



TD Direct Investing
Authorization and Indemnity Form
for Journal of Cash/Securities to Third Party

To: TD Direct Investing
(Hereinafter referred to as "you" and "your")

I HEREBY REQUEST that you from time to time, upon receipt of oral or written instructions from me, complete and effect transfers or deliveries of money or securities on my behalf to third parties as directed in the said oral or written instructions. However, I acknowledge and agree that you reserve the right to review and reject any of my transaction requests.

My authorizations, obligations and liabilities hereunder shall continue in full force until terminated by my notice in writing to you and receipt of such notice has been acknowledged in writing by you.

You shall have no liability or responsibility for any loss or damage incurred by me in connection with the said transfer or delivery, including without limitation, any interest loss or damage caused by any delay or any other circumstances for which you are not at fault. *Vous ne serez aucunement responsable de tout dommage ou perte que je pourrais subir relativement à la livraison ou au transfert susmentionnés, y compris, sans restriction, tout dommage ou perte d'intérêt causé par des retards ou autres motifs dont vous n'êtes pas responsable.*

Notwithstanding the foregoing, all your rights and remedies against me are preserved. *Nonobstant ce qui précède, vous conserverez tous vos droits et recours contre moi.*

This Authorization and Indemnity shall ensure to your benefit and the benefit of your successors and assigns and shall be binding upon me and my heirs, executors, administrators and successors. If the designated account is a joint account, I agree that I will be jointly and severally liable with the other account holder to you for all my obligations hereunder and that any one of us can give you the oral or written instructions contemplated herein.

This Authorization and Indemnity shall be governed by and construed in accordance with the laws of the Province in which my designated account is maintained.

DATED this _____ day of _____, _____.
(month) (year)

Designated Account Number#: _____

Customer's Signature

All joint account holders must sign

Please print account name and address in full:

Send form to:
C/o Client Documentation Department
3500 Steeles Avenue East Tower 2, 2nd Floor
Markham, ON L3R 0X1

Signature Guarantee Stamp