

# Account application

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Corporations  
Partnerships  
Associations  
Sole proprietorships  
Investment clubs



Information regarding how we protect and manage your personal information is set out in Privacy and Consent to Share within our Organization sections below.

**ACCOUNT APPLICATION PROCESS**

**1. Complete the application as follows:**

- Information about the organization and type of account (pages 3 to 8)
- Information about individuals with trading authority or who will guarantee the account (pages 9 to 11)
- Sign the customer agreement (page 13)

**2. Attach additional documents as required**

**FOR A TRADING AUTHORITY:**

Trading Authorization Form #8206317

**FOR A CORPORATION/PERSONAL HOLDING COMPANY**

- A copy of the Articles of Incorporation
- Annual filing of Certificate of Corporate Status
- Guarantee Form #8209111  
(included on page 14 in this application)  
A personal guarantee is required for a Corporation.
- Certificate of Notary Public (Alberta only) #8209219
- Declaration of Beneficial Ownership #8207216  
(included on page 16 in this application)

**FOR A PARTNERSHIP:**

Certificate of Registration Declaration  
 of Beneficial Ownership #8207011

**FOR AN ASSOCIATION:**

- Certificate of Registration
- A copy of the Minutes of Appointment
- CAW-8BEN-E Certificate of Status of Beneficial Owner for United States Tax Withholding and Reporting (Entities) #8988015

**FOR A SOLE PROPRIETORSHIP:**

Certificate of Registration

**FOR AN INVESTMENT CLUB:**

- A copy of the Club's Constitution
- and/or**
- A copy of the Minutes of Appointment
- Declaration of Beneficial Ownership #8207011

**FOR ENTITIES ORGANIZED OR INCORPORATED IN THE U.S. OR IF ANY PARTNERS, MEMBERS, OR SOLE OWNER HAVE U.S. CITIZENSHIP:**

A W9 Form for U.S. taxation purposes #8208816

**FOR A CORPORATION, PERSONAL HOLDING CO.:**

Declaration of Beneficial Ownership #8207216  
(included on page 16 in this application)

**IF YOU ARE TRANSFERRING MONIES OR SECURITIES TO SCOTIA iTRADE FROM ANOTHER INSTITUTION:**

Transfer Authorization for Non-Registered Investments Form #8207410

**3. For regulatory purposes,** attach a legible photocopy of one piece of identification\*; and if the following persons do not have a Scotiabank account, a personal cheque for deposit drawn on a Canadian financial institution in the amount of \$1.00 is also required:

For each Trading Authority. As secondary identification verification we are required to confirm that each Trading Authority has a Credit Bureau history extending back more than six months. If you do not meet this requirement your photo identification must be physically verified by Scotiabank branch personnel.

For a Partnership, each Partner

For a Sole Proprietorship, the Owner

For an Investment Club, each Member

For a Corporation, each Officer/Authorized Person/Controlling Beneficial Owner

A cheque for \$1.00 drawn on the organization is also required for deposit

\*Only a valid driver's licence, passport, provincial health insurance card (except ON, MB, NS and PEI), Canadian citizenship card, permanent residence card, Canadian Forces identification card or age of majority card are acceptable forms of identification.

**4. Sign the application** including additional documentation, and either drop off at your local Scotiabank branch or mail to:

**Scotia iTRADE**  
**P.O. Box 4002 Station A**  
**Toronto ON M5W 0G4**

**5. We will contact** the designated contact person upon review of this application. Approved applicants will receive a welcome kit in the mail.

Call 1-888-872-3388 if you have any questions. All forms are available online at [www.scotiaitrade.com](http://www.scotiaitrade.com) and at your local Scotiabank branch.

In this application, the terms you, your and I, refer to the customer; and the terms we, our, and us, refer to Scotia iTRADE, a division of Scotia Capital Inc. These terms, however, do not apply to the Shareholder Communication Instructions in this application, as prescribed by National Instrument 54-101, adopted by the Canadian Securities Administrators.

**YOUR ACCOUNT COVERAGE**

Scotia iTRADE is a division of Scotia Capital Inc. Scotia Capital Inc. is a separate but wholly-owned subsidiary of The Bank of Nova Scotia. Cash and securities held in or sold through your Scotia iTRADE account, are not insured by The Bank of Nova Scotia, Canada Deposit Insurance Corporation or any other government deposit insurer.

