

TRADING AUTHORIZATION - SUPPLEMENTAL FORM

* Account Holder Information

Account Name:	
Account Number:	

* Required Information. Must be completed by the individual appointed to trade on the account. (*Supporting documents may be required.*)

*Name	* First Name	Middle Initial			
	* Last Name				
*Home Address	* No. and Street				
	P.O. Boxes, General Delivery or c/o addresses are not accepted				
	Apt./Ste. <u>* City</u>				
	* Province * Postal Code				
*Phone Number (Residential / Cell)() /	· ()			
Email address					
*Date Of Birth					
	mm dd yyyy				
*You are completing this form as:	○ Trading Officer	⊖ Trustee			
		\bigcirc Court Appointed Authority			
	\bigcirc General Power of Attorney	⊖ Other			
If you have selected "Trading	a) Your relationship to the Per	oficial Owner(c)/Signing			
Officer", please specify:	 a) Your relationship to the Beneficial Owner(s)/Signing Officer(s) of the Entity: b) Are you charging a fee? Yes No 				
	c) Do you have financial interest in the account? \bigcirc Yes \bigcirc				
	d) Are you registered/licensed to provide financial advic province where the client/account holder resides? \bigcirc Ye				

Employment Information

*Employment Details	* Occupation			
	* Type of Business			
	* Employer/School name			
	* No. and Street			
	P.O. Boxes, General Delivery or c/o addresses are not accepted			
	Apt./Ste. * City			
	Province/State Postal Code/Zip Code			
Business Phone Number	() Extension			
Banking Information (Bank re	ference information is used to verify your identification as required by Anti-			

*Account Details	* Name of Canadian Financial Institution		
	* Transit Number * Account Number		

Spouse's Information (Required by Securities Regulations)

*Are you married or living common law?	 Yes O No If yes, please complete the following: 	
*Spouse's Name	 * First Name * Last Name 	Middle Initial
*Spouse's Employment Details	* Occupation * Type of Business * Employer/School name	

Additional Information

*1 Are you or your spouse/partner a director, senior officer, 10% shareholder or more, or insider of any reporting issuer?

	You:	◯ Yes	O No		
	If yes, please	indicate the na	me of issuer(s):		
	Spouse/Partner:	◯ Yes	O No	Not Applicable	
	If yes, please	indicate the na	me of issuer(s):		
*2 Do you or your spouse/partner, as individuals or in combin any reporting issuer?	nation with others	s, control (directl	y or indirectly) mor	e than 20% of the voting	securities of
	O Yes	O No			
	If yes, please	indicate the na	me of issuer(s):		
*3 Are you a partner, director, officer or employee of a Mem any such individual living in the same household?	ber firm of the Ca	anadian Investme	ent Regulatory Org	anization (CIRO) or are yo	u a relative of
	O Yes	O No			
		e list the nam letter from the		er firm and attach th	e required
*4 Do you hold or have trading authority on any other account	nts with RBC Dire	ct Investing Inc.	?		
	◯ Yes	O No			
	If Yes, please	provide the acc	count number(s)	:	
5 Provide your 16-digit RBC Royal Bank [®] Client Card number	to link it to the R	BC Direct Invest	ng Inc. account.		
If I answered « yes » to either question 1 or 2, I am aware	e of my obligatior	n to report purch	ases or sales and	possible restrictions on tra	ading of these
securities according to applicable securities legislation. We are required to collect and confirm the foregoing persor	al information d	ring the course	of our relationship	to fulfill our legal regula	tony and self-
regulatory obligations in Canada and in some cases, abroad agencies and other financial institutions, as is necessary. Yo obtained by us from credit reporting agencies.	. We may obtain	this information	from a variety of	sources, including from ci	redit reporting
I acknowledge that I have read and understood the "Operal bound by all terms and conditions. <u>I hereby authorize RBC D</u>	irect Investing® (to review the per	sonal information		
my RBC Direct Investing account(s) and client information with	th the foregoing in	nformation, as ne	ecessary.		
For an investment or registered account, I (Trading understand and acknowledge that such an inquiry d authority application, when required.					
	Signatu	ro of Indivi	dual Appaint	ed to Trade on th	
Date (MM/DD/YYYY)	Signatu		αιαι Αμμοιπι		

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