



Account Holder Name(s): _____
Application Reference #: _____

Complete this form if you wish to authorize another person to have full power and authority over your Account(s) with TD Waterhouse Canada Inc. as listed below.

Please make a separate election for your accounts in each division of TD Waterhouse Canada Inc. to which you want your Power of Attorney to apply.

TD Direct Investing:

This Power of Attorney will apply to all your TD Direct Investing accounts under your 6 digit client ID(s) (your account number without the letter at the end that indicates the type of account) indicated below. You agree that this Power of Attorney will apply to all your current and future accounts under each client ID listed.

Client ID(s)

TD Wealth Financial Planning:

This Power of Attorney will apply to all your TD Wealth Financial Planning accounts under your 6 digit client ID(s) (your account number without the letter at the end that indicates the type of account) indicated below. You agree that this Power of Attorney will apply to all your current and future accounts under each client ID listed.

You acknowledge and agree that your attorney, if accessing your accounts on WebBroker, will have view access to all accounts under the 6 digit client ID(s), listed below.

Client ID(s)

TD Wealth Private Investment Advice:

This Power of Attorney will apply to all your TD Wealth Private Investment Advice accounts under your 6 digit client ID(s) (your account number without the letter at the end that indicates the type of account) indicated below. You agree that this Power of Attorney will apply to all your current and future accounts under each client ID listed.

You acknowledge and agree that your attorney, if accessing your accounts on WebBroker, will have view access to all accounts under the 6 digit client ID(s), listed below.

Client ID(s)

Throughout this agreement, the words "you", "your" and "yours" mean the person making this Power of Attorney, referred to as the donor. The words "we", "us" and "our" mean TD Waterhouse Canada Inc. ("TD Waterhouse").

Appointment of Attorney

You hereby appoint _____
to act as your attorney for your Account(s) with us as listed above.

For divisions other than TD Direct Investing, you may designate more than one attorney but you must state whether you wish them to act together, separately or both together and separately.

Where I have appointed more than one attorney to act for me, I authorize them to act _____ (fill in one of the following: together, separately, or both together and separately).

At such time as this Power of Attorney is signed and properly witnessed, your attorney will have the power and authority to do the following for you through your accounts with us:

- buy, sell and trade stocks, bonds, and any other securities (including margin purchases and short sales*);
- receive and deliver securities and order their reception from and delivery to others either for free or against payment for your account;
- order the redemption of payments from and the making of payments to others including your attorney;
- receive payments from or make payments to others;
- receive transaction statements, and approve and confirm them;
- receive all notices and demands of any kind addressed to or intended for you regarding your account transactions;
- withdraw funds from your account;
- transfer your account;
- sign any agreements with us on your behalf necessary for your transactions;
- act on your behalf in any other matter regarding your accounts with us.

** Not permitted in your SDRSP¹, SDRIF² or RESP³*

You agree to be responsible for any actions taken by your attorney regarding your Account(s). We will not notify you if your attorney performs any of the above actions since they will have the same effect as though you did them. We are not required to send you any statements, notices, or demands concerning such actions. By signing this Power of Attorney, you are approving all of your attorney's actions regarding your accounts with us. However, you acknowledge and agree that we reserve the right to review and reject any of your attorney's transaction requests. You agree to indemnify us completely from and against any action taken by your attorney until such time as we know this appointment has been ended.

Ending this Power of Attorney

Each of you agrees that this Power of Attorney is binding on each of you as well as on your heirs, executors, administrators, successors and assigns. We will continue to deal with your attorney until this Power of Attorney is ended by our having received either your written notice of revocation made in accordance with applicable law or proof of your death. You may provide your notice of revocation to us by delivering it to any office of TD Waterhouse Canada Inc.

This TD Waterhouse form of Power of Attorney does not revoke any previous general or continuing powers of attorney you have given. You specifically authorize multiple powers of attorney.

This Power of Attorney Continues If You Become Legally Incapacitated

You authorize this Power of Attorney to continue to be exercised if you become mentally incompetent or legally incapacitated after the execution of this Power of Attorney.

Signature of Donor: _____ Date: _____

Print the Name of the Donor: _____

Witnesses to the signature of the Donor:

All witnesses must be legally competent adults who understand the language of this form (unless interpretive assistance is provided) excluding the donor, a person signing for the donor, the attorney, or a family member (including a parent, spouse, child or partner) of any of them.

One witness is sufficient in all provinces except **Ontario** and **Quebec** provided that in **Manitoba, Saskatchewan** and **B.C.**, that witness must be a designated professional; and

- (a) In **Saskatchewan**, that witness must complete the required witness certificate (two non-lawyer witnesses are permissible as an alternative to a lawyer witness).
- (b) In **Manitoba**, the witness must always be a designated professional.
- (c) In **B.C.**, two non-designated witnesses are permissible as an alternative to a lawyer or B.C. notary.

In addition to the above restrictions, a witness cannot be the employee or agent of the attorney except in situations set out in applicable law.

Sole witness to signature of Donor (For all provinces **except** Ontario and Quebec and for designated professional witness in Manitoba, Saskatchewan and B.C.)

I (We) have no reason to believe that the person whose name appears above is incapable of giving a continuing Power of Attorney for property.

I (We) have signed this Power of Attorney in the presence of the person whose name appears above and in the presence of each other.

Witness' Signature: _____ Print Full Name: _____

Address: _____ Phone: _____

In B.C., Manitoba and Saskatchewan please include the professional qualification of sole witness:

Where Two (2) Witnesses:

First witness to signature of Donor (For Ontario and Quebec and for non-designated professional witness in Saskatchewan and B.C.)

Witness' Signature: _____ Print Full Name: _____

Address: _____ Phone: _____

Second witness for signature of Donor (For Ontario and Quebec and for non-designated professional witness in Saskatchewan and B.C.)