Customers' accounts are protected by the Canadian Investor Protection Fund within specified limits. A brochure describing the nature and limits of coverage is available upon request.





## INFORMATION ABOUT THE ORGANIZATION

Please note that Scotia iTRADE does not provide recommendations to you and does not accept any responsibility to advise you on the suitability of any of your investment decisions or transactions. You are responsible for your investment decisions, as well as for any profits or losses that may arise, and Scotia iTRADE will not consider your financial situation, investment knowledge, investment objectives and risk tolerance when processing orders placed by you.

### ORGANIZATION'S FULL NAME

#### LEGAL ENTITY TYPE

IS THE LEGAL ENTITY SETUP AS A COMPLEX STRUCTURE/HOLDING VEHICLE (E.G. COMPLEX LEGAL STRUCTURES MAY MAKE ULTIMATE BENEFICIAL OWNERSHIP ("UBO") DIFFICULT TO IDENTIFY AND/OR MAY HAVE NO BUSINESS RELATED PURPOSE)?  YES  NO

**COMPANY/CORPORATION** (SELECT ONE OF THE FOLLOWING)

CORPORATION

IS THE CORPORATION AN  **ACTIVE ENTITY** OR A  **PASSIVE ENTITY** (SEE **DEFINITION OF ACTIVE AND PASSIVE ENTITY** ON PAGE 5)

INSURANCE COMPANY  TRUST COMPANY  CENTRAL CREDIT UNION & REGIONAL  CAISSE POPULAIRE

CDN CHARTERED BANKS & QSB  PENSION FUNDS  FOREIGN BANK

**NOTE:** WHERE THE CORPORATION IS AN INSURANCE COMPANY, TRUST COMPANY, CENTRAL CREDIT UNION & REGIONAL, CAISSE POPULAIRE, CANADIAN CHARTERED BANK, QUEBEC SAVINGS BANK, PENSION FUND, FOREIGN BANK, OR A QUALIFIED INTERMEDIARY, DO NOT CLASSIFY AS AN ACTIVE OR PASSIVE ENTITY.

**PARTNERSHIP**

IS THE PARTNERSHIP A LIMITED PARTNERSHIP?  YES  NO

IS THE PARTNERSHIP AN  **ACTIVE ENTITY** OR A  **PASSIVE ENTITY** (SEE **DEFINITION OF ACTIVE AND PASSIVE ENTITY** ON PAGE 5)

**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 HTTP://AIAC.IIROC.CA/: \_\_\_\_\_

**PERSONAL HOLDING COMPANY OR NON-OPERATING PRIVATE COMPANY**

IS THE COMPANY AN  **ACTIVE ENTITY** OR A  **PASSIVE ENTITY** (SEE **DEFINITION OF ACTIVE AND PASSIVE ENTITY** ON PAGE 5)

**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.

IS THE LEGAL ENTITY ELIGIBLE FOR A WAIVER OF A PERSONAL GUARANTEE?  YES  NO

**NOTE:** MARGIN OR OPTIONS ACCOUNTS ARE NOT PERMITTED FOR WAIVER OF A PERSONAL GUARANTEE. WAIVER OF A PERSONAL GUARANTEE IS APPLICABLE ONLY FOR COMPANY/CORPORATION AND PERSONAL HOLDING COMPANY OR NON-OPERATING PRIVATE COMPANY.

**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

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** (SEE **DEFINITION OF ACTIVE AND PASSIVE ENTITY** ON PAGE 5 – NOT APPLICABLE FOR U.S. TRUST)

**ESTATE (NON-REGISTERED ONLY)**  LIQUIDATED  MAINTAINED

WAS THE ESTATE CREATED BY A WILL?  YES  NO

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**  **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: \_\_\_\_\_

**NON-PROFIT ORGANIZATIONS**

IS THE LEGAL ENTITY TAX EXEMPT?  YES  NO

IF YES, INDICATE THE CHARITY'S OR NPO'S REGISTRATION NUMBER WITH CRA: \_\_\_\_\_

IF NO, ALSO COMPLETE A **CAW-8BEN-E CERTIFICATE OF STATUS OF BENEFICIAL OWNER FOR UNITED STATES TAX WITHHOLDING AND REPORTING (ENTITIES) FORM**

**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**

DOES THE **ABOVE** NON-PROFIT ORGANIZATION SOLICIT OR ACCEPT CHARITABLE FINANCIAL DONATIONS FROM THE PUBLIC?  YES  NO

PLEASE PROVIDE PRINCIPAL DONORS (PERSONS OR ENTITIES) THAT HAVE DONATED 25% OR MORE OF THE ENTITY'S TOTAL CONTRIBUTIONS WITHIN THE PROCEEDING YEAR. PLEASE PROVIDE THE FULL NAME (FIRST NAME, MIDDLE INITIAL AND LAST NAME) OR LEGAL ENTITY NAME.

