

Trading Authority Form

To: CI Investment Services Inc. ("Broker")

I/We ("Applicant") hereby appoint and fully authorize the individual named below as an authorized trader ("Agent") over my/our account(s) ("Account").

Account / / / /

Agent Details

First Name _____

Middle Name _____

Last Name _____

Gender M F
 Citizenship Canadian Other _____

Date of Birth DD MM YYYY

Social Insurance Number (Tax ID for international clients) _____

Relationship with applicant or joint applicant _____

Residential Address

 Street Number Street Name Apartment/Unit/Suite Number

 City Province Postal Code Country

Home Phone Number () _____ Business Phone Number () _____

Cell Phone Number () _____ E-mail Address _____

Employment Status Employed Self-Employed Retired Unemployed

Employer _____

Please note: If you indicated "Employed" or "Self-Employed", "Occupation" and "Employment Address" must be specified.

Occupation (If you indicated "Retired", please provide previous Occupation) _____

Employment Address As Specified Below Same as Residential Address Same as Mailing Address

 Street Number Street Name Apartment/Unit/Suite Number

 City Province Postal Code Country

REGULATORY PROFILE (To be completed by Agent)

1. Are you or is your spouse or any member of your household, an Officer or Director or Insider of a publicly traded company?

No Yes If yes, please provide specifics below. If more parties, please use a separate sheet.

Name of the Person	Relationship to the Authorized Trader	Name of the Company, Exchange Symbol	Position with the Company
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2. Do you or does your spouse or any member of your household, individually or as member of a group, own 10% or more of the outstanding shares of any publicly traded company?

No Yes If yes, please provide specifics below. If more than one person or company, please use a separate sheet.

Name of the Person	Relationship to the Authorized Trader	Name of the Company, Exchange Symbol	Position with the Company
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3. Are you or is your spouse or any member of your household a director, partner, officer, employee or agent of a securities dealer, or of a stock exchange or the Canadian Investment Regulatory Organization?

No Yes If yes, please provide specifics below. If more than one person or company/organization, please use a separate sheet.

Name of the Person	Relationship to the Authorized Trader	Name of the Company/Organization	Position with the Company/Organization
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The Agent is hereby authorized to act as agent for and on behalf of the undersigned to give orders to buy (on margin or otherwise) or to sell (including short sales) any securities or to give any other instructions in connection with the operations of such account referred to above, the whole in accordance with the terms and conditions of any agreements entered into between the Applicant and the Broker in connection with such account. The Broker is authorized and may rely upon such orders and instructions until receipt by the Broker, at its head office in Toronto, ON (c/o Compliance Department) of a written revocation notice. Notwithstanding the foregoing, this authorization does not entitle the Agent to (i) receive or transfer from the account any securities or monies, (ii) execute any agreements for and on behalf of the Applicant, or (iii) open any other accounts with The Broker for and on behalf of the Applicant. The Applicant undertakes to make full and timely settlement and to pay to the Broker any commissions and other charges in respect of each transaction made pursuant to such orders and instructions of the Agent. The Applicant also undertakes to indemnify and hold the Broker harmless from and any losses and damages that may result of any operation made in accordance with such Agent's orders and instructions. In no case the Broker shall be held liable to the Applicant or his/her legal representatives, heirs, successors and assigns, for the execution of any transactions made in accordance with such orders and instructions and the Applicant hereby ratifies any and all such transactions. The Applicant acknowledges and agrees that he/she/it is solely responsible to monitor the actions of his/her/its Agent(s).

Applicant Name	Applicant Signature	Date (DD/MM/YYYY)
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Joint Applicant Name (If applicable)	Joint Applicant Signature	Date (DD/MM/YYYY)
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Agent Section

The Agent hereby accepts his/her appointment as specified above and authorizes the Broker to verify all the information provided here by conducting full identity, credit and financial checks.

Agent Name	Agent Signature	Date (DD/MM/YYYY)
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**CI Financial Corp. Privacy Office
Canadian
Subsequent Collection Form Standard Privacy Notice**

CI Investment Services Inc. ("CIIS", "we", "our", "us") requires personal information to administer and provide services associated with your account ("Account Services"). We use the personal information collected on this form to provide the products and services you have requested, improve our products and services, and fulfill our legal and regulatory obligations. Additional privacy terms apply to use of our online services and certain other services. We are not responsible for Third Party Providers such as your financial advisor and their dealership, who process personal information in accordance with their own terms. We share your personal information with CI Financial company affiliates and their subsidiaries where necessary to administer and service your account. You have the right to request access to or correction of, or withdraw your consent to the processing of, your personal information. For more information, including with respect to our use of service providers outside of Canada or your province of residence, please contact our Privacy Officer or see the CIIS's Privacy Policy at <https://www.cifinancial.com/ci-is/ca/en/privacy.html>.