



Trading Authorization For Unincorporated Organizations With Privilege To Withdraw Money And/Or Securities

To: B2B Bank Dealer Services ("B2BBDS"). We, the undersigned organization members, and on behalf of all of our organization's participants, do here by jointly and severally authorize B2BBDS to open one or more investment accounts for us under the name

(Name of Association, Charity, Club or Partnership)

1. We appoint _____ and/or** _____ as our agent(s), to enter orders and other instructions for this account, including authorizations for withdrawals and delivery of securities and the appointment or resignation of participants in the account. New participants agree to be bound by this agreement.
2. We acknowledge that we are bound by any actions taken by our agent(s).
3. We agree, jointly and severally, to indemnify B2BBDS against any and all actions liabilities, damages and costs that may arise as a result of B2BBDS relying upon this authorization.
4. This agreement is to the benefit of our respective heirs and assigns and remains in effect as long as the account(s) is/(are) open. We agree to advise B2BBDS in writing of the addition, resignation, incapacity or death of any of our authorized agents or the undersigned.
5. For identification purposes, the following constitutes (a) specimen signature(s) of our authorized agent(s):

Agent Signature and Title

Agent Signature and Title

City Province

City Province

Dated (mm/dd/yyyy)

Dated (mm/dd/yyyy)

** Please indicate whether the account must be operated by either or both agents by striking out the word "and" or the word "or" as applicable. If neither word is struck out, the account(s) may be operated for all purposes by either individual designated, and B2BBDS shall be fully protected in acting thereon.

1. _____ Name and Title of Organization Member (other than authorized agent)	_____ Signature	_____ Dated (mm/dd/yyyy)
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_____ Address of Organization Member	_____ Witness	_____ Dated (mm/dd/yyyy)
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2. _____ Name and Title of Organization Member (other than authorized agent)	_____ Signature	_____ Dated (mm/dd/yyyy)
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_____ Address of Organization Member	_____ Witness	_____ Dated (mm/dd/yyyy)
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3. _____ Name and Title of Organization Member (other than authorized agent)	_____ Signature	_____ Dated (mm/dd/yyyy)
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_____ Address of Organization Member	_____ Witness	_____ Dated (mm/dd/yyyy)
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