

Account Number

## Legal Entity Information Update

### LEGAL ENTITY NAME

Legal Entity Name \_\_\_\_\_

Doing Business as (Name that the Legal Entity operates under) \_\_\_\_\_

### LEGAL ENTITY TYPE

**Company/Corporation** (Select one of the following)

- Corporation Is the Corporation an  Active Entity or a  Passive Entity  
 Insurance Company  Trust Company  Central Credit Union & Regional  Caisse Populaire  
 Cdn Chartered Banks & QSB  Pension Funds  Foreign Bank

**Partnership**

- Is the Partnership a Limited Partnership?  Yes  No  
 Is the Partnership an  Active Entity or a  Passive Entity

**Company/Corporation (Acceptable Institution/Acceptable Counterparty)** (Select one of the following)

- Bank  Corporation  Crown Corporation  Trust Company  Insurance  Pension Fund  
 Credit or Caisse Populaire  Other \_\_\_\_\_

Acceptable Institution/Acceptable Counterparty name as it appears on <https://aiac.iiroc.ca/>: \_\_\_\_\_

**Personal Holding Company or Non-Operating Private Company**

- Is the Company an  Active Entity or a  Passive Entity

**Investment Counsellor (DAP)**  **Collective Investment Vehicle**

Is the Legal Entity considered a Qualified Intermediary (QI)?  Yes  No

If Yes, indicate withholding type:  Full withholding or  Non-withholding

If you have been issued a Global Intermediary Identification Number (GIIN) enter here: \_\_\_\_\_ • \_\_\_\_\_ • \_\_\_\_\_ • \_\_\_\_\_

(Must be 19 characters in length) If you have applied for a GIIN and it has not yet been issued, leave blank.

**Investment Club**  **Public Trustee**  **Government or International Organization**

**Sole Proprietorship**  **Committee**

**Written Trust**

Grantor Trust

Is the grantor alive and a tax resident or citizen of the U.S.?  Yes  No SSN/TIN \_\_\_\_\_

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

Simple Trust  Complex Trust  Retirement Compensation Arrangement  U.S. Trust

Is the Written Trust an  Active Entity or a  Passive Entity (Where the Written Trust is a U.S. Trust do not classify as an Active or Passive Entity)

**Estate**

Was the deceased a tax resident or citizen of the U.S.?  Yes  No

Was the deceased 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)

1. \_\_\_\_\_ TIN \_\_\_\_\_ Reason Code \_\_\_\_ Other - specify \_\_\_\_\_

2. \_\_\_\_\_ TIN \_\_\_\_\_ Reason Code \_\_\_\_ Other - specify \_\_\_\_\_

3. \_\_\_\_\_ TIN \_\_\_\_\_ Reason Code \_\_\_\_ Other - specify \_\_\_\_\_

**Municipality**

Population under 50,000  Population over 50,000

Embassy, mission, consulate and/or other official diplomatic body. If yes, please indicate home country: \_\_\_\_\_

**Condominium Corporation**

Population under 50,000  Population over 50,000

Embassy, mission, consulate and/or other official diplomatic body. If yes, please indicate home country: \_\_\_\_\_

#### DEFINITION OF ACTIVE AND PASSIVE ENTITY

##### Active Entity

The entity is Non-U.S. and is not a financial institution;

Entities for which less than 50% of the gross income for the preceding calendar year was passive income **and** less than 50% of the assets held by the entity during the preceding calendar year were assets that produced passive income;

Corporations with shares that regularly trade on an established securities market;

Government or international organizations or agencies thereof and registered charities.

##### Passive Entity

A passive entity is any entity that is **neither** a financial institution **nor** an active entity.

Passive income is generally understood to include income from the mere holding of property, such as interest, dividends, rents and royalties.



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**Non-profit organizations**

Private Foundation

Indicate Tax Identification Number: \_\_\_\_\_

Is the foundation taxable at 4% on U.S. income  Yes  No

School Board

Public  Private

Hospital

Public  Private

Religious Organization

Registered Charity; and

Non-Profit Organization/Association/Other

Is the non-profit organization tax exempt?  Yes  No

If Yes, indicate the charity's or non-profit organization's registration number with CRA: \_\_\_\_\_

If No, also complete a W8BEN-E Certificate of Beneficial Owner for United States Tax Withholding and Reporting (Entities) form

Does the non-profit organization solicit or accept charitable financial donations from the public?  Yes  No

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**Legal entity address**

Physical Address (Cannot contain PO Box) \_\_\_\_\_ C/O \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_

Phone number \_\_\_\_\_ Email address \_\_\_\_\_

Mailing address if different from above \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_

