



Account Number	Advisor Code
----------------	--------------

Account Name

Bank of Nova Scotia group RRSP Contribution Agreement Instructions

Group Retirement Savings Plan or Deferred Profit Sharing Plan (DPSP)

The Bank of Nova Scotia Trust Company Trustee

New Change Cancel

To: Scotia Capital Inc. ("Scotia Capital")

Registered Owner (Annuitant)

Employer/Association Name	Type of Account	
Name	Social Insurance Number	
Address		
City	Province	Postal Code

Spousal Contributor* (If Applicable)

Name	Social Insurance Number
------	-------------------------

*For Spousal Plans Only

Note: For payroll deductions to a Spousal Plan, the employee must be the Contributor.

Is payroll deduction/PAC to be a spousal contribution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide % of contribution that is to be spousal	<input type="text"/> %
Is spousal contribution to be applied to an existing Spousal Group RSP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Spousal Group account number	<input type="text"/>

Signature

The Client has expressly requested that all documents and notices relating to this form be in the English language; le client a expressément exigé que cette convention et tout autre contrat, document ou avis afférent soient en langue anglaise.

Signature	Date
-----------	------