

NAME CHANGE REQUEST

From:

Old Name (PRINT)	Old Signature
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To:

New Name (PRINT)	New Signature
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***** Please sign even if your signature has not changed *****

Reason for Name change: *(supporting documentation attached)*

- Marital Status** - requires copy of marriage certificate or divorce decree, valid Identity Document with New name and completed *Personal and Regulatory Information Update form (attached)
- Legal Name Change** - requires copy of official name change certificate
- Correcting spelling mistake** - requires copy of Valid Identity document

List of Accounts

Account Number	Account Number
Account Number	Account Number
Account Number	Account Number
Account Number	Account Number

Please select which box applies to your situation

- There has been no other change in my personal information or financial information.
- I have completed the "Personal and Regulatory Information Update Form"

New Signature	Date
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Account Number	Account Name
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Personal & Regulatory Information

Indicate your relationship to the account:

- Primary owner Power Of Attorney / Corporate Trading Authority
 Joint owner Executor Other: _____

INFORMATION ABOUT YOU

Scotiocard Number (Required for online access)

Mother's Maiden Surname (Required for online access)

If you do not have a Scotiocard, but access, please check box to have one issued.

Send Scotiocard: Yes No

Title	First Name	Initial	Last Name
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Date of Birth (mm/dd/yyyy)	Country of Citizenship
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Social Insurance Number	SSN / TIN*
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Are you a tax resident or a citizen of the United States? No Yes

If yes, you must provide your SSN/TIN and also complete a **W-9 Request for Taxpayer Identification Number and Certification** form.

Are you (*individual or entity*) a tax resident of a jurisdiction other than Canada or the U.S.? No Yes If yes, list up to three jurisdictions and the Tax Identification Number (TIN).

If you do not have a TIN for one of the below noted jurisdictions, please indicate one of the following reason codes:

Reason Code 1: I will apply or have applied for a TIN, but have not yet received it (TIN is required within a year)

Reason Code 2: My jurisdiction of tax residence does not issue TINs to its residents

Reason Code 3: Other - Specify (TIN is required within a year)

- _____ TIN _____ Reason Code ____ Other - specify _____
- _____ TIN _____ Reason Code ____ Other - specify _____
- _____ TIN _____ Reason Code ____ Other - specify _____

If the jurisdiction(s) of tax residency you listed above is one of the following countries please answer the 4 questions below.

Antigua and Barbuda, Bahamas, Bahrain, Barbados, Cyprus, Dominica, Grenada, Malta, Panama, Qatar, Saint Kitts and Nevis, Saint Lucia, Seychelles, Turks and Caicos Islands, United Arab Emirates and Vanuatu.

1. Have you obtained residency rights under a Citizenship by Investment (CBI) or Residence by Investment (RBI) offering for this country?

No Yes. What Country? _____

2. Do you hold residence rights in any other jurisdiction?

No Yes. What Country? _____

3. Have you spent more than 90 days in any jurisdiction during the previous year?

No Yes. What Country? _____

4. In which jurisdictions have you filed personal income tax returns during the previous year?

I have not filed personal taxes in another jurisdiction.

I have filed in. Name of Country _____

If you have answered "Yes" in this section, please verify that all the required countries and TINs have been provided.

RESIDENTIAL ADDRESS

Street Address / Legal Address (Address cannot be a post office box)	Apt/Suite No.
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Additional Address Information

City	Province	Postal Code
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Home Phone Number	Business Phone Number	Ext.
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Cell Phone Number	Primary Email Address <input type="checkbox"/> Home <input type="checkbox"/> Business
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Which number would you prefer we use to contact you during market hours? Home Business Cell

Account Number

Account Name

Personal & Regulatory Information

EMPLOYMENT INFORMATION

Employment Status

Employed Retired* Student Self-Employed Homemaker Not Working Other

* If Retired, we require previous employment information

Employer

Industry

Position / Occupation

Years with this Employer

Employer's Address

City

Province

Postal Code

Are you employed by the Scotiabank Group? Yes No

If yes, specify: _____

Are you an Insider of Scotiabank or have you been advised that you are a Designated Person by Scotiabank's Compliance Department? Yes No

Are you or members of your household employed by an IIROC (Investment Industry Regulatory Organization of Canada) Member firm (Pro)? Yes No

Note: Certain conditions may apply to accounts for employees of firms in the securities industry and accounts over which such persons have trading authority.

Annual Income

Under \$25,000 \$25,000 to \$50,999 \$51,000 to \$74,999 \$75,000 to \$99,999 \$100,000 to \$149,999
 \$150,000 to \$200,000 Over \$200,000, Specify _____

Net Worth

Net Liquid Assets _____ A (Cash/securities less current liabilities)

Fixed Assets _____ B (Fixed assets less loans against fixed assets)

Total Net Worth _____ (A + B)

Intended Use/Purpose of Account

Select one of the following to indicate Intended Use / Purpose of the Account:

Short Term Investment Savings (Registered and Non-Registered)
 Long Term Investment Retirement Planning, Estate / Tax Planning
 Income Generation Leverage, Hedging, Capital Preservation, Trusts, Protection of Assets
 Custody of Securities Other (Detailed description is mandatory): _____

Have you Owned or Traded?