**Does the legal entity operate or exercise control over any of the following types of business?** Check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Casino, betting or other gaming related business   | <input type="checkbox"/> Marijuana related businesses, which include those that are involved in the cultivation, processing / preparation, and sales / distribution of marijuana |
| <input type="checkbox"/> White-label ATM operator   | <input type="checkbox"/> Money services business   |
| <input type="checkbox"/> Licensed firearms retailer, in the business of sales of firearms, ammunition and related accessories | <input type="checkbox"/> Offshore bank   |
| <input type="checkbox"/> Travel agency  | <input type="checkbox"/> Third party non-bank financial institution  |
| <input type="checkbox"/> Virtual importer / exporter  | <input type="checkbox"/> Third party correspondent bank  |
| <input type="checkbox"/> Dealer in jewellery / gems / precious metals   | <input type="checkbox"/> Cash-intensive businesses   |
| <input type="checkbox"/> Shipping company - Defined as non-land based transnational commercial freight carriers               |  |



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In which jurisdiction was the legal entity incorporated/established? \_\_\_\_\_

In which countries is the legal entity doing business?

- Clients
  - 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_
  - 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_
- Suppliers
  - 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_
  - 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_
- Operations
  - 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_
  - 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

Principal business or industry

Corporate Registration Number

Business Number (BN) or Trust Number (TN) on Tax Return

Is the legal entity a tax resident of the U.S.?  No  Yes

Is the legal 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). Also complete a W-9 Request for Taxpayer Identification Number and Certification form.

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:** Jurisdiction of tax residence does not issue TINs to its residents

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

- 1. \_\_\_\_\_ TIN \_\_\_\_\_ Reason Code \_\_\_ Other - specify \_\_\_\_\_
- 2. \_\_\_\_\_ TIN \_\_\_\_\_ Reason Code \_\_\_ Other - specify \_\_\_\_\_
- 3. \_\_\_\_\_ TIN \_\_\_\_\_ Reason Code \_\_\_ Other - specify \_\_\_\_\_

**FINANCIAL INFORMATION**

Gross Annual Income/Revenue from All Sources

\$

Estimated Net Worth of Entity

- Net Liquid Assets \_\_\_\_\_ A (Cash and securities minus current liabilities)
- Net Fixed Assets \_\_\_\_\_ B (Fixed assets minus loans outstanding against fixed assets)
- Total Net Worth \_\_\_\_\_ (A + B)

**U.S ENTITIES AND EACH PARTNER, TRUSTEE OR CLUB MEMBER WHO IS A U.S. PERSON**

- Is the entity incorporated or organized in the U.S.A.?  Yes  No
- Are any of the partners in the partnership a U.S. Person?  Yes  No
- Is the trustee for the estate or written trust a U.S. Person?  Yes  No
- Is the club member for the investment club a U.S. Person?  Yes  No

**DEFINITION OF U.S PERSON**  
 U.S Persons include: U.S citizens (including persons with dual citizenship), U.S resident aliens, persons born in the U.S., U.S lawful permanent residents (eg. Green Card holders), legal entities incorporated or organized in the U.S.A or persons who meet the Substantial Presence Test for U.S. Residency.

If yes selected for any of the above questions, also complete a W-9 Request for Taxpayer Identification Number and Certification form.

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## INFORMATION REQUIRED BY SECURITIES REGULATORS

Is the legal entity 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)? \_\_\_\_\_

Is the legal entity 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)? \_\_\_\_\_

Does anyone else other than the legal entity and its owners have a financial interest in this account? \_\_\_\_\_

Yes  No

If Yes, enter the name(s) here \_\_\_\_\_

Does this legal entity have any other accounts with Scotia iTRADE? \_\_\_\_\_

Yes  No

If Yes, what is the account number(s)? \_\_\_\_\_

Does the legal entity own any accounts with another securities firm? \_\_\_\_\_

Yes  No

If Yes, what is the name of the securities firm? \_\_\_\_\_

**Does the legal entity have an association or connection with a Politically Exposed Person ("PEP") defined as any entity that has been formed by a PEP, or for the benefit of a PEP, or controlled by a PEP or is beneficially owned by a defined PEP?**

Yes  No

If yes, please provide the following:

PEP Name (Title/First/Middle/Last Name) \_\_\_\_\_

Nature of the PEP's position or office	Relationship to client
--	------------------------

Description of the PEP's official duties \_\_\_\_\_

Dates (span of years) position held	Country where position is/was held
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**Has there been a change to the ownership control or structure of the legal entity, or a change to the name or address of the existing individuals who own or control the legal entity?**

Yes  No If yes, please provide supporting ownership documentation and complete the applicable Declaration of Beneficial Ownership In a Legal Entity form SIT 100A or SIT 100T)

## CARE AND MANAGEMENT OF YOUR ACCOUNT

Scotiabank recognizes the importance of your information and never takes for granted the trust that you have placed in us in order to protect that information. Scotiabank works hard to treat your information in a secure and respectful manner.

