

**Agreement/Resolution**  
*(For use by corporations, associations, lodges and other organizations)*  
CIBC Investor Services Inc.

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Account No.

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Name of Organization

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Primary Business of Organization

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

For this Organization, there are:

- Officer(s)
- Director(s)
- Beneficial Owner(s) of, or that exercise(s) direct or indirect control or direction over more than 10% of the Organization

The corporation, association, lodge or organization named above (the "Organization") has or will be applying for a CIBC Investor Services account.

## I. Agreement

### 1. Authority

Each of the Organization's Officers noted in section III below is authorized for and on behalf of the Organization to perform the functions as set out below:

#### a) Operating Instructions

- i. The Organization agrees that any one of the Officers has the authority to give, and CIBC Investor Services may act on, written, faxed or verbal instructions regarding certain operational matters. For the protection of the Organization, CIBC Investor Services will assign to it a password and will disclose it only to Officers. Each Officer by signing below agrees to keep the password confidential. CIBC Investor Services may act on verbal instructions in respect of any of the matters listed below whenever a person identifies him or herself as an Officer and gives the appropriate password notwithstanding such other person was merely purporting to be the Officer identified, and the organization indemnifies CIBC Investor Services for any loss liability or expense (including reasonable legal fees as a result of compliance with such instructions).
- ii. Verbal instructions may be accepted for the following transactions:
- iii. instructions with respect to purchases and sales (including short sales) in securities;
- iv. instructions with respect to purchases on margin, upon the credit of the Organization (if applicable);
- v. instructions with respect to purchases and sales of options (if applicable);
- vi. confirmation of trade executions;
- vii. instructions regarding transfers of funds between CIBC Investor Services and Canadian Imperial Bank of Commerce, provided a written Transfer of Funds form has been properly executed and delivered to CIBC Investor Services;
- viii. instructions for the deposit of securities or money to the Account, or instructions for the withdrawal of funds or securities from the Account.

#### b) Other Instructions

- i. The Organization agrees that any one of the Officer(s) has the authority to sign any of the documents listed below or give written instructions for the following transactions and CIBC Investor Services may act on them. Such authority includes:
- ii. the execution and delivery of CIBC Investor Services of the appropriate Transfer of Funds form;
- iii. the execution on behalf of the Organization of releases, powers of attorney and/or other documents in connection with the Account;
- iv. the giving of instructions to settle, compromise, adjust and give releases with respect to any claims, demands or disputes;
- v. receiving requests and demands for payment or securities due, receiving notices of intention to sell or purchase and such other notices and demands as may from time to time become necessary in the operation of the Account;
- vi. the execution and delivery to CIBC Investor Services of the Customer Agreement and all other documentation that may be required, now or in the future in order to open or operate the Account and make such amendments or to sign such other document as may be necessary to give effect; and
- vii. generally the authority to do and take all actions as are deemed by such partner to be necessary or proper in connection with transactions in securities for and on behalf of the Organization.

- c) Notwithstanding the foregoing, CIBC Investor Services reserves the right to require instructions from more than one Officer for any reason in its sole discretion.

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2. Confirmation of Instruction

CIBC Investor Services may request that an Officer provide written instructions signed by that Officer prior to completing a transaction in respect of the Account and CIBC Investor Services will not be liable for any loss that may result from such delay.

Organization Name

\_\_\_\_\_

Per

\_\_\_\_\_

Per

\_\_\_\_\_

II. Resolution

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

Certified copy of a resolution passed by the directors, members, trustees or officers of the Organization authorizing the establishment and maintenance of trading accounts with CIBC Investor Services. On motion duly made, seconded and carried, the following resolution was passed:

Be it resolved that:

1. The Organization establish and maintain the above noted account, and enter into the Customer Agreement and the above Agreement;
2. The Officers of the Organization be given the authority as outlined above;
3. This resolution will remain in force and be binding upon the Organization until a copy, certified by an Officer noted in section III below, of a resolution repealing or replacing this resolution has been received by CIBC Investor Services;
4. All acts and things done and documents executed on behalf of the Organization may be relied upon by CIBC Investor Services and will be valid and binding upon the Organization, whether or not any seal of the Organization has been affixed to any such document.

To be completed by a corporation - Associations, Lodges and other organizations, please see below.

We hereby certify that:

The foregoing is a true copy of a resolution passed by the Board of Directors of the Organization on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ and recorded in the minute book of the proceedings of the said Board of Directors, and that the resolution is now in full force and effect.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

X

\_\_\_\_\_  
Signature of Authorized Corporate Representative

X

\_\_\_\_\_  
Signature of Secretary

To be completed by associations, lodges and other organizations

The undersigned officers of the Organization hereby certify that:

The foregoing is a true and correct copy of a resolution passed by the Organization duly and regularly passed at a meeting of the members, trustees or officers of the Organization; and held on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ in accordance with the constituting documents of the Organization, all as set forth in the Minute Book of the proceedings of the Organization, and that the resolution is now in full force and effect.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

X

\_\_\_\_\_  
Signature of Principal Officer

X

\_\_\_\_\_  
Signature of Secretary

Account No.  
\_\_\_\_\_

CIBC Investor Services Inc., Agreement/Resolution  
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**Director Information - Complete this section for all Directors of the organization.**

Legal Name  
\_\_\_\_\_

Check here if the above-named Director is an Officer or Beneficial Owner, and the following information has already been collected.

