

Account application

Personal accounts

SCOTIA ITRADE PERSONAL ACCOUNT - ORDER EXECUTION ONLY ACCOUNT

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 account application on the following pages and attach the following for each Applicant and Trading Authority:

- A legible photocopy of one piece of identification (photocopy both sides). Acceptable forms of identification: 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.
- If you do not have a Scotiabank account, please attach a personal cheque for a minimum of \$1.00 payable to Scotia iTRADE for deposit, drawn on a Canadian financial institution. Starter cheques will not be accepted for deposit. As secondary identification verification we are required to confirm that each Applicant and 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.

2. Attach additional documents as required**FOR A TRADING AUTHORITY:**

- Personal Trading Authorization Form #8979715
(included on page 12 of this application)

FOR A RETIREMENT SAVINGS PLAN (RSP):

- Scotia Self-Directed Registered Plan Application Form (included on page 11 of this application) #8971811

FOR A LOCKED-IN SAVINGS PLAN (LRSP, LIRA):

- Scotia Self-Directed Registered Plan Application Form (included on page 11 of this application) #8971811
A copy of the Locked-In Agreement from the transferring organization

FOR A RETIREMENT INCOME PLAN (RIF):

- Scotia Self-Directed Registered Plan Application Form (included on page 11 of this application) #8971811

FOR A LOCKED-IN INCOME PLAN (LIF, LRIF, PRRIF):

- Scotia Self-Directed Registered Plan Application Form (included on page 11 of this application) #8971811
A copy of the Locked-In Agreement from the transferring organization

FOR A TAX-FREE SAVINGS ACCOUNT (TFSA):

- Scotia Tax-Free Savings Account Application
 #8975612
Scotia Tax-Free Savings Account Declaration of Trust #8205310

FOR A SELF-DIRECTED EDUCATION SAVINGS PLAN (RESP):

- Scotia Self-Directed Family Education Savings Plan Application Form #8205213
 Application for Canada Education Savings Grant Form
 If more than two beneficiaries designated, include a Scotia Self-Directed Education Savings Plan Schedule A Form #8205019

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

- Transfer Authorization for Non-Registered Investments Form #8207410
OR
 Transfer Authorization for Registered Investments Form #8207313
 A T2151 is required if the source of funds is a Registered Pension Plan or Deferred Profit-Sharing Plan
 Human Resources and Skills Development Canada RESP Transfer form #HRSDC SDE 0050

IF YOU ARE A U.S. CITIZEN OR HAVE U.S. DUAL CITIZENSHIP:

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

FOR AN INFORMAL TRUST ACCOUNT

- Informal Trust Account Application #8206910

FOR A SUNLIFE GROUP RETIREMENT SAVINGS PLAN

- Group Retirement Savings Plan Application #8971315

3. 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**

4. We will contact you upon review of your 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 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 this coverage is available upon request.



INFORMATION ABOUT YOU, THE PRIMARY APPLICANT

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 or risk tolerance when processing orders placed by you.

ID NUMBER				MOTHER'S MAIDEN SURNAME			
TITLE	FIRST NAME			INITIAL	LAST NAME		
DATE OF BIRTH (MM/DD/YYYY)				COUNTRY OF CITIZENSHIP			

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

Are you 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).

*U.S. citizens and U.S. dual citizens must provide a Social Security Number (SSN), also referred to as a Taxation Identification Number (TIN). A W9 form is also required.

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 _____

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.

SOCIAL INSURANCE NUMBER _____ **SSN / TIN*** _____

Are you a tax resident or a citizen of the United States? Yes No

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



RESIDENTIAL ADDRESS

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

APT/SUITE NO.

If your mailing address is different – see page 6.

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

YOUR 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 _____

YOUR ESTIMATED NET WORTH

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)



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 |

TRADE INFORMATION

How many trades do you currently place per quarter?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 30-149 Trades |
| <input type="checkbox"/> 1-10 Trades | <input type="checkbox"/> >150 Trades |
| <input type="checkbox"/> 11-29 Trades | |

HOW DID YOU HEAR ABOUT US?

- | | |
|--|---|
| <input type="checkbox"/> SCOTIABANK BRANCH | <input type="checkbox"/> PERSONAL REFERRAL |
| <input type="checkbox"/> STATEMENT ENCLOSURE OR OTHER MAIL | <input type="checkbox"/> INTERNET |
| <input type="checkbox"/> NEWSPAPER / MAGAZINE AD | <input type="checkbox"/> OTHER, SPECIFY _____ |

What is your language preference for telephone customer service?

