

Informal Trust/Nominee Account Agreement CIBC Investor Services Inc.®

Signature

Acc	ount No.
Acc	ount Name (name that will appear on all correspondence)
То	: CIBC Investor Services Inc. ("CIBC Investor Services")
For	r 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.
an	exchange for CIBC Investor Services opening (or if already opened, continuing) an account which may include a margin facility or option facility (the "Account") in the name of the informal trust or nominee name noted above, I agree that the Account and all insactions 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.
Ple	ease sign below.
Da	ted this , ,
	X
_	Name of Client/Trustee X Signature

Name of Client Trustee

Account No.	_	CIBC Investor Services Inc. Informal Tr	rust/Nominee Account Agreemen
Trustee Information - Co	mplete the Trustee Information s	section below for each Trustee.	
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 country of citizenship?		
	CRS) and Foreign Account Tax Comp	Social Insurance No. (SIN)/Taxpayer Identification	on No. (TIN)/Social Security No. (SSN)
<u> </u>			
Employment Information Employer's Name Address			
City	Province/Foreign Info	Country	
Type of Business			
Occupation			
Are you, your spouse, any perso account an Investment Industry	D C 1 10	authority, or anyone who exercises influence of	on this Yes No
Are you an insider of a reporting If Yes, list below	g issuer or any other issuer whose sect	urities are publicly traded?	Yes No
Do you alone or as part of a gro securities are publicly traded? If Yes, list below	up hold more than 20% or have a cont	rol block of a reporting issuer or any other issu	er whose Yes No
Primary Financial Institution - Financial Institution	Required only if client's identificatio Bank Tr	on was not verified at the Banking Centre. Bank Account No.	
Financial Institution Contact Name			

Account No. CIBC Investor Services Inc. Informal Trust/Nominee Account Agreeme
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 CIB 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 <i>Income Tax Act</i> .

Account No.		OIDO harratas Camitara la altafam		A -	^
		CIBC Investor Services Inc. Infor	nai Trust/Nominee	Account /	agreemen
Trustee Information - Complete	e the Trustee Information	section below for each Trustee.			
Legal Name					
Date of Birth (mm/dd/yyyy)		Primary Telephone No.			
Address					
That iss					
City	Province/Foreign Info	Country		Postal Cod	e
Canadian Citizenship Yes No If No, what is your	country of citizenship?				
Common Reporting Standard (CRS) an	d Foreign Account Tax Comp	pliance Act (FATCA) Tax Residency			
Country of Tax Residency		Social Insurance No. (SIN)/Taxpayer Iden	tification No. (TIN)/Soc	cial Security	y No. (SSN)
Are you a U.S. Person (such as a resider	nt or citizen) for tax purposes	? Yes No			
Employment Information Employer's Name					
Address					
City	Province/Foreign Info	Country			
Type of Business					
Occupation I					
Are you, your spouse, any person(s) livi	ng in the same home, trading	authority, or anyone who exercises influ	ence on this	Yes [
account an Investment Industry Profess Are you an insider of a reporting issuer		surities are publicly traded?		Yes [_] No
If Yes, list below	or any other issuer whose sec	urties are publicly tradeu:		ies L	_ NO
Do you alone or as part of a group hold securities are publicly traded?	more than 20% or have a con	trol block of a reporting issuer or any oth	er issuer whose	Yes [No
If Yes, list below					
Primary Financial Institution Possier	nd only if client's identificati	on was not varified at the Banking Contr			
Financial Institution - Require	ed only if client's identificati Bank T 	on was not verified at the Banking Centri ransit Bank Account No.	ಶ.		
Financial Institution Contact Name	L				

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Account No.		CIBC Investor	Services Inc. Informal Trust/Non	ninee Account Agreemen
Settlor/Beneficiary Informa Beneficiary entitled to more the Please indicate whether the ind Legal Name	an 10% of the income o	r assets of the Trust.	nation section below for each a	applicable Settlor or
Relationship to Account Holder		Date of Birth (mm/dd/yyyy)	Primary Telephone No.	
Check here if the above-named	I settlor or beneficiary is a	Latrustee, and the following	information has already been coll	lected.
City	Province/Foreign Info	Count	гу	Postal Code
Canadian Citizenship Yes No If No, what is yo	our country of citizenship?			
Common Reporting Standard (CRS)	and Foreign Account Tax	x Compliance Act (FATCA)	Tax Residency	
Country of Tax Residency		Social Insurance	No. (SIN)/Taxpayer Identification No. (TIN)/Social Security No. (SSN)
Are you a U.S. Person (such as a res	sident or citizen) for tax pu	urposes? Yes N	0	
Employer's Name Address				
Audi ess				
City	Province/Foreign Info	io	Country	
Type of Business				
Occupation				
Are you, your spouse, any person(s) account an Investment Industry Pro		trading authority, or anyone	e who exercises influence on this	☐ Yes ☐ No
Are you an insider of a reporting iss If Yes, list below	uer or any other issuer wh	ose securities are publicly t	raded?	Yes No
Do you alone or as part of a group he securities are publicly traded? If Yes, list below	nold more than 20% or have	e a control block of a report	ing issuer or any other issuer whos	e Yes No
Primary Financial Institution - Req	uired only if client's ident	tification was not verified a Bank Transit	t the Banking Centre. Bank Account No.	
Financial Institution Contact Name				

