

CIBC Investor Services Inc.®

Account No.

Account Name (name that will appear on all correspondence)

To: CIBC Investor Services Inc. ("CIBC Investor Services")

For this Informal Trust / Nominee Account, please indicate the number of individuals for each role:

- \_\_\_\_\_ Trustee(s)
- \_\_\_\_\_ Settlor(s)
- \_\_\_\_\_ Beneficiary/Beneficiaries entitled to more than 10% of the income or assets

In this agreement the words "I", "me" and "myself" mean each of the persons who have signed below.

In exchange for CIBC Investor Services opening (or if already opened, continuing) an account which may include a margin facility or an option facility (the "Account") in the name of the informal trust or nominee name noted above, I agree that the Account and all transactions between myself and CIBC Investor Services shall be governed, inter alia, by the following terms:

- 1. I have been advised to seek professional tax and legal advice with respect to the establishment or operation of any trust to which the Account may relate and the achievement of any tax, estate planning, or other similar objectives thereby. CIBC Investor Services has provided no advice, counsel, or opinions in that regard and makes no representations with respect thereto.
- 2. CIBC Investor Services is not bound by, and has no responsibility to observe the terms of any trust or agency, whether written, verbal, implied, or constructive that may exist between myself and any beneficiary. Without limiting the generality of the foregoing, CIBC Investor Services has no responsibility for ensuring that investments comply with the restrictions set out in applicable provincial or territorial legislation governing investments made by a trust.
- 3. Each of the undersigned agrees jointly and severally (this means solidary in Quebec) to indemnify CIBC Investor Services against any loss, claim, damages, liability and expenses of any kind whatsoever (including any legal costs) arising from the operation of the Account in accordance with my instructions or that may otherwise arise from CIBC Investor Services' reliance upon the representations, agreements and certifications included in this agreement.
- 4. CIBC Investor Services is authorized and directed to act upon the instructions of me and my authorized representatives to operate the Account with respect to all matters in relation to the account and I shall be liable and responsible for all such actions.
- 5. This agreement is binding on CIBC Investor Services' successors and assigns and on me (in my capacity as trustee, agent or otherwise and personally in the case of fraud, willful and/or gross negligence), my representatives who provide instructions on the Account and our respective heirs, executors, administrators, successors and assigns.
- 6. If there is any difference between this agreement and any other agreement applicable to the Account, this agreement will apply. This agreement shall be governed by and construed in accordance with the laws of the province or territory in Canada where the Account is maintained and the laws of Canada applicable therein.
- 7. The parties have requested that this agreement and all related documents be drawn up in the English language only. Les parties confirment avoir exigé que ce contrat et tous les documents s'y rapportant soient rédigés en anglais seulement.
- 8. I acknowledge that I have read and understand all of the provisions contained in this agreement and that one of the persons who has signed below has received a copy of this agreement on behalf of all of the persons who have signed below.

Please sign below.

Dated this		day of			 ·
			<u>x</u>		
	Name of Client/Trustee			Signature	
			х		
	Name of Client Trustee			Signature	

Trustee Information - Complete th	he Trustee Information se	ection below for each Tr	ustee.		
Legal Name					
Date of Birth <i>(mm/dd/yyyy)</i>		Primary Telephone No.			
Address		_			
City	Province/Foreign Info	Country		Postal	Code
Canadian Citizenship					
Yes No If No, what is your cou	ntry of citizenship?				
Common Reporting Standard (CRS) and F	oreign Account Tax Compli	ance Act (FATCA) Tax Resi	idencv		
Country of Tax Residency	5 1		Taxpayer Identification No. (T	IN)/Social Secu	urity No. (SSN)
Are you a U.S. Person (such as a resident of	or citizen) for tax purposes?	Yes □_ No			
Employment Information Employer's Name					
Address					
City	Province/Foreign Info		Country		
Type of Business					
Occupation					
Are you, your spouse, any person(s) living account an Investment Industry Profession	in the same home, trading a	uthority, or anyone who ex	ercises influence on this	Yes	No No
Are you an insider of a reporting issuer or		rities are publicly traded?		Yes	□ No
If Yes, list below	,	,			
Do you alone or as part of a group hold mo securities are publicly traded?	ore than 20% or have a contro	ol block of a reporting issue	er or any other issuer whos	e Ves	No No
If Yes, list below					
Primary Financial Institution - Required of Financial Institution	only if client's identification Bank Trai		nking Centre. .ccount No.		
Financial Institution Contact Name					
L					