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

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



**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.

**LEGAL ENTITY ADDRESS**

**LEGAL ENTITY ADDRESS** **DOING BUSINESS AS** (NAME LEGAL ENTITY OPERATES UNDER)

**STREET ADDRESS/LEGAL ADDRESS** (ADDRESS **CANNOT** BE A POST OFFICE BOX) **C/O**

**CITY** **PROVINCE** **POSTAL CODE**

**DESIGNATED CONTACT PERSON** **BUSINESS PHONE NUMBER** **EXT.**

**EMAIL ADDRESS**

<b>PRINCIPAL BUSINESS OR INDUSTRY</b>	<b>CORPORATE REGISTRATION NUMBER</b>	<b>BUSINESS NUMBER (BN) OR TRUST NUMBER (TN) ON TAX RETURN</b>
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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               |  |

**IN WHICH JURISDICTION WAS THE ENTITY INCORPORATED/ESTABLISHED?**

**MAILING ADDRESS IF DIFFERENT FROM ABOVE**

**CITY** **PROVINCE** **POSTAL CODE**

IN WHICH COUNTRIES IS THE LEGAL ENTITY DOING BUSINESS? THIS INCLUDES, FOR EXAMPLE: SENDING/RECEIVING PAYMENTS FROM CLIENTS, SUPPLIERS AND SERVICE PROVIDERS AND AFFILIATES.

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

Are you a tax resident or citizen of the U.S.?  No  Yes

Is the 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 yes, you must provide your SSN/TIN and 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:** 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 \_\_\_\_\_

**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**

(SEE DEFINITION OF U.S. PERSON ON PAGE 8)

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

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

**HOW DID YOU HEAR ABOUT US?**

SCOTIABANK BRANCH  PERSONAL REFERRAL  NEWSPAPER / MAGAZINE AD OTHER,  
 STATEMENT ENCLOSURE OR OTHER MAIL  INTERNET  SPECIFY \_\_\_\_\_

What is your language preference for telephone customer service?

ENGLISH  FRENCH  CANTONESE  MANDARIN

**INFORMATION REQUIRED BY SECURITIES REGULATORS AND COMPLIANCE**

Is this 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 this 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 entity and its owners have a financial interest in this account?  YES  NO

IF YES, ENTER THE NAME(S) HERE \_\_\_\_\_

Does this entity own any other accounts with Scotia iTRADE?  YES  NO

IF YES, WHAT IS THE ACCOUNT NUMBER(S)? \_\_\_\_\_

Does this 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)**

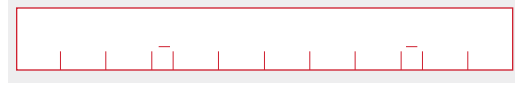
**NATURE OF THE PEP'S POSITION OR OFFICE**

**RELATIONSHIP TO CLIENT**

**DESCRIPTION OF THE PEP'S OFFICIAL DUTIES**

**DATES (SPAN OF YEARS) POSITION HELD**

**COUNTRY WHERE POSITION IS/WAS HELD**



## PRIVACY

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**The Scotiabank Privacy Agreement forms part of this application.** For a full explanation about how, when and why we may collect, use and share your information, as well as your rights relating to that information, please visit [www.Scotiabank.com/privacy](http://www.Scotiabank.com/privacy) or any Scotiabank branch for a paper copy.

**Information we collect about you:** Information that we<sup>1</sup> hold about you may come from you directly; however, we may also collect information about you from other sources, including information from credit reporting agencies, people appointed to act on your behalf, our social media pages, or other banks or finance-related organizations. When providing the personal information of other individuals associated with the account such as a spouse or guarantor, you confirm that you have their consent to do so in accordance with these provisions and the Scotiabank Privacy Agreement.

