestDirect website at www.investdirect.hsbc.ca. I understand that if I do refuse or withdraw my consent to 1,2, or 3 it will not affect my eligibility for products or services.

Signature

I verify that I have carefully reviewed the applicable section of the Client Terms and Conditions with respect to suitability reviews and I understand and acknowledge that HSBC InvestDirect does not provide investment advice or recommendations regarding any investment decisions or securities transactions and that HSBC InvestDirect will not determine the general investment needs and objectives or the suitability of any investment decisions or securities transactions.

I acknowledge that I have sole responsibility for all investment decisions and securities transactions and I understand that orders may be sent directly to the exchange or market without prior review by HSBC InvestDirect.

I agree to comply with all applicable rules and customs of the Investment Industry Regulatory Organization of Canada and those governing the exchanges or markets (and their clearing houses, if any) where the orders are executed. HSBC InvestDirect, however, reserves the right to review any transactions prior to the exchange or market and to reject, change or remove any order for credit reasons or non-compliance with the requirements of those exchanges, markets or securities regulations.

I acknowledge and agree that a credit check may be performed on me.

x

Signature – Authorized Individual

Date (mm/dd/yyyy)

Internal Use Section

Method of Anti Money Laundering Verification

Face to Face Date of Verification (mm/dd/yyyy): _____

ID#1

Type of ID Verified:

Drivers License Passport Other: _____

ID Number: _____

Place of Issuance: _____

Expiry Date: _____

Verified by: Name: _____

Entity: HSBC Bank Other: _____

Branch Location/Transit Number: _____

ID#2

Type of ID Verified:

Drivers License Passport Other: _____

ID Number: _____

Place of Issuance: _____

Expiry Date: _____

Verified by: Name: _____

Entity: HSBC Bank Other: _____

Branch Location/Transit Number: _____

Non Face to Face (Canadian Residents Only)

Credit Bureau (plus one of the following) Bank Reference Letter/Group Introduction Form Cheque (in name of individual) attached for clearing

Bank Name: _____ Cheque Number: _____ Cheque Amount: \$ _____

HIDC Reviewing Representative Comments

Comments: _____

Representative Name: _____ Date (mm/dd/yyyy): _____