



CONFIRMATION OF ACCOUNT INFORMATION FORM

Form 348.9 07/23

700 - 1111 West Georgia Street
Vancouver, BC, Canada V6E 4T6
604.605.4199 Toll Free 1.877.787.2330

Bring this form to your financial institution to verify your account information.

1. ACCOUNT DETAILS

Primary Account Holder Name (First, Initial, Last) or Corporate/Non-Personal Account Name

Address City Province Postal Code

Joint Account Holder Name (First, Initial, Last)

Address City Province Postal Code

Qtrade Direct Investing Account Number (not applicable for new accounts):

This form is being completed to verify account information for a client who (select all that apply):

- does not have a chequing account
- has provided a counter cheque rather than a personalized cheque.

2. BANKING INFORMATION

Type of Account: Individual Joint Corporate/Non-Personal

Financial Institution Name

Institution Number

Transit Number

Account Number

Corporate/Non-Personal accounts only:

Signing Authority Name (First, Initial, Last)

Title

Signing Authority 2 Name (First, Initial, Last)

Title

3. BRANCH VERIFICATION (to be completed by a Representative from your Financial Institution)

Please verify the above noted account holder name, address and banking information is correct.

Financial Institution Name:

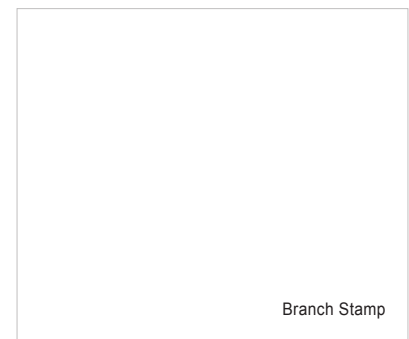
Branch:

Employee Name:

Employee Title:

Telephone Number:

Employee Signature: x



Branch Stamp

4. ACCOUNT HOLDER AUTHORIZATION

I hereby authorize my financial institution to verify the banking information as noted above.

x Primary Account Holder Signature

Date (dd/mm/yyyy)

x Joint Account Holder Signature

Date (dd/mm/yyyy)

5. SUBMISSION INSTRUCTIONS

Attach a Counter cheque here (if applicable)

Please Forward To:

Qtrade Direct Investing Customer Support, 700 - 1111 West Georgia Street, Vancouver BC V6E 4T6
If you require assistance in completing this form, please call Qtrade Direct Investing Customer Support at 1.877.787.2330

ORDER EXECUTION ACCOUNT

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