**How we use your information:** We may collect, use and exchange personal information for the following purposes: to set up, manage and offer products or services that meet your needs; to confirm your identity; to determine your eligibility for our products or services; to understand your needs; to manage and assess our risks; to prevent or detect criminal activity; and to identify and correct any errors. We may also use your information to send you messages, to inform you about product or service features or to tell you about products and services (including those of other companies) that may be of interest to you.

**With whom we share your information:** We will keep your information confidential, but we may share it with third parties (who also have to keep it secure and confidential) in certain circumstances, including: Our service providers and their agents, fraud prevention agencies, and other banks or finance related organizations. Some of these third parties may be located outside Quebec or Canada. Your consent to share your personal information with the Scotiabank Group of Companies is described and sought in the section below entitled "Consent to share within our organization".

**Your rights and how to refuse or withdraw your consent:** You have certain rights over the personal information we hold about you, including the right to ask for a copy of the information, to correct or rectify personal information that we hold about you, or not to use your information for a particular purpose (i.e., withdraw consent). Note that your ability to exercise these rights will depend on a number of factors, and in some situations, and we may not be able to agree to your request.

## CONSENT TO SHARE

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In addition to the information sharing noted in the Privacy section, 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>. 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. Your consent to share is not a condition of receiving any Scotiabank products or services.

I consent to share my information within the Scotiabank Group of Companies.

I do not consent to share my information within the Scotiabank Group of Companies.

<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 means The Bank of Nova Scotia and its affiliates who provide deposit, investment, loan, securities, trust, insurance and other products and services.



## BANKING INFORMATION

Banking information is required by Securities Regulators. Please enter the entity's bank account information in the white boxes below. In addition, this bank account may be used for transfers to and from your Scotia iTRADE Account (e.g. trade payment, settlement proceeds, pre-authorized contributions etc.).

**Please enter entity bank account details in the white boxes below. This information can be found on most cheques.**

Your Name		Cheque No.	
Your Address		DATE _____	
PAY TO THE ORDER OF _____		\$ _____	
_____		/100 DOLLARS	
Banking Institution Name			
Branch Address			
MEMO _____			
Cheque No. ###	Branch Transit No. _____	Bank Account No. _____	Type of Account <input type="checkbox"/> Chq <input type="checkbox"/> Svgs
		Currency <input type="checkbox"/> CDN <input type="checkbox"/> U.S.	

## TYPE OF ACCOUNT

- CASH ACCOUNT - ACCOUNT MUST HAVE SUFFICIENT FUNDS FOR PURCHASES
- MARGIN ACCOUNT - ALLOWS YOU TO BORROW AGAINST THE ASSETS IN YOUR ACCOUNT
- WITH SHORT SELLING?    YES    NO   IF YES, I ACKNOWLEDGE THAT A MINIMUM OF \$10,000 EQUITY WILL BE MAINTAINED.
- WITH OPTIONS TRADING?    YES    NO IF YES, WHAT STRATEGIES DO YOU INTEND TO FOLLOW?
- COVERED CALLS PURCHASING    NAKED PUTS
- PUTS AND CALLS    NAKED CALLS
- SPREADS
- CASH OPTIMIZER INVESTMENT ACCOUNT

## 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): \_\_\_\_\_

## SETTLEMENT INSTRUCTIONS

In which currency would you prefer to settle your transactions?

- CDN\$    U.S.\$    THE CURRENCY OF THE MARKET IN WHICH THE SECURITY WAS TRADED.

## INITIAL DEPOSIT

WHAT IS THE APPROXIMATE DOLLAR AMOUNT OF YOUR INITIAL DEPOSIT FOR THIS ACCOUNT? \_\_\_\_\_

## TRANSFER REQUESTS

Do you want us to transfer any assets from another financial institution?    YES    NO

IF YES, COMPLETE THE TRANSFER AUTHORIZATION FOR NON-REGISTERED INVESTMENTS FORM.

WHAT IS THE APPROXIMATE DOLLAR AMOUNT OF ACCOUNT TRANSFER ASSET VALUE? \_\_\_\_\_

## 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 an entity other than the named entity?  YES  NO

### INFORMATION ABOUT THE TRADING AUTHORITY

ID NUMBER

MOTHER'S MAIDEN SURNAME

TITLE

FIRST NAME

INITIAL

LAST NAME

DATE OF BIRTH (MM/DD/YYYY)

COUNTRY OF CITIZENSHIP

SOCIAL INSURANCE NUMBER (Required for online account access) SSN/TIN\*

Please provide your ScotiaCard number or Scotia iTRADE User ID if you have one. We require your Mother's Maiden Surname for future identification purposes.

