HSBC

1010125-E_2011-11

HSBC Bank Canada

POWER OF ATTORNEY – QUEBEC

That the undersigned _____
(Name of individual or the sole owner of a firm or the members of a firm)

of _____
(Address)

**To be used in case of a partnership or person trading in a firm name. If words not applicable delete.*

*carrying on business under the firm name and style of _____

_____ hereby constitute and appoint _____
(Name of attorney)

_____ of _____
(Address)

the true and lawful attorney of the undersigned for and in the name of the undersigned or in the case of a firm in the firm name, to do and perform from time to time the following acts and things in respect of any business or dealings involving **HSBC Bank Canada** or any of its subsidiaries (the "Bank").

(a) To draw, accept, assign, sign, make, endorse, negotiate and deal with all or any bills of exchange, promissory notes, cheques, deposit receipts and orders for the payments of money, warehouse receipts and bills of lading; and

(b) To borrow money by way of discount, overdraft or otherwise and to give any security or securities upon any property, rights and assets, present or future, whether real or personal, immovable or movable or otherwise of the undersigned for any debt or liability incurred or to be incurred by the undersigned or by the attorney of the undersigned on behalf of the undersigned; and

**Ensure Attorney Signature is obtained on F1021002-SDB Entrance Card and that the SDB Contract bears suitable notation of this appointment*

(c)* The undersigned hereby appoints _____ as the agent(s) of the undersigned to have access to and control of the contents of the Safe Deposit Box mentioned in the rental agreement and to surrender the said Box and all keys thereof and remove the contents thereof and release the Bank from all obligations under the rental agreement thereof and this authority shall remain in force until written revocation thereof by the undersigned has been received by the Manager of the Branch of the Bank mentioned in such rental agreement; and

(d) To pay and receive all moneys and give receipts, releases and acquittances for the same; and

(e) To transfer and assign all insurance policies including fire, marine and life insurance either effected in the name of the undersigned or transferred to the undersigned by others; and

(f) To receive and give receipts, releases and acquittances for any and all securities held for the account of the undersigned whether for safekeeping or by way of security or otherwise; 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/or receive the purchase money therefore and to give receipts, acquittances and/or releases for the same; and

(h) To authorize and empower any manager or other officer of the Bank to accept in the name of the undersigned all or any drafts and bills of exchange; and

(i) 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 receipts and releases in respect thereof; and

(j) To execute and deliver all deeds and other documents necessary for the purposes aforesaid or any of them; and

(k) To receive any notice, notification, writ or process; and

(l) To establish, make contributions to or withdrawals from, transfer all or part of, redeem or terminate, Registered Retirement Savings Plans of the undersigned; and

(m) Generally to transact with the Bank any business the said attorney may see fit as fully and effectually as the undersigned could have done if personally present whether or not it is within the powers specifically set forth herein.

The undersigned acknowledges that termination or redemption of a Registered Retirement Savings Plan could result in significant tax liability.

**Delete if customer does not intend the Power of Attorney also to constitute a Mandate.*

The undersigned declares that this Power of Attorney may be exercised during any subsequent mental infirmity or legal incapacity on the part of the undersigned.

The undersigned hereby declares that this Power of Attorney constitutes a Mandate in Anticipation of Incapacity (the "Mandate") and the undersigned hereby constitutes and appoints the attorney named above as the true and lawful mandatary of the undersigned mandator in the event that the undersigned mandator becomes incapable of administering his or her own affairs with all the powers and authority hereinabove set forth and instructs the said mandatary to have this Mandate homologated.

The Bank may, by virtue of this Mandate, continue to deal with the mandatary, who is authorized to continue to deal with the Bank with the powers of simple administration pending the homologation of the Mandate.

The undersigned hereby revokes any Power of Attorney (and/or, if applicable, Mandate in Anticipation of Incapacity) filed with the Bank prior to the day of execution of this Power of Attorney (and/or, if applicable, Mandate). However, it is the intention of the undersigned that the undersigned may have multiple Powers of Attorney (and/or, if applicable, Mandates in Anticipation of Incapacity) and, as such, the execution of this Power of Attorney (and/or, if applicable, this Mandate) does not necessarily constitute the revocation of any previously executed Power of Attorney (and/or, if applicable, Mandate in Anticipation of Incapacity) that has not been filed with the Bank.