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Authorization		
include collecting, during the coubehalf of a minor beneficiary, info bureaus, government institutions financial institutions, applicable pidentification; (ii) verifying inform regulatory obligations. CIBC's pri	on, use and sharing of information as described in CIBC's privacy policy Your Privacy is Prourse of the relationship with CIBC, information about me (or in the case of a parent/guanformation about the minor beneficiary) from and sharing it with, the CIBC group of compas or registries, mutual fund companies and other issuers, regulators and self-regulatory of program partners, and other such parties as may reasonably be required for the purpose rmation given to you; (iii) protecting from error and criminal activity; and (iv) complying privacy policy is available at any branch or www.cibc.com. This policy may be amended, e. Parent or Guardian signature is required if the Beneficiary is a minor.	ardian signing on panies, credit organizations, other es of: (i) with legal and
Identification Number) are, to t provide CIBC Investor Services w	I declare that the tax residency information and U.S. citizenship status provided (incomplete of my knowledge and belief, correct and complete. If any of this information with the updated information within 30 days. Failure to provide satisfactory self-ce tatus may result in my account information being reported to the relevant tax authors in the elevant tax authors.	on changes, I will ertification of tax

				es Inc. Informal Trust/Nomi			
Settlor/Beneficiary Information Beneficiary entitled to more than 10 Please indicate whether the individu Legal Name	% of the income or	assets of the Trus		ection below for each ap	plicable S	ettlo	r or
Relationship to Account Holder		Date of Birth (mm/dd/)	ууу)	Primary Telephone No.			
Check hore if the above named cattle	or or bonoficion, is a	trustee and the fall	ouing informs	tion has already been called	at a d		
Check here if the above-named settle address	or or beneficially is a	trustee, and the foil	owing informa	mon has all eady been collections	cieu.		
City	Province/Foreign Info)	Country		Postal	Code	
Canadian Citizenship	untry of oitizonship?						
Yes No If No, what is your co	· ·						
Common Reporting Standard (CRS) and	Foreign Account Tax	-		-			(001
Country of Tax Residency		Social Insu	rance No. (SIN)/	Taxpayer Identification No. (TIN)/Social Secu	arity No	o. (SSI
Are you a U.S. Person (such as a resident	or citizen) for tax pu	rposes?	∐ No				
Employment Information Employer's Name							
improjer straine							
Address							
City	Province/Foreign Info			Country			
City	Province/ For eight line	J		Country			
Type of Business							
Type of Business							
Occupation							
Are you, your spouse, any person(s) living account an Investment Industry Profession		rading authority, or a	anyone who ex	ercises influence on this	☐ Yes		No
Are you an insider of a reporting issuer or		ose securities are nub	licly traded?		Yes		No
f Yes, list below	any other issuer whe	ose securities are par	nory traded.		☐ 163	ш	140
Do you alone or as part of a group hold m securities are publicly traded? f Yes, list below	ore than 20% or have	a control block of a	reporting issue	er or any other issuer whose	☐ Yes		No
Primary Financial Institution - Required Financial Institution	-	ification was not ver Bank Transit 		nking Centre. account No.			
Einancial Institution Contact Name							
Financial Institution Contact Name							

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hereby consent to the collection, use and sharing of information as described in CIBC's privacy policy Your Privacy is Protected. This may not not not not provide the course of the relationship with CIBC, information about me (or in the case of a parent/guardian signing on pehalf of a minor beneficiary, information about the minor beneficiary) from and sharing it with, the CIBC group of companies, credit pureaus, 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) dentification; (ii) verifying information given to you; (iii) protecting 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. Parent or Guardian signature is required if the Beneficiary is a minor.
As required by Canadian law, I declare that the tax residency information and U.S. citizenship status provided (including any Tax dentification 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 <i>Income Tax Act</i> .

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Relationship to Account Holder		Date of Birth (mm/dd/y)	ууу)	Primary Telephone No.	
Check here if the above-named s	settlor or beneficiary is a	trustee, and the follo	wing inform	Lnation has already been colle	ected.
Addiess					
City	Province/Foreign Info	0	Country		Postal Code
Canadian Citizenship Yes No If No, what is you	r country of citizenshin?				
Common Reporting Standard (CRS) a	and Foreign Account Tax	•		-	
Country of Tax Residency		Social Insura	ance No. (SIN)/Taxpayer Identification No. (TII	N)/Social Security No. (SSN)
Are you a U.S. Person (such as a residemployment Information Employer's Name Address	lent or citizen) for tax pu	ırposes?	□ No		
City	Province/Foreign Info	0		Country	
Type of Business					
Occupation					
Are you, your spouse, any person(s) I account an Investment Industry Profe		trading authority, or a	nyone who	exercises influence on this	Yes No
Are you an insider of a reporting issue If Yes, list below		ose securities are publ	icly traded?		Yes No
Do you alone or as part of a group ho securities are publicly traded? If Yes, list below	ld more than 20% or have	a control block of a r	eporting iss	uer or any other issuer whose	e Yes No
Primary Financial Institution - Requirements Financial Institution	ired only if client's ident	ification was not verii Bank Transit		Banking Centre. Account No.	
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