\*If U.S. citizen or U.S. dual citizen Social Security Number (SSN) required.



**RESIDENTIAL ADDRESS**

STREET ADDRESS/LEGAL ADDRESS (ADDRESS CANNOT BE A POST OFFICE BOX) APT/SUITE NO.

**ADDITIONAL ADDRESS INFORMATION**

CITY PROVINCE POSTAL CODE

HOME PHONE NUMBER BUSINESS PHONE NUMBER EXT.

CELL PHONE NUMBER PAGER NUMBER

FAX NUMBER PRIMARY EMAIL ADDRESS

- HOME
- BUSINESS

Which number would you prefer we use to contact you during market hours?

- BUSINESS  HOME  CELL

**EMPLOYMENT INFORMATION**

**EMPLOYMENT STATUS**

- EMPLOYED  RETIRED  STUDENT  SELF-EMPLOYED  HOMEMAKER  NOT WORKING  OTHER

NAME OF EMPLOYER (IF RETIRED, FORMER 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.*



## FINANCIAL INFORMATION

**HAVE YOU OWNED OR TRADED?** Select your level of knowledge.

- |   |                              |                                   |                               |
|---|------------------------------|-----------------------------------|-------------------------------|
| <input type="checkbox"/> MUTUAL FUNDS                   | <input type="checkbox"/> LOW | <input type="checkbox"/> MODERATE | <input type="checkbox"/> HIGH |
| <input type="checkbox"/> FIXED INCOME (OTHER THAN CSBs) | <input type="checkbox"/> LOW | <input type="checkbox"/> MODERATE | <input type="checkbox"/> HIGH |
| <input type="checkbox"/> STOCKS                         | <input type="checkbox"/> LOW | <input type="checkbox"/> MODERATE | <input type="checkbox"/> HIGH |
| <input type="checkbox"/> MARGIN                         | <input type="checkbox"/> LOW | <input type="checkbox"/> MODERATE | <input type="checkbox"/> HIGH |
| <input type="checkbox"/> OPTIONS                        | <input type="checkbox"/> LOW | <input type="checkbox"/> MODERATE | <input type="checkbox"/> HIGH |
| <input type="checkbox"/> SHORT SALES                    | <input type="checkbox"/> LOW | <input type="checkbox"/> MODERATE | <input type="checkbox"/> HIGH |
| <input type="checkbox"/> OVERALL INVESTMENT EXPERIENCE  | <input type="checkbox"/> LOW | <input type="checkbox"/> MODERATE | <input type="checkbox"/> HIGH |

## 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?  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)? \_\_\_\_\_

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
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### DESCRIPTION OF OFFICIAL DUTIES



**BANKING INFORMATION** (OPTIONAL)

Please enter your primary bank account details in the white boxes below. This information can be found on most cheques.

Your Name Your Address		Cheque No.	
		DATE _____	
PAY TO THE ORDER OF _____		\$ _____	
		/100 DOLLARS	
Banking Institution Name			
Branch Address			
MEMO _____			
Cheque No. ###	Branch Transit No.	Bank Account No.	Type of Account <input type="checkbox"/> Chq <input type="checkbox"/> Svgs
			Currency <input type="checkbox"/> CDN <input type="checkbox"/> U.S.

**MARITAL STATUS**

- SINGLE
  MARRIED
  COMMON LAW
  DIVORCED
  LEGALLY SEPARATED
  WIDOWED

**INFORMATION ABOUT YOUR SPOUSE**

TITLE	FIRST NAME	INITIAL	LAST NAME

**EMPLOYMENT STATUS**

- 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 AND PEI)
  CANADIAN CITIZENSHIP CARD
  AGE OF MAJORITY CARD
  PASSPORT

**IDENTIFICATION DOCUMENT NUMBER**

**INFORMATION ABOUT THE GUARANTOR**

TITLE	FIRST NAME	INITIAL	LAST NAME

**STREET ADDRESS/LEGAL ADDRESS** (ADDRESS CANNOT BE A POST OFFICE BOX)

CITY	PROVINCE	POSTAL CODE

Are you an existing Scotia iTRADE client?  YES  NO

IF YES, WHAT IS THE ACCOUNT NUMBER?