- ENGLISH FRENCH CANTONESE MANDARIN

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)? _____

YOUR RELATIONSHIP TO ACCOUNT HOLDER(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)? _____

YOUR RELATIONSHIP TO ACCOUNT HOLDER(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

- | | |
|--|---|
| <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

Banking information is required by Securities Regulators. Please enter your 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, RIF payments etc.). Only Scotiabank U.S. dollar bank accounts are eligible for transfers in U.S. currency.

Please enter the account details in the 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. No.###	Branch Transit No.	Bank Institution	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 (YOUR SPOUSE)

EMPLOYED RETIRED STUDENT SELF-EMPLOYED HOMEMAKER NOT WORKING OTHER

EMPLOYER

INDUSTRY

POSITION

IDENTIFICATION REQUIREMENTS (MANDATORY FOR NON-REGISTERED ACCOUNTS)

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

PRIVACY

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 or any Scotiabank branch for a paper copy.

Information we collect about you: Information that we¹ 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

In addition to the information sharing noted in the Privacy section, we¹ would like your consent to share your information with select professionals within any current or newly acquired members of the Scotiabank Group of Companies². 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.

¹ "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.

² 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.



TYPE OF ACCOUNT(S)

If you are applying for more than one account on this application, the Primary Applicant must be the same for all accounts.

NON-REGISTERED

- INDIVIDUAL ACCOUNT
- JOINT ACCOUNT
- CASH OPTIMIZER INVESTMENT ACCOUNT
- CASH OPTIMIZER INVESTMENT JOINT ACCOUNT
- INFORMAL TRUST ACCOUNT
- INFORMAL TRUST ACCOUNT (MULTIPLE TRUSTEES)

RETIREMENT SAVINGS PLAN

- RETIREMENT SAVINGS PLAN (RSP) SPOUSAL
- RETIREMENT SAVINGS PLAN (RSP) LOCKED-IN RSP (LRSP)
- LOCKED-IN RETIREMENT ACCOUNT (LIRA)
- TAX-FREE SAVINGS ACCOUNT (TFSA)
- SUNLIFE GROUP RETIREMENT SAVINGS PLAN

REGISTERED INCOME PLAN

- RETIREMENT INCOME FUND (RIF)
- SPOUSAL RETIREMENT INCOME FUND (RIF)
- LIFE INCOME FUND (LIF)
- LOCKED-IN RETIREMENT INCOME FUND (LRIF)
- PRESCRIBED RETIREMENT INCOME FUND (PRIF)

REGISTERED EDUCATION SAVINGS PLAN

- REGISTERED EDUCATION SAVINGS PLAN (RESP)

Scotia iTRADE currently processes RESP Canada Education Savings Grant payments but may not process Canada Learning Bond, additional CESG or certain provincial education savings grant payments.

NON-REGISTERED ACCOUNTS ONLY

- 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, PLEASE SELECT ONE STRATEGY REQUESTED FOR APPROVAL.

PROPOSED OPTION ACTIVITY

- COVERED WRITING
- PURCHASE CALL & PUTS, COVERED WRITING
- SPREADS, PURCHASE CALL & PUTS, COVERED WRITING
- NAKED PUT WRITING, SPREADS, PURCHASE CALL & PUTS, COVERED WRITING
- NAKED CALL WRITING, NAKED PUT WRITING, SPREADS, PURCHASE CALL & PUTS, COVERED WRITING

JOINT ACCOUNTS ONLY

- JOINT TENANTS WITH RIGHTS OF SURVIVORSHIP (NOT AVAILABLE IN QUEBEC) **or** TENANTS-IN-COMMON
- TENANTS-IN-COMMON % OWNERSHIP (MUST EQUAL 100%)**
- PRIMARY APPLICANT _____ %
- JOINT APPLICANT #1 _____ %
- JOINT APPLICANT #2 _____ %
- JOINT APPLICANT #3 _____ %
- 100%**

REGISTERED ACCOUNTS ONLY

- Do you want to apply for options trading? YES NO
- IF YES, WHAT STRATEGIES DO YOU INTEND TO FOLLOW? COVERED CALLS PURCHASING PUTS AND CALLS COVERED CALLS

INTENDED USE FOR THIS ACCOUNT

What is the intended use for this account?