To serve you better and/or provide you with personalized wealth management advice tailored to your needs and goals, we<sup>[1]</sup> would like your consent to share your information with select professionals within any current or newly acquired members of the Scotiabank group of companies<sup>[2]</sup>.

**Why we share your information:** We collect, use and share your information to better understand your needs and goals, offer products and services to help meet those needs and goals, and set up or manage products and services that you select.

**What information we share about you:** We may share any information we have collected about you and your authorized representatives, including your type of business, number of employees, tax filing information and contact details for your authorized representatives.

**Your choices and rights:** Your consent to share is not a condition of receiving any Scotiabank products or services. At any time, you may tell us to stop sharing your information for purposes that are not directly related to the ongoing provision of existing products or services and we will then only share your name and any limited information necessary to communicate your sharing preferences.

**Your consent to share:** Your choice below will replace any previous consents to share information that you may have provided to us.

I consent to share information.     I do not consent to share information.

<sup>[1]</sup> "We" or "us" refers to The Bank of Nova Scotia Trust Company (Scotiabank®); Private Investment Counsel, a service of 1832 Asset Management L.P.; ScotiaMcLeod®, a division of Scotia Capital Inc.; and Scotia iTRADE®, a division of Scotia Capital Inc.

<sup>[2]</sup> The Scotiabank group of companies includes The Bank of Nova Scotia (Scotiabank®); Tangerine Bank, The Bank of Nova Scotia Trust Company (Scotiabank®); Private Investment Counsel, a service of 1832 Asset Management L.P.; ScotiaMcLeod®, a division of Scotia Capital Inc.; Scotia iTRADE®, a division of Scotia Capital Inc.; Jarislowsky, Fraser Limited; and the MD Group of Companies (including MD Financial Management Inc., MD Management Limited and MD Private Trust Company).

## INTENDED USE FOR THIS ACCOUNT

What is the intended use for this account?

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

## SCOTIA eDOCUMENTS ENROLMENT

You may elect to receive your statements, annual trading summaries, trade confirmations and regulatory materials (prospectuses) via Scotia iTRADE's website instead of a printed version by enrolling in Scotia eDocuments. To enrol in this service, select the option below. If this is your first time using Scotia eDocuments, you will be required to sign the Terms for Electronic Document Delivery through Scotia iTRADE's website.

**Would you like to enrol in Scotia eDocuments?**     Yes     No

**Select the documents you would like to receive electronically.**

- Statements     Trade Confirmations & Mutual Fund Prospectuses

## SHAREHOLDER COMMUNICATION INSTRUCTIONS

### Part 1 – Disclosure of Beneficial Ownership Information

- I DO NOT OBJECT to the disclosure of my name, address, electronic mail address, securities holdings and preferred language of communication (English or French) (my account information) to issuers of securities held with you and to other persons or companies in accordance with securities law.
- I OBJECT to the disclosure of my account information as noted above. I understand that by objecting to this disclosure, certain materials may still be required by law to be sent to me, and that I may have to pay the mailing and handling costs of having these materials provided to me.

### Part 2 – Receiving Securityholder Materials

- I want to receive ALL securityholder materials sent to beneficial owners of securities.
- I decline to receive ALL securityholder materials sent to beneficial owners of securities. (Even if I decline to receive these types of materials, I understand that a reporting issuer or other person or company is entitled to send these materials to me at its expense.)
- I want to receive ONLY proxy-related materials that are sent in connection with a special meeting.
- Important Note:** These instructions do not apply to any specific request you give or may have given to a reporting issuer concerning the sending of interim financial statements of the reporting issuer. In addition, in some circumstances, the instructions you give in this client response form will not apply to annual reports or financial statements of an investment fund that are not part of proxy-related materials. An investment fund is also entitled to obtain specific instructions from you on whether you wish to receive its annual report or financial statements, and where you provide specific instructions, the instructions in this form with respect to financial statements will not apply.

### Part 3 – Preferred Language of Communication

English/French My preferred language of communication is:  English  French

I understand that the materials I receive will be in my preferred language of communication if the materials are available in that language.

## OTHER INTEREST IN THIS ACCOUNT

Will this account be used to conduct business on behalf of someone other than the name legal entity?  Yes  No

NAME OF AUTHORIZED PERSON (PLEASE PRINT)

POSITION WITH ORGANIZATION (CEO, PRESIDENT, TRUSTEE etc)

SIGNATURE OF AUTHORIZED PERSON

DATE