Do you guarantee other Scotia iTRADE accounts?  YES  NO

IF YES, WHAT IS THE ACCOUNT NUMBER(S)?



**BY SIGNING, I CONFIRM THAT:**

1. All of the information in this Application is complete, accurate and true, and I will promptly send written notice to Scotia iTRADE of any change in this information. I verify that I have provided to you, and that all photocopies of identification submitted with this Application are true copies of valid identification of each trading authority, partner, member, director, sole owner, or beneficial owner of greater than 10% of the legal entity to which this Application pertains ("Relevant Legal Entity").
2. I have read, understand, and agree to the terms of this Customer Agreement and all of the sections in the Scotia iTRADE Terms and Conditions brochure that apply to this/these account(s).
3. I will provide a cheque for deposit drawn on the Relevant Legal Entity's account at a Canadian financial institution. For each trading authority, partner, member, officer/authorized person, sole owner, or beneficial owner of greater than 10% of the Relevant Legal Entity (each, a "Relevant Person") who does not have a Scotiabank account, I agree to provide a cheque for deposit drawn against each such Relevant Person's own account at a Canadian financial institution to satisfy Canadian Anti-Money Laundering requirements.
4. My Shareholder Communication Instructions are to be followed. I understand that my elections apply to all securities held in this/these account(s).
5. Scotia iTRADE reserves the right to restrict or limit trading activity in this/these account(s) at any time without notice to me. Scotia iTRADE may close this/these account(s) if all required documentation in complete form is not received within two weeks of opening this/these account(s).
6. United States Withholding Tax-Limitation on Benefits Treaty Statement ("Treaty"): I/we meet all provisions of the Treaty that are necessary to claim a reduced rate of withholding, including any limitation on benefits provisions, and I/we derive the U.S. source income within the meaning of section 894 of the Code, and the regulations thereunder, as the beneficial owner(s). [Refer to the Scotia iTRADE Terms and Conditions brochure for details.]
7. If this account was a referral from a Scotiabank Group member, I understand that Scotia iTRADE may share personal information about this/these account(s) with the referring Scotiabank Group member for the purposes of completing the referral, and I consent thereto. Any such sharing of personal information will be limited to account opening and transfer-in particulars necessary to accurately recognize and track the referral.
8. If I have been referred to Scotia iTRADE by a person or entity within or outside the Scotiabank Group, a referral fee may be paid to that person or entity. In that case, the referral arrangement will be the subject of and governed by a written agreement which the parties will enter into prior to implementation of the referral arrangement, and details of the referral arrangement will be provided to me. It is illegal for the party receiving the referral fee to trade or advise in securities if it is not duly licensed or registered under applicable securities legislation to do so.
9. Scotiabank recognizes the importance of clients' information and never takes for granted the trust that clients have placed in Scotiabank in order to protect that information. Scotiabank works hard to treat clients' information in a secure and respectful manner. To serve clients better and/or provide them with personalized wealth management advice tailored to their needs and goals, Scotiabank (in this section "Scotiabank" 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.) would like the clients' consent to share their information with select professionals within any current or newly acquired members of the Scotiabank group of companies, which 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). If I elected to share my information under the Consent to Share section of this account application then by signing below, I consent to Scotiabank's collection, use and sharing of the information about me and my authorized representatives, including my type of business, number of employees, tax filing information and contact details for my authorized representatives, for the purposes of better understanding of my needs and goals, to offer products and services to help meet those needs and goals, and set up or manage products and services that I select. I understand that my consent to share is not a condition of receiving any Scotiabank products or services and that at any time, I may tell Scotiabank to stop sharing my information for purposes that are not directly related to the ongoing provision of existing products or services and Scotiabank will then only share my name and any limited information necessary to communicate my sharing preferences. I acknowledge that my choice of sharing or not sharing my personal information will replace any previous consents to share information that I may have provided to Scotiabank.
10. Canada Revenue Agency Certification for Non-Residents of Canada  
If I am a resident of a country other than Canada for tax purposes ("Tax Residency"), I hereby confirm and certify that I am the beneficial owner of and, to the best of my knowledge, am entitled to the benefits of the tax treaty, if any, between Canada and my Tax Residency on all of this account's income. I agree to immediately notify Scotia iTRADE of any changes to my Tax Residency, and I further agree to fully reimburse and indemnify Scotia iTRADE for any liability that Scotia iTRADE may incur in connection with under withholding of tax based on my instructions. I hereby certify that the information provided on this form is correct and complete. I authorize Scotia iTRADE to provide, directly or indirectly, to any relevant tax authorities or any party authorized to audit or conduct a similar review of Scotia iTRADE for tax purposes, the information contained in this form and/or a copy of this form and to disclose to such tax authorities or such party any additional information that Scotia iTRADE may have in its possession that is relevant to my qualification claimed on the basis of this certification. I acknowledge that information contained in this form and information regarding my Scotia iTRADE accounts (including information on account balances and payments received) may be reported to Canadian tax authorities, and that those tax authorities may provide the information to any additional country I have listed above as being a country in which I am a resident for tax purposes. I undertake to advise Scotia iTRADE immediately of any change in circumstances that causes the information contained herein to become incorrect and to provide Scotia iTRADE with an updated Tax Residency Self-Certification form within 30 days of such change in circumstances. I understand that it is my obligation to provide Scotia iTRADE my TIN(s) at the time it is requested. I understand that my failure to provide my TIN(s) may result in my incurring regulatory fines, either directly or indirectly.
11. I agree you will exchange information such as my name, address and date of birth with consumer reporting agencies to identify me. This will not affect my credit score.
12. I agree to the terms of the Scotiabank Privacy Agreement, which is available at [www.Scotiabank.com/privacy](http://www.Scotiabank.com/privacy) or any Scotiabank branch.