# Authorization

I hereby consent to the collection, use and sharing of information as described in CIBC's privacy policy Your Privacy is Protected. This may include collecting, during the course of my relationship with CIBC, information about me from and sharing it with, the CIBC group of companies, credit bureaus, government institutions or registries, mutual fund companies and other issuers, regulators and self-regulatory organizations, other financial institutions, applicable program partners, and other such parties as may reasonably be required for the purposes of: (i) identifying me; (ii) verifying information I give you; (iii) protecting me and CIBC from error and criminal activity; and (iv) complying with legal and regulatory obligations. CIBC's privacy policy is available at any branch or www.cibc.com. This policy may be amended, replaced or supplemented from time to time.

As required by Canadian law, I declare that the tax residency information and U.S. citizenship status provided (including any Tax Identification Number) are, to the best of my knowledge and belief, correct and complete. If any of this information changes, I will provide CIBC Investor Services with the updated information within 30 days. Failure to provide satisfactory self-certification of tax residency or U.S. citizenship status may result in my account information being reported to the relevant tax authority and I may be subject to a penalty under the *Income Tax Act*.

Date (mm/dd/yyyy)

Signature

Х

Trustee Information - Complete	the Trustee Information s	section below	for each Tr	ustee.		
Legal Name						
Date of Birth <i>(mm/dd/yyyy)</i>			lephone No.			
Address		<u>I</u>				
City	Province/Foreign Info		Country		Postal	Code
Canadian Citizenship					L	
Yes No If No, what is your c	ountry of citizenship?					
Common Reporting Standard (CRS) and	l Foreign Account Tax Comp	liance Act (FA	TCA) Tax Resi	dency		
Country of Tax Residency		Social Insur	ance No. (SIN)/1	axpayer Identification	No. (TIN)/Social Sec	urity No. (SSN)
		_ [				
Are you a U.S. Person (such as a residen Employment Information Employer's Name	t or citizen) for tax purposes?	? 🗌 Yes	No No			
Address						
City	Province/Foreign Info			Country		
Type of Business						
Occupation						
Are you, your spouse, any person(s) livir	ng in the same home, trading	authority, or a	nyone who exe	ercises influence on	this 🗌 Yes	No
account an Investment Industry Professi Are you an insider of a reporting issuer of		urities are publ	licly traded?		Yes	□ No
If Yes, list below	5	ľ	5		—	
Do you alone or as part of a group hold is securities are publicly traded? If Yes, list below	more than 20% or have a cont	rol block of a r	eporting issue	r or any other issuer	whose Yes	🗌 No
Primary Financial Institution - Require Financial Institution	d only if client's identificatic Bank Tr			nking Centre. ccount No.		
Financial Institution Contact Name			L			

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Settlor/Beneficiary Information - Beneficiary entitled to more than 10 Please indicate whether the individu Legal Name	% of the income o	or assets of the Trus		section below for each a <sub>l</sub>	pplicable S	ettlor or
Relationship to Account Holder		Date of Birth (mm/dd/y	ууу)	Primary Telephone No.		
Check here if the above-named settle	r or beneficiary is a	a trustee, and the follo	wing inform	ation has already been colle	ected.	
City	Province/Foreign Inf	0	Country		Postal	Code
Canadian Citizenship	Intry of citizenship?					
Common Reporting Standard (CRS) and F Country of Tax Residency	oreign Account Tax			sidency )/Taxpayer Identification No. (*	TIN)/Social Se	curity No. (SSN)
L		[				
Employment Information Employer's Name Address						
City	Province/Foreign Inf	Ō		Country		
Type of Business						
Occupation						
Are you, your spouse, any person(s) living account an Investment Industry Profession		trading authority, or a	nyone who e	xercises influence on this	Yes	No No
Are you an insider of a reporting issuer or If Yes, list below		ose securities are publ	icly traded?		Yes	No No
Do you alone or as part of a group hold me securities are publicly traded? If Yes, list below	ore than 20% or have	e a control block of a r	eporting issu	er or any other issuer whose	e Ves	🗌 No
Primary Financial Institution - Required of Financial Institution	only if client's ident	<i>tification was not veri</i> Bank Transit		anking Centre. Account No.		
Financial Institution Contact Name						

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Date (mm/dd/yyyy)

