

PARTNERSHIP RESOLUTION

| Α | SIGNATURES | | | | |
|---|---|--|----------------------------|--|--------------------------------------|
| | BMO InvestorLine | | | | |
| | Account Number: | | | | |
| | To: BMO InvestorLine Inc. | | | | |
| | In consideration of your carrying a partnership account in | the name of: | | | |
| | Name of Partnership | | | | |
| | Address | | | | Suite |
| | (number, street) | | | | No. |
| | City or | | | Post | al |
| | Town | | | Prov. Code | 2 |
| | a duly organized partnership of which each of the under (either one or maximum two persons): | signed is a general partner, the | undersigned jointly and | severally agree that each of the foll | owing named person(s), to wit |
| | Named Person (1) | | | | |
| | Named Person (2) | | | | |
| shall have the authority on behalf of the partnership account to buy, sell and otherwise deal in securities through you as brokers, on margin or otherwise; to receive on bel partnership account demands, notices, confirmations, reports, statements of account, and communications of every kind; to receive on behalf of the partnership money, secu property of every kind, and to dispose of same; to make on behalf of the partnership account agreements relating to any of the foregoing matters and to terminate or modification waive any of the provisions thereof; and generally to deal with you on behalf of the partnership account as fully and completely as if he/they alone were interested in said a without notice to the other or others interested in said account. The authority hereby conferred shall remain in force until written notice of its revocation addressed to you and at your office at: | | | | | |
| | The undersigned hereby certify that the members of said | partnership are as follows: | | | |
| | Partner (1) | | | | |
| | Last | | First | | |
| | Title Name | | Name | | Int. |
| | Home Address (number, street) | | | | Suite No. |
| | City or | | Postal | Date of Birth | 140. |
| | Town | Prov. | Code | (YY/MM/DD) | 1 |
| | | | Type of | | |
| | Occupation | | Business | | |
| | Employer Name | | Job Description | | |
| | % of Financial Interest Email | | · | Date | |
| | in the Club % Address | | | (YY/MM/D | D) |
| | Residency for Tax purposes (Check all that apply) | | | | |
| | ☐ Canada (You must be a resident of Canada to open a BMO InversorLine account) | Social Insurance Number If you are using a SIN starting with | hg a 9 please submit a a p | required by Canada Rockets) Shotocopy of your SIN card showing a va | tevenue Agency) Alid expiry date. |
| | □ U.S. | Tax Identification Number | | (please provide a reason if Tax Identifi | cation Number is missing) |
| | ☐ Other (please specify) | Tax Identification Number | | (please provide a reason if Tax Identifi | cation Number is missing) |
| | ☐ Other (please specify) | Tax Identification Number | | (please provide a reason if Tax Identifi | cation Number is missing) |
| | Reasons for missing Tax Identification Number (TIN): | | | | |
| | \Box 1. I have applied for a TIN but have not yet received o | ne. | | | |
| | \square 2. My jurisdiction of tax residence does not issue TINs | to its residents. | | | |
| | ☐3. Other (please provide details) | | | | |
| | Certification | | | | |
| | I certify that the information given above is correct and con this form to become incomplete or inaccurate. | omplete. I will give BMO Investor | Line a new form within | 30 days of any change in circumstand | ces that causes the information |
| • | Signature | | | | |

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BMO Investoritine Inc. is a wholly owned subsidiary of Bank of Montreal.

adviceDirect is a product of BMO Investortine Inc. adviceDirect does not provide portfolio management by a portfolio manager. The client makes their own investment decisions and manages their own investment portfolio. adviceDirect does not offer discretionary, managed accounts.

Member – Canadian Investor Protection Fund and Member of the Canadian Investment Regulatory Organization.

[&]quot;BMO (M-bar Roundel symbol)" is a registered trademark of Bank of Montreal, used under licence.