**ACKNOWLEDGEMENT**

I acknowledge that Scotia iTRADE does not provide personal, client-specific or tailored investment advice or recommendations to me, make any determination of my general investment needs and objectives or any of my investment decisions or transactions, and does not accept any responsibility to advise me on any of the foregoing. I acknowledge that I am responsible for my investment decisions and transactions, as well as for any profits or losses that may arise, and Scotia iTRADE will not consider my financial situation, investment knowledge, investment objectives and risk tolerance when accepting and processing orders placed by me.

I acknowledge that the use of leverage may not be suitable for all investors. Using borrowed money, whether through a margin account or any other method of borrowing, to finance the purchase of securities involves greater risk than using cash resources only. If I borrow money to purchase securities, my responsibility to repay the loan, pay interest, and meet margin calls as required by the margin terms remains the same even if the value of the securities purchased declines.

I acknowledge that Scotia Capital Inc. is a separate entity from the Bank of Nova Scotia. Unless otherwise advised, securities purchased from or through Scotia Capital Inc. (a) are not insured by a government deposit insurer, (b) are not guaranteed by a Canadian financial institution, and (c) may fluctuate in value.

SIGNATURE(S)

AUTHORIZED SIGNATORY	DATE (MM/DD/YYYY)	AUTHORIZED SIGNATORY	DATE (MM/DD/YYYY)
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**IF YOU ARE APPLYING FOR MARGIN TRADING, YOU MUST ALSO SIGN HERE**

I am aware of the risks involved in trading on margin and am willing to take those risks. I have read, understand and agree to the terms and conditions of margin trading contained within the Scotia iTRADE Relationship Disclosure Document and Terms and Conditions brochure.

SIGNATURE(S)

AUTHORIZED SIGNATORY	DATE (MM/DD/YYYY)	AUTHORIZED SIGNATORY	DATE (MM/DD/YYYY)
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**IF YOU ARE APPLYING FOR OPTION TRADING, YOU MUST ALSO SIGN HERE**

I am aware of the risks involved in options trading and am willing to take those risks. I have read, understand and agree to the terms of the Risk Disclosure Statement and Your Options Trading Agreement contained within the Scotia iTRADE Relationship Disclosure Document and Terms and Conditions.

SIGNATURE(S)

AUTHORIZED SIGNATORY	DATE (MM/DD/YYYY)	AUTHORIZED SIGNATORY	DATE (MM/DD/YYYY)
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# Scotia iTRADE®

Scotia iTRADE® (Order-Execution Only Accounts) is a division of Scotia Capital Inc. ("SCI"). SCI is a member of the Investment Industry Regulatory Organization of Canada and the Canadian Investor Protection Fund. Scotia iTRADE does not provide investment advice or recommendations and investors are responsible for their own investment decisions. ®Registered trademark of The Bank of Nova Scotia. Used under license.