



## Scotia First Home Savings Account Application

In this Application, the terms *you* and *your* refer to the account holder and the terms *we*, *our* and *us* refer to The Bank of Nova Scotia Trust Company (*Scotiabank*).

<b>Plan type and number</b>	This Application is for a:	Scotia FHSA Plan Number	Rep Code
	Scotia First Home Savings Account (FHSA)		

<b>Information about you, the account holder</b>	Title, First Name, Middle Initial, Last Name			
	Address			
	City	Province	Postal Code	Country
	Date of Birth (MM/DD/YYYY) (Mandatory)	Language Preference <input type="checkbox"/> English <input type="checkbox"/> French	Home Phone	Business Phone

**Successor Holder or Designation of Beneficiary (Not applicable if the account holder is a resident of Quebec or a non-resident of Canada)**

**Instructions to Designate:**

- For Successor Holder only complete section 1
- For Successor Holder and Beneficiary complete section 1 and 2
- For Beneficiary only please complete section 2

**1) Successor Holder Designation:**

By signing below, you hereby designate in the event of your death your spouse/common-law partner<sup>†</sup> (as applicable) as the successor holder for your FHSA if, on the date of your death, he or she is (i) alive and (ii) your spouse or common-law partner. You acknowledge and understand that any prior successor holder designation will be automatically revoked by this designation.

<sup>†</sup>The terms "spouse" and "common-law partner" each has the meaning recognized in the *Income Tax Act* (Canada).

Name of Spouse/Common-law partner:
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**2) Beneficiary Designation:**

By signing below, you hereby revoke any prior designations of beneficiary with respect to this plan, and hereby designate, if living at the time of your death, the beneficiary(ies) noted below to receive all monies payable under the plan upon your death, subject to the applicable provision of your plan.

Please note: the rights of the beneficiary may be restricted as set forth in the Declaration of Trust and Addendum, if any.

CAUTION: Your designation of a beneficiary by means of a designation form (including this form) will not be revoked or changed automatically by any future marriage or divorce. Should you wish to change or revoke a beneficiary in the event of a future marriage or divorce, you will have to do so by means of a new designation.

Name of Beneficiary	Relationship to you	Share of Benefits %
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Note: The Beneficiary section should only be completed if you have not completed the Successor Holder section above and you want to designate a beneficiary to receive the FHSA proceeds OR you have completed the Successor Holder section above and you also want to designate another person to receive the FHSA proceeds in the event that your Successor Holder (designated above) predeceases you or is not your spouse on the date of your death.

You understand and agree that:

- (i) this form must be properly completed and received by an authorized representative of Scotiabank to be effective against Scotiabank; and
- (ii) no legal opinion or representation is made by Scotia Capital Inc. or its subsidiaries or affiliates regarding the validity and enforceability of this successor holder or beneficiary designation/revocation.

In consideration of the FHSA records maintained by Scotia Capital Inc. on behalf of Scotiabank being updated to reflect this successor holder or beneficiary designation/revocation, you agree to indemnify and hold harmless Scotia Capital Inc., Scotiabank and their respective subsidiaries and affiliates from and against all claims, actions, losses, expenses, damages or liabilities which any of them may suffer or incur by reason of, or in connection with, this successor holder or beneficiary designation/revocation.

**What you agree to when you sign this application**

Your signature below confirms that the information on this Application is accurate and complete. It also confirms that:

- you request us to act as trustee of this plan, as outlined in the Declaration of Trust and Addendum, if any, and agree to be bound by the terms described therein.
- you request us to file an election with the Minister of National Revenue to register the qualifying arrangement as a First Home Saving Account (FHSA) under section 146.6 of the *Income Tax Act* (Canada)
- you have received the fee schedule and agree to be bound by its terms.

Account Holder Signature	Date (MM/DD/YYYY)

**Acceptance of this application**

**This Application has been accepted on behalf of Scotiabank (the issuer, located at 44 King Street West, Toronto, Ontario M5H 1H1) by the representative noted here:**

<b>Authorized Representative</b> (Please Print)	<b>Phone</b>	<b>Signature of Representative</b>