| Α | SIGNATURES | | | | | |
|---|--|--|--|---|--|--|
| | Partner (2) | | | | | |
| | | Last | | First | | I |
| | Title I Home Address | Name | | Name | Sui | Int. |
| | (number, street) | | | | No | |
| | City or Town | | Prov. | Postal Code | Date of Birth (YY/MM/DD) | |
| | TOWN | | 1100. | Type of | (11/ MM, 55) | |
| | Occupation | | | Business | | |
| | Employer Name | | | Job Description | | |
| | % of Financial Interest | | | | Date | |
| | in the Club | % Address | | | (YY/MM/DD) | |
| | | poses (Check all that apply) be a resident of Canada to open | Social Insurance Number | | (required by Canada Reven | ue Agency) |
| | a BMO Inve | ersorLine account) | If you are using a SIN starting with | g a 9 please submit a a | photocopy of your SIN card showing a valid ex | piry date. |
| | □ U.S. | | Tax Identification Number | | (please provide a reason if Tax Identification | Number is missing) |
| | Other (please specification) | ,, | Tax Identification Number | | (please provide a reason if Tax Identification | 5, |
| | Other (please specification To | ,, | Tax Identification Number | | (please provide a reason if Tax Identification | Number is missing) |
| | _ | ax Identification Number (TIN): or a TIN but have not yet received o | DΑ | | | |
| | | f tax residence does not issue TINs | | | | |
| | ☐3. Other (please pro | | to its residents. | | | |
| | Certification | , | | | | |
| | | mation given above is correct and cone incomplete or inaccurate. | omplete. I will give BMO InvestorL | ine a new form withi | in 30 days of any change in circumstances th | nat causes the information |
| | Signature | | | | | |
| | Partner (3) | | | | | |
| | . , | | | | | |
| | | Last | | First | | |
| | Title I | Name | | Name | | Int. |
| | Home Address | Name | | | Sui | ite |
| | Home Address (number, street) | Name | | Name | No | ite |
| | Home Address | Name | Prov. | | | ite |
| | Home Address (number, street) City or Town | Name | Prov. | Name Postal Code Type of | No Date of Birth | ite |
| | Home Address (number, street) City or | Name | Prov. | Name Postal Code | No Date of Birth | ite |
| | Home Address (number, street) City or Town Occupation Employer Name | | Prov. | Postal Code Type of Business | No Date of Birth (YY/MM/DD) | ite |
| | Home Address (number, street) City or Town Occupation Employer Name % of Financial Interest in the Club | Email % Address | Prov. | Postal Code Type of Business Job | No Date of Birth | ite |
| | Home Address (number, street) City or Town Occupation Employer Name % of Financial Interest in the Club Residency for Tax pur Canada (You must b | Email % Address Poses (Check all that apply) be a resident of Canada to open | Social Insurance Number | Postal Code Type of Business Job Description | No Date of Birth (YY/MM/DD) Date (YY/MM/DD) (required by Canada Reven | ite ue Agency) |
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| 4 | SIGNATURES | | | |
|---|--|--|--|---|
| | City or | | Postal | Date of Birth |
| | Town | Prov. | Code | (YY/MM/DD) |
| | Occupation | | Type of Business | |
| | Employer | | Job | |
| | Name % of Financial Interest Email | | Description | Date |
| | in the Club % Address | | | (YY/MM/DD) |
| | Residency for Tax purposes (Check all that apply) | | | |
| | ☐ Canada (You must be a resident of Canada to open a BMO InversorLine account) | Social Insurance Number If you are using a SIN starting withg | a 9 please submit a a | (required by Canada Revenue Agency) a photocopy of your SIN card showing a valid expiry date. |
| | ŪU.S. | Tax Identification Number | | (please provide a reason if Tax Identification Number is missing) |
| | ☐ Other (please specify) | Tax Identification Number | | (please provide a reason if Tax Identification Number is missing) |
| | ☐ Other (please specify) | Tax Identification Number | | (please provide a reason if Tax Identification Number is missing) |
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| | Other (please provide details) | | | |
| | Certification Literative that the information given above is correct and co | omolete T will give RMO InvestorLi | ne a new form withi | in 30 days of any change in circumstances that causes the informatio |
| | on this form to become incomplete or inaccurate. | ompiete. I will give omo ilivestorel | ne a new form with | in 50 days of any change in circumstances that causes the information |
| | Signature | | | |
| | papers, retain such portion of or restrict transaction any present or future law or otherwise. It is further members will immediately cause you to be notified | ns in said account as you may r agreed that in the event of tl ed of such fact. If you need mo | deem advisable to he death or retirer re space please at | s of said partnership, to take such proceedings, require such to protect you against any liability, penalty or loss under ment of any member of the said partnership the remaining ttach an additional form. Each of the undersigned further to cover, in addition to the provisions hereof, the terms upon |
| | All members must complete a W-8BEN form. All Additional forms are available by contacting you | | | partnership will be required to complete a W-8IMY form. |
| | Name (please print) | | | |
| | | | Witness | |
| | Signature | | Signature | |
| | Name | | | |
| | (please print) | | | |
| | | | Witness | |
| | Signature | | Signature | |
| | Name | | | |
| | (please print) | | | |
| | Signature | | Witness Signature | |
| | Name | | | |
| | (please print) | | | |
| | | | Witness | |
| | Signature | | Signature | |
| | Name (please print) | | | |
| | | | Witness | |
| | Signature | | Witness Signature | |
| | Namo | | | |
| | Name (please print) | | | |
| | | | Witness | |
| | Signature | | Signature | |
| | | | | |