Address  
\_\_\_\_\_

City _____	Province/Foreign Info _____	Country _____	Postal Code _____
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**Employment Information**

Type of Business  
\_\_\_\_\_

Occupation  
\_\_\_\_\_

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**Director Information - Complete this section for all Directors of the organization.**

Legal Name  
\_\_\_\_\_

Check here if the above-named Director is an Officer or Beneficial Owner, and the following information has already been collected.

Address  
\_\_\_\_\_

City _____	Province/Foreign Info _____	Country _____	Postal Code _____
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**Employment Information**

Type of Business  
\_\_\_\_\_

Occupation  
\_\_\_\_\_

---

**Director Information - Complete this section for all Directors of the organization.**

Legal Name  
\_\_\_\_\_

Check here if the above-named Director is an Officer or Beneficial Owner, and the following information has already been collected.

Address  
\_\_\_\_\_

City _____	Province/Foreign Info _____	Country _____	Postal Code _____
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**Employment Information**

Type of Business  
\_\_\_\_\_

Occupation  
\_\_\_\_\_

Account No.  
\_\_\_\_\_

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**Officer and Beneficial Owner Information** - Complete this section for all Officers of the Organization with authority on this account as outlined above, and any individual who is the Beneficial Owner of, or exercises direct or indirect control or direction over, more than 10% of the Organization. Please check all boxes that apply.

Officer  Beneficial Owner

Legal Name  
\_\_\_\_\_

Date of Birth (mm/dd/yyyy)  
\_\_\_\_\_

Primary Telephone No.  
\_\_\_\_\_

Address  
\_\_\_\_\_

City Province/Foreign Info Country Postal Code  
\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_

Canadian Citizenship

Yes  No If No, what is your country of citizenship? \_\_\_\_\_

**Common Reporting Standard (CRS) and Foreign Account Tax Compliance Act (FATCA) Tax Residency** - For Beneficial Owners Only

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 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

Are you an insider of a reporting issuer or any other issuer whose securities are publicly traded?  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

If Yes, list below  
\_\_\_\_\_

Account No.

\_\_\_\_\_

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**Primary Financial Institution for Members with Trading Authority and Beneficial Owners - 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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**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](http://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)

X

\_\_\_\_\_

Signature

Account No.  
\_\_\_\_\_

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**Officer and Beneficial Owner Information - Complete this section for all Officers of the Organization with authority on this account as outlined above, and any individual who is the Beneficial Owner of, or exercises direct or indirect control or direction over, more than 10% of the Organization. Please check all boxes that apply.**

Officer  Beneficial Owner

Legal Name  
\_\_\_\_\_

Date of Birth (mm/dd/yyyy)  
\_\_\_\_\_

Primary Telephone No.  
\_\_\_\_\_

Address  
\_\_\_\_\_

City  
\_\_\_\_\_

Province/Foreign Info  
\_\_\_\_\_

Country  
\_\_\_\_\_

Postal Code  
\_\_\_\_\_

Canadian Citizenship

Yes  No If No, what is your country of citizenship? \_\_\_\_\_

**Common Reporting Standard (CRS) and Foreign Account Tax Compliance Act (FATCA) Tax Residency - For Beneficial Owners Only**

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 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

Are you an insider of a reporting issuer or any other issuer whose securities are publicly traded?  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

If Yes, list below  
\_\_\_\_\_

Account No.

\_\_\_\_\_

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Financial Institution

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Bank Transit

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Financial Institution Contact Name

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\_\_\_\_\_

Date (mm/dd/yyyy)

X

\_\_\_\_\_

Signature

Account No.  
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Legal Name  
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Date of Birth (mm/dd/yyyy)  
\_\_\_\_\_

Primary Telephone No.  
\_\_\_\_\_

Address  
\_\_\_\_\_

City Province/Foreign Info Country Postal Code  
\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_

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Yes  No If No, what is your country of citizenship? \_\_\_\_\_

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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 resident or citizen) for tax purposes?  Yes  No

**Employment Information**

Employer's Name  
\_\_\_\_\_

Address  
\_\_\_\_\_

City Province/Foreign Info Country  
\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_

Type of Business  
\_\_\_\_\_

Occupation  
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Bank Account No.

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X

\_\_\_\_\_

Date (mm/dd/yyyy)

\_\_\_\_\_

Signature