



Scotia Self-Directed Plan No.	Rep Code
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Scotia Self-Directed Registered Plan Application

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

Plan type and number This application is for a Scotia Self-Directed:

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|---|--|---|---|
| <input type="checkbox"/> Retirement Savings Plan (RSP) | <input type="checkbox"/> Retirement Income Fund (RIF) | <input type="checkbox"/> Saskatchewan Prescribed RRIF (PRRIF) | <input type="checkbox"/> Federal Restricted Life Income Fund (RLIF) |
| <input type="checkbox"/> Locked-in Retirement Savings Plan (LRSP) | <input type="checkbox"/> Life Income Fund (LIF) | <input type="checkbox"/> Manitoba Prescribed RRIF (PRRIF) | <input type="checkbox"/> Federal Restricted Locked-in Savings Plan (RLSP) |
| <input type="checkbox"/> Locked-in Retirement Account (LIRA) | <input type="checkbox"/> Locked-in Retirement Income Fund (LRIF) | | |

Information about you, the customer

Title	First Name, Middle Initial	Last Name		Date of Birth (MM/DD/YYYY)
Home address (number, street, apartment, rural route) (P.O. boxes are not acceptable)		City	Province	Postal Code
Home Phone	Business Phone	Ext.	Language Preference <input type="checkbox"/> English <input type="checkbox"/> French	Social Insurance Number (Mandatory)

Information about spousal or common-law partner contributor (if applicable)

Title, First Name, Middle Initial, Last Name of Spouse/Common-law Partner [†]	Social Insurance Number (Mandatory)
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Election of spouse or common-law partner as successor annuitant[†] (RIF plans only) (not applicable if you are a resident of Quebec or a non-resident of Canada)

In the event of your death, you elect that payments under your RIF continue to your spouse or common-law partner as successor annuitant, if he or she is alive and your spouse or common-law partner on the date of your death.

- Yes (Complete spousal information above) No

Your locked-in plan information

- Your Marital Status: Married / Common Law Other
- Spousal Waiver: Yes No Consent of Spouse/Cohabiting Partner^{††}: Yes No
- Pension plan proceeds calculated based on gender Yes No

This plan is governed by the laws of
Age at which your pension plan allows you to receive a pension

Consent of your spouse or cohabiting partner^{††} (for Ontario and Newfoundland & Labrador LIF and LRIF plans and Nova Scotia LIF plans only)

By signing here, your spouse or cohabiting partner confirms his or her consent to transfer proceeds from a pension plan, LIRA or LRSP to this Scotia Self-Directed LIF or LRIF.

Name of Spouse/Cohabiting Partner (please print)	Signature	Name of Witness (please print)	Signature	Date (MM/DD/YYYY)
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Your instructions for RIF/LIF/LRIF payments

Payment Option: Minimum Amount Maximum Amount Other Amount \$ _____

Payment Frequency: Monthly Quarterly Semi-annually Annually

Date of First Payment: _____ Mid-Month Month-end
(MM/DD/YYYY)

You elect to have any payments from this plan made to you by: (select one)

- Direct deposit to account

Institution No.	Transit No.	Account No.
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(PLEASE ATTACH VOID CHEQUE)

OR Cheque sent to the address set out above.

You elect to use the age of your spouse or common-law partner[†] to determine the minimum payment amount under this plan and certify that the date of birth of your spouse or common-law partner is:

Name of Spouse/Common-law Partner	Date (MM/DD/YYYY)
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[†] The terms "spouse" and "common-law partner" each have the meaning recognized in the *Income Tax Act* (Canada).

^{††} The terms "spouse" and "cohabiting partner" each have the meaning recognized in the applicable pension legislation. In Ontario and Nova Scotia, there is no definition for the term "cohabiting partner". Instead, the terms "same-sex partner" and "common-law partner" are respectively used and, therefore, reference should be made to the definition of those terms when determining whether consent is required.

Your beneficiary information (not applicable if you are a resident of Quebec or a non-resident of Canada)

You name the following beneficiary to receive the proceeds of this plan after your death. In doing so, you revoke all previous designations of beneficiary you have named for this 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 will not be revoked or changed automatically by any future marriage or divorce. Should you wish to change your 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
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If I am domiciled in Canada at the time of my death, this designation will be governed under the laws of the province or territory where I was domiciled at the time of my death. If I am not domiciled in Canada at the time of my death, the laws of the province or territory in Canada where I was domiciled at the time of execution of this form will apply.

A beneficiary designation made by a person acting under a power of attorney may not be valid under applicable provincial law and may not be given effect. If you would like to list a successor holder/annuitant or multiple individuals as your beneficiary, please use Form CA42 or CA124 as applicable.

Acceptance of this application

This Application has been accepted on behalf of Scotiabank by the representative noted here:

Authorized Representative	Phone	Signature of Representative
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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 apply for this plan to be registered, as applicable, as an RRSP under section 146 of the **Income Tax Act** (Canada) or as a RRIF under section 146.3 of the **Income Tax Act** (Canada).

- you have received the fee schedule and agree to be bound by its terms.
- if this is a spousal or common-law partner plan, you acknowledge and understand that the plan cannot be altered from a spousal or common-law partner plan.

Customer Signature X	Date (MM/DD/YYYY)
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