Witness' Signature: _____ Print Full Name: _____

Address: _____ Phone: _____

Non-Lawyer Witness Certificate (2 witnesses for Saskatchewan Power of Attorney)

I, _____ of _____
Name Street Address City Province Postal Code

and

I, _____ of _____
Name Street Address City Province Postal Code

Certify:

- (a) that I witnessed the signing of the Enduring Power of Attorney of _____
- (b) that I am a adult with capacity and that I am not the attorney named in the above mentioned Enduring Power of Attorney and that I am not a family member of either the grantor or the authority
- (c) that in my opinion the grantor was an adult who could understand the nature and effect of the Enduring Power of Attorney at the time that he or she signed the above-mentioned Enduring Power of Attorney.

Signature of Witness: _____ Date: _____

Signature of Witness: _____ Date: _____

Lawyer Witness Certification

For **Saskatchewan**, witness who is a lawyer must complete this Certificate.

I, _____ of _____
Name Street Address City Province Postal Code

Certify:

- (a) that I am a practicing member in good standing of the Law Society of _____
of _____
Street address City Postal Code
(Jurisdiction of relevant Law Society)
- (b) that I was consulted by _____
of _____
Street address City Postal Code
(Name of grantor)
- (c) that I explained the nature and effect of an Enduring Power of Attorney and reviewed the provisions of the above-mentioned Enduring Power of Attorney with the grantor;
- (d) that I witnessed the signing of the above-mentioned Enduring Power of Attorney by the grantor;
- (e) that in my opinion the grantor was an adult who could understand the nature and effect of an Enduring Power of Attorney at the time that he or she signed the above-mentioned Enduring Power of Attorney.

Signature of Lawyer: _____ Date: _____

Each attorney must sign the Consent

In B.C. each attorney must sign in the presence of the lawyer or Notary who is the witness or the two non-designated witnesses for the Power of Attorney to be valid. The restrictions on witnesses to the signature of the donor in B.C. noted on page 2 also apply to the witnesses to the signature of attorney.

Consent of Your Attorney

I, the attorney named by the donor in this Power of Attorney, confirm that I am qualified to act as the attorney for the donor under applicable law, understand my responsibilities as attorney and accept my appointment as attorney. In BC, the attorney must sign the Power of Attorney in the presence of either one lawyer **or** BC notary only **or** two non-designated witnesses for the Power of Attorney to be valid. The restrictions on witnesses to the signature of the donor in BC noted above also apply to the witnesses to the signature of the attorney.

Signature of Attorney: _____

Witnesses to the signature of the Attorney:

Witness signature: _____

Witness signature: _____

About Your Attorney *(to be completed by the person appointed to act as attorney)*

Home address: _____

Name and address of Attorney's employer: _____

Occupation _____ Type of Business _____

Date of birth _____ Relationship to Account Holder _____

Full Name of Spouse or Partner _____ Occupation _____

Employer* _____ Type of Business _____

* Spousal information is required to determine pro status and as part of the "Know Your Client" regulatory requirements.

Banking information: Bank _____ Branch _____ Account No. _____

Does the attorney have other brokerage accounts or control the trading in any other accounts?

☐ No ☐ Yes - Account Types _____

Is the Attorney a Director, Senior Officer or Insider of any publicly traded company?

☐ No ☐ Yes - Name of Company(ies) _____

Is the Attorney, as an individual or as part of a group, in a control position of a publicly traded company?

☐ No ☐ Yes - Name of Company(ies) _____

Valid Identification/Citizenship Required - For Attorney(s):

(U.S. Persons - W9 form (#515876) and a Waiver of Confidentiality (#591856))

Valid (photo) ID types (one copy required):

- Canadian Drivers Licence (Restriction: QC only if client volunteers it)
- Passport
- Canadian Citizenship Card
- Permanent Resident Card
- Provincial Health Insurance Card (with photo) (Restriction: ON, MB and PEI not allowed by law; QC only if client volunteers it)
- Canadian Provincial Government ID Card (with photo) (AB, BC, NL, NS, SK, PEI only)
- Canadian Forces ID Card
- US Government Nexus Card
- Certificate of Indian Status (with photo)
- IMM1000 Record of Landing (with photo, signature and certified)
- IMM5292 Permanent Residence (with photo, signature and certified)

Has a TD employee dated and certified true a photocopy of the ID of the Attorney(s)? ☐ Yes ☐ No

ACF2 Login ID _____ Name of TD Employee _____ Date ID was Certified (mm/dd/yyyy) _____

Type of Identification _____ Identification Number _____

Place of Issue _____ Date of Issue (mm/dd/yyyy) _____ Expiry Date (mm/dd/yyyy) _____

Consent of Joint Account Holders, if any

I (We) are joint account holders on the following Account(s) and consent to this appointment of the attorney(s) named in this Power of Attorney with respect to these Account(s):

I (We) acknowledge that the actions of the attorney with respect to these Account(s) will be binding on me (us).

Signature of Joint Account Holder: _____ Date: _____

Signature of Joint Account Holder: _____ Date: _____

¹ Registered Retirement Savings Plan (RRSP) - Refers to the TD Waterhouse Self- Directed Retirement Savings Plan

² Registered Retirement Income Fund (RRIF) - Refers to the TD Waterhouse Self- Directed Retirement Income Fund

³ Registered Education Savings Plan (RESP) - Refers to the TD Securities Inc. Self-Directed Education Savings Plan

TD Direct Investing, TD Wealth Financial Planning, and TD Wealth Private Investment Advice are divisions of TD Waterhouse Canada Inc., a subsidiary of The Toronto-Dominion Bank.
TD Waterhouse Canada Inc. - Member of the Canadian Investor Protection Fund.