

## **HSBC** Bank Canada

## POWER OF ATTORNEY (for use in Ontario)

	R OF ATTORNEY FOR PROPERTY is given by  (name of Grantor)			
	the state of the s			
	(address of Grantor)			
	<b>Appointment:</b> 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 <b>HSBC Bank Canada</b> or any of its subsidiaries (the " <b>Bank</b> ") 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 <u>must</u> 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.			
•	<b>Restricted to Certain Accounts:</b> 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)			
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			

- **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.

testamentary documents, securities, writings, jewellery and other items of any kind whatsoever, of any safety deposit box held by me at the Bank.

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.	<b>Continuing Power of Attorney:</b> 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 <i>Substitute Decisions Act</i> .						
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	ne 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	f ,				
		ey, it must be executed in the presence of two witnesses, of torney, only one witness is required.	each present at the same time.				
	Signature of witness*	Signature of witness*	)				
			)				
	Print name	Print name	)				
	Time indice		)				
	Print address	Print address	) Signature of Grantor				
			)				
			)				
			)				
	Print occupation	Print occupation	)				
Grantor is ind	capable of giving this po (a) an Attorney or s (b) the spouse or pa (c) the Grantor's sp (d) a child of the Gr (e) a person whose (f) less than 18 yea eans a person who has la	ower of attorney, and that he or she is not: substitute Attorney appointed hereunder; rtner of an Attorney or substitute Attorney appointed here ouse or partner; antor or a person whom the Grantor has demonstrated a property is under guardianship or who has a guardian of rs old.  Eved with the Grantor for over one year in a close personal i	runder; settled intention to treat as his or her child;				
Acknowledge	ement of Attorney(s):	I hereby accept the above appointment.					
	Signature of Attorney	Signature of Attorney					

Date



# **HSBC InvestDirect**

a division of HSBC Securities (Canada) Inc.

# **Authorized Individual Information Form**

Personal Inform	ation				
☐ Mr. ☐ Mrs.	☐ Miss ☐ Dr.		Employment Information		
Last Name (Legal)	First Name (Legal)	Middle Name (Legal)	Employer's Name	Type of Busi	ness
Home Tel. #	Business Tel. #		Occupation/Position	Years with E	mployer
Mobile Tel. #	E-mail Address		Employer's Address		
Residence Address (P.C	). Boxes, G.D or c/o not accepted	Apt./Suite#	City Province	Postal Code	
City	Province	Postal Code	Marital Status and Spousal Information	_	
Country of Residence	Citizenship (list all countri	es)	☐ Married ☐ Single ☐ Divorced ☐ Widowed	Common La	aw.
Country of Birth	SIN	Date of Birth (mm/dd/yyyy)	Name of Spouse		
Employment Statu	ıs		Spouse's Employer's Name	Type of Busi	ness
Employed Retired*	☐ Self-Employed ☐ Homemaker	Student  Not Working*	Spouse's Occupation/Position	Years with E	mployer
*Retired or Not Work	ring: Provide details of most re	G			
Other Informati	ion	•			
	pouse, or anyone you reside with s, please state the name of the f		er, IIROC Member firm, Stock Exchange or member of a Stock	∐ Yes	∐ No
2. Are you, your spouse, or anyone you reside with, the CEO, CFO, COO or a Director of a publicly traded company ("a reporting issuer")?				Yes	☐ No
	· · · · ·		ajor subsidiary of a reporting issuer? (Major subsidiary is the consolidated assets or revenue of the issuer)	Yes	☐ No
anyone you resi	4. Are you, your spouse, or anyone you reside with, a Significant Shareholder of a reporting issuer? In other words, do you, your spouse or anyone you reside with hold more than 10% of the voting rights of the issuer's outstanding voting securities, including any convertible securities that are convertible within 60 days that would put you over the 10% limit?				
5. Are you, your sp securities?	5. Are you, your spouse, or anyone you reside with, a control person (holding more than 20%) in a reporting issuer's outstanding voting securities?				□ No
, , , ,	6. Are you, your spouse, or anyone you reside with, a director or CEO, COO or CFO of a management company that provides significant management or administrative services to a reporting issuer or a major subsidiary of a reporting issuer?				
	7. Even if questions 2 to 6 above do not apply, do you, your spouse, or anyone you reside with, receive or have access to material non-public Yes Information of a reporting issuer given the nature of the employment (i.e. finance, technology)?				
8. Do you, your sp	ouse, or anyone you reside with,	exercise "significant power or i	nfluence" over the decisions of a reporting issuer?	Yes	☐ No
9. Name any repor	rting issuers (including symbol) to	which a "Yes" answer applies	on questions 2 to 8 above:		
	*		y members of your immediate family) in the past, been uxes and list the details of the individuals)	Yes	☐ No
a member of legislature;		ment or member of a	a president of a state owned company or bank; a head of a government agency; a federal judge; or		
an ambassa	inister (or equivalent); ador or an ambassador's attaché d eneral (or higher rank);	or counselor	a leader or president of a political party in a legislature.		
If answered yes to qu	estion 10, please indicate the c	letails of the individual(s) belo	ow:		

Full Name

Description

### **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
- 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	ID#2		
Type of ID Verified:	Type of ID Verified:		
☐ Drivers License ☐ Passport ☐ Other:	☐ Drivers License ☐ Passport ☐ Other:		
ID Number:	ID Number:		
Place of Issuance:	Place of Issuance:		
Expiry Date:	Expiry Date:		
Verified by: Name:	Verified by: Name:		
Entity: HSBC Bank Other:	Entity: HSBC Bank Other:		
Branch Location/Transit Number:	Branch Location/Transit Number:		
■ Non Face to Face (Canadian Residents Only)			
☐ Credit Bureau (plus one of the following) ☐ Bank Reference Letter	er/Group Introduction Form		
Bank Name: Cheque N	umber: Cheque Amount: \$		
HIDC Reviewing Representative Comments			
Comments:			
Representative Name:	Date (mm/dd/yyyy):		