Х

Signature

City Province/Foreign Info Country F Canadian Citizenship Yes No If No, what is your country of citizenship?	Postal Co	ode	
Legal Name     Relationship to Account Holder     Date of Birth (mm/dd/yyyy)   Primary Telephone No.   Check here if the above-named settlor or beneficiary is a trustee, and the following information has already been collected.   Address   City   Province/Foreign Info   Country   Canadian Citizenship   No If No, what is your country of citizenship?	Postal Co	ode	
Check here if the above-named settlor or beneficiary is a trustee, and the following information has already been collected.  Address City Province/Foreign Info Canadian Citizenship Yes No If No, what is your country of citizenship?	Postal Co	ode	
Check here if the above-named settlor or beneficiary is a trustee, and the following information has already been collected.  Address City Province/Foreign Info Canadian Citizenship Yes No If No, what is your country of citizenship?	Postal Co	ode	
Address	Postal Co	ode	
Canadian Citizenship		ode	
Canadian Citizenship Canadian Citizenship Yes No If No, what is your country of citizenship?		ode	
Canadian Citizenship Canadian Citizenship Yes No If No, what is your country of citizenship?		ode	
Yes No If No, what is your country of citizenship?	ial Secur		
	ial Secur		
Common Deporting Standard (CDS) and Eoroign Account Tay Compliance Act (EATCA) Tay Desidency	cial Secur		
Common reporting stanuary (CRS) and FOI Eight Account Tax Compliance Act (FATCA) Tax residency	cial Secur		
Country of Tax Residency Social Insurance No. (SIN)/Taxpayer Identification No. (TIN)/Soci		rity N	э. (SSN)
Are you a U.S. Person (such as a resident or citizen) for tax purposes? Yes No			
Employment Information Employer's Name			
Address			
City Province/Foreign Info Country			
Type of Business			
Occupation			
Are you, your spouse, any person(s) living in the same home, trading authority, or anyone who exercises influence on this account an Investment Industry Professional?	] Yes		No
	Yes		No
If Yes, list below	-	_	
Do you alone or as part of a group hold more than 20% or have a control block of a reporting issuer or any other issuer whose securities are publicly traded?	] Yes		No
Primary Financial Institution - Required only if client's identification was not verified at the Banking Centre.			
Financial Institution Bank Transit Bank Account No.			
Financial Institution Contact Name			

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Date (mm/dd/yyyy)

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Settlor/Beneficiary Information Beneficiary entitled to more than 10				rmation sec	ction below for each ap	plicable S	ettlor or
Please indicate whether the individu							
Legal Name			errerary				
Relationship to Account Holder		Date of Bir	Date of Birth <i>(mm/dd/yyyy)</i>		Primary Telephone No.		
		L		<u> </u>	L		
Check here if the above-named settl Address	for or beneficiary is a	a trustee, a	and the followi	ng informati	on has already been colled	cted.	
City	Province/Foreign Inf	Ê0	Col	intry		Postal	Code
Canadian Citizenship			L				
Yes No If No, what is your co	ountry of citizenship?						
Common Reporting Standard (CRS) and	Foreign Account Ta	x Compliar	nce Act (FATC)	A) Tax Resid	ency		
Country of Tax Residency	r or orgin noodant ra	x compila			xpayer Identification No. (TIN	)/Social Secu	urity No. (SSN)
				()	······································	,	
<u></u>							
Are you a U.S. Person (such as a resident	or citizen) for tay n	urnoses?	☐ Yes □	No			
Employment Information		ui poses:		NO			
Employer's Name							
Address							
City	Province/Foreign Inf	<sup>f</sup> O			Country		
	_						
Type of Business							
Occupation							
Are you, your spouse, any person(s) living account an Investment Industry Profession		trading aut	thority, or anyo	one who exer	cises influence on this	Yes	No No
Are you an insider of a reporting issuer o	r any other issuer wh	iose securit	ties are publicly	y traded?		Yes	No No
If Yes, list below							
Do you alone or as part of a group hold n securities are publicly traded? If Yes, list below	hore than 20% or have	e a control	block of a repo	orting issuer	or any other issuer whose	Yes	No No
Primary Financial Institution - Required Financial Institution	l only if client's iden	tification v Bank Trans			k <i>ing Centre.</i> count No.		
			11		Journ NU.		
Financial Institution Contact Name		L		L			

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