Select your level of knowledge.

Mutual Funds Low Moderate High
 Fixed Income (Other Than CSBs) Low Moderate High
 Stocks Low Moderate High
 Margin Low Moderate High
 Options Low Moderate High
 Short Sales Low Moderate High
 Overall Investment Experience Low Moderate High

Account Number	Account Name
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Personal & Regulatory Information

INFORMATION REQUIRED BY SECURITIES REGULATORS AND COMPLIANCE

Are you or your spouse considered to be an Insider (as defined in a Provincial Securities Act) of any public companies?

Yes No If yes, what is the name of the company(ies)? _____

Are you, or your spouse, singularly, or as part of a group, in a Control Position (as defined in a Provincial Securities Act) of any public companies?

Yes No If yes, what is the name of the company(ies)? _____

Are you, or your spouse an employee, Director, Partner or Officer of a member of any Stock Exchange, IIROC Member firm or of a Stock Exchange itself?

Yes No If yes, what is the name of the company(ies)? _____

Do you own, or have trading authority or an interest in another Scotia iTRADE Account?

Yes No If yes, what is the account number(s)? _____

Do you own, or have trading authority over any other accounts with another securities firm?

Yes No If yes, what is the Name Of The Securities Firm(s)? _____

Are you in a control position in a Marijuana related business?

Yes No

Do you or any members of your family or any close associates, currently hold or have held one of the following offices or positions? If yes, choose the office or position below:

No Yes If yes, choose the office or position below:

- | | |
|--|---|
| <input type="checkbox"/> Head of Institute | <input type="checkbox"/> Mayor of a Canadian Municipality |
| <input type="checkbox"/> Member of a ruling family | <input type="checkbox"/> Head of a government agency |
| <input type="checkbox"/> Member of an executive council of government | <input type="checkbox"/> President of a state-owned company or bank |
| <input type="checkbox"/> Deputy Minister (or equivalent) | <input type="checkbox"/> Head of an international organization established by the governments of states |
| <input type="checkbox"/> Military rank of general or equivalent (or higher rank) | <input type="checkbox"/> Leader or president of a political party in a legislature |
| <input type="checkbox"/> Judge of a supreme court | <input type="checkbox"/> Head of a charity |
| <input type="checkbox"/> Ambassador | <input type="checkbox"/> Head of State |
| <input type="checkbox"/> Counselor of an ambassador | <input type="checkbox"/> Head of Government |
| <input type="checkbox"/> Judge of an appellate court or local equivalent | <input type="checkbox"/> Attaché |
| <input type="checkbox"/> Member of a legislature | |

TITLE	FIRST NAME	MIDDLE INITIAL	LAST NAME
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RELATION TO YOU

- SELF CHILD CLOSE ASSOCIATE PARENT(S) SIBLING(S) SPOUSE OR COMMON LAW PARTNER
 SPOUSE OR COMMON LAW PARTNER'S PARENT(S)

DATE(S) OF POSITION HELD (FROM MM-DD-YYYY TO MM-DD-YYYY)

COUNTRY WHERE POSITION HELD

DESCRIPTION OF OFFICIAL DUTIES

Account Number

Account Name

Personal & Regulatory Information

MARITAL STATUS

Single Married Common Law Divorced Legally Separated Widowed

INFORMATION ABOUT YOUR SPOUSE

Title	First Name	Initial	Last Name
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EMPLOYMENT STATUS OF YOUR SPOUSE

Employed Retired Student Self-Employed Homemaker Not Working Other

Employer

Industry

Position / Occupation

IDENTIFICATION REQUIREMENTS

Type of Identification Document (select one)

Driver's licence Prov. Health Insurance Card (Except ON, MB, NS, PEI) Canadian Citizenship Card
 Age of Majority Card Passport

Identification Document Number

Please include photo identification and a completed Identity Verification (SiT200) form when submitting this form to Scotia iTRADE.

TRUSTED CONTACT

Do you wish to appoint a Trusted Contact Person?

If yes, please complete below.

Please note: This appointment authorizes Scotia iTRADE to contact this individual to assist us in protecting your financial interests and assets in the following circumstances:

- If we notice signs of financial exploitation or if you exhibit signs of diminished mental capacity which we believe may affect your ability to make financial decisions relating to your account(s);
- To confirm your contact information if we are unsuccessful in contacting you after repeated attempts, particularly if our failure to contact you is unusual; or
- To confirm the name and contact information of a legal guardian, executor, trustee or any other personal or legal representative such as an attorney under a power of attorney.

This appointment of a Trusted Contact Person can be revoked at any time by contacting Scotia iTRADE.

Trusted Contact Person – Provide information about the Trusted Contact

Title	First Name, Middle Initial	Last Name
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Home address

City

Province

Postal Code

Country

Nature of relationship

Phone number

Email

Client Signature

Date