And the undersigned hereby ratifies and confirms all and whatsoever the said attorney (and/or, if applicable, the mandatary) or any substitute shall do or cause to be done under or by virtue hereof. The Bank may continue to deal with the said attorney (and/or, if applicable, the mandatary) until notice of revocation hereof has been given in writing to the manager or acting manager at the branch of the Bank in which the account of the undersigned is kept, and receipt of such notice duly acknowledged in writing.

It is the express wish of the parties that this agreement and any related documents be drawn up and executed in English. Les parties conviennent que la présente convention et tous les documents s'y rattachant soient rédigés et signés en anglais.

Witness at _____

this _____ day of _____ , _____ .

The witness must not be the attorney, the spouse of the attorney or any person who has any interest in the Mandate.

Signed and Delivered in the presence of:

_____
(Signature of Witness)

_____
(Name of Witness)

_____
(Address)

_____
(Occupation)

_____
(Signature of Donor)

A second witness is required if the customer intends the Power of Attorney to also constitute a Mandate.

Signed and Delivered in the presence of:

_____
(Signature of Witness)

_____
(Name of Witness)

_____
(Address)

_____
(Occupation)

I hereby accept the above appointment.

_____ _____
(Date) *(Signature of attorney and/or, if applicable, the mandatory)*

HSBC

HSBC InvestDirect

a division of HSBC Securities (Canada) Inc.

Authorized Individual Information Form

Personal Information

☐ Mr. ☐ Mrs. ☐ Miss ☐ Dr.

Last Name (Legal) | First Name (Legal) | Middle Name (Legal)

Home Tel. # | Business Tel. #

Mobile Tel. # | E-mail Address

Residence Address *(P.O. Boxes, G.D.. or c/o not accepted)* | Apt./Suite#

City | Province | Postal Code

Country of Residence | Citizenship (list all countries)

Country of Birth | SIN | Date of Birth (mm/dd/yyyy)

Employment Status

☐ Employed ☐ Self-Employed ☐ Student
☐ Retired* ☐ Homemaker ☐ Not Working*

*Retired or Not Working: Provide details of most recent job.

Employment Information

Employer's Name | Type of Business

Occupation/Position | Years with Employer

Employer's Address

City | Province | Postal Code

Marital Status and Spousal Information

☐ Married ☐ Single ☐ Divorced ☐ Widowed ☐ Common Law

Name of Spouse

Spouse's Employer's Name | Type of Business

Spouse's Occupation/Position | Years with Employer

Other Information

1. Are you, your spouse, or anyone you reside with, employed by a securities dealer, IIROC Member firm, Stock Exchange or member of a Stock Exchange? If yes, please state the name of the firm and provide a compliance letter : _____ ☐ 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
3. Are you, your spouse, or anyone you reside with, the CEO, COO or CFO of a major subsidiary of a reporting issuer? (Major subsidiary is defined as a subsidiary of an issuer whose assets or revenue comprise 30% of the consolidated assets or revenue of the issuer) ☐ Yes ☐ No
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? ☐ Yes ☐ No
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? ☐ Yes ☐ 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? ☐ Yes ☐ No
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 information of a reporting issuer given the nature of the employment (i.e. finance, technology)? ☐ Yes ☐ No
8. Do you, your spouse, or anyone you reside with, exercise "significant power or influence" over the decisions of a reporting issuer? ☐ Yes ☐ No
9. Name any reporting issuers (including symbol) to which a "Yes" answer applies on questions 2 to 8 above: _____
10. Are you (or any members of your immediate family) currently, or have you (or any members of your immediate family) in the past, been employed in any of the following positions: *(If yes, please check all applicable boxes and list the details of the individuals)* ☐ Yes ☐ No

☐ a head of state or government
☐ a member of the executive council of government or member of a legislature;
☐ a deputy minister (or equivalent);
☐ an ambassador or an ambassador's attaché or counselor
☐ a military general (or higher rank);
☐ a president of a state owned company or bank;
☐ a head of a government agency;
☐ a federal judge; or
☐ a leader or president of a political party in a legislature.

If answered yes to question 10, please indicate the details of the individual(s) below:

Full Name | Relationship | Description

* HSBC Securities (Canada) Inc. is a wholly owned subsidiary of, but separate entity from, HSBC Bank Canada

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): _____