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

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 of your assets from another financial institution? YES NO

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



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

MAILING ADDRESS (IF DIFFERENT FROM YOUR RESIDENTIAL ADDRESS)

STREET ADDRESS **ADDRESS DESCRIPTION** (EG. OFFICE, COTTAGE, ETC.)

C/O

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

SHAREHOLDER COMMUNICATION INSTRUCTIONS

PART 1 - DISCLOSURE OF BENEFICIAL OWNERSHIP INFORMATION

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

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 Applicant, Joint Applicant, Trustee, or Registered Plan holder? YES NO

TRADING AUTHORIZATION

Will anyone other than the applicant(s) on the account have trading authority over this account? YES NO

IF YES, INFORMATION ABOUT THE TRADING AUTHORITY IS REQUIRED (PAGE 8) AND A PERSONAL TRADING AUTHORIZATION FORM (PAGE 15) MUST BE SIGNED.

INFORMATION ABOUT THE CO-APPLICANT



ID NUMBER				MOTHER'S MAIDEN SURNAME			
TITLE				FIRST NAME		INITIAL	LAST NAME
DATE OF BIRTH (MM/DD/YYYY)				COUNTRY OF CITIZENSHIP			

Please provide ScotiaCard number or Scotia iTRADE User ID if you have one and Mother's Maiden Surname for Trading Authorities only.

Are you 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).

U.S. citizens and U.S. dual citizens must provide a Social Security Number (SSN), also referred to as a Taxation Identification Number (TIN). A W9 form is also required.

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

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.

SOCIAL INSURANCE NUMBER	SSN / TIN*
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Are you a tax resident or a citizen of the United States? Yes No

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

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
HOME PHONE NUMBER	BUSINESS PHONE NUMBER	EXT.
CELL PHONE NUMBER	PAGER NUMBER	
FAX NUMBER	PRIMARY EMAIL ADDRESS	<input type="checkbox"/> HOME <input type="checkbox"/> 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 (NOT REQUIRED FOR TRADING AUTHORITY)

YOUR 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 _____

YOUR ESTIMATED NET WORTH (NOT REQUIRED FOR TRADING AUTHORITY)

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)

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)? _____

YOUR RELATIONSHIP TO ACCOUNT HOLDER(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)? _____

YOUR RELATIONSHIP TO ACCOUNT HOLDER(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: YES NO

- | | |
|--|---|
| <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

CO-APPLICANT'S BANKING INFORMATION (NOT REQUIRED FOR TRADING AUTHORITY)

Banking information is required by Securities Regulators.

Please enter the account details in the 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. No.###	_____ Branch Transit No.	_____ Bank Institution	_____ 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 CO-APPLICANT'S SPOUSE

TITLE	FIRST NAME	INITIAL	LAST NAME
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EMPLOYMENT STATUS (CO-APPLICANT'S SPOUSE)

EMPLOYED RETIRED STUDENT SELF-EMPLOYED HOMEMAKER NOT WORKING OTHER

EMPLOYER

INDUSTRY

POSITION / OCCUPATION

IDENTIFICATION REQUIREMENTS (MANDATORY FOR NON-REGISTERED ACCOUNTS)

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

TRUSTED CONTACT

Do you wish to appoint a Trusted Contact Person?

If yes, please complete below for the Primary and Joint applicant (if applicable).

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	
HOME ADDRESS			CITY
PROVINCE	POSTAL CODE	COUNTRY	NATURE OF RELATIONSHIP
PHONE NUMBER		EMAIL	

TRUSTED CONTACT for Joint Applicant (If different than above) – Provide information about the Trusted Contact

Same as above

TITLE	FIRST NAME, MIDDLE INITIAL	LAST NAME	
HOME ADDRESS			CITY
PROVINCE	POSTAL CODE	COUNTRY	NATURE OF RELATIONSHIP
PHONE NUMBER		EMAIL	



CONSENT TO SHARE

In addition to the information sharing noted in the Privacy section, we¹ would like your consent to share your information with select professionals within any current or newly acquired members of the Scotiabank Group of Companies². 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.**

¹ "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.

² 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.



CUSTOMER AGREEMENT - PERSONAL ACCOUNT

In this agreement the terms *I*, *we*, *my*, and *our* refer to the owner and/or joint owner of a Scotia iTRADE account whose signature(s) appear below.

BY SIGNING, I CONFIRM THAT:

1. All of the information in my Application is complete, accurate and true, and I will promptly send written notice to Scotia iTRADE of any changes in this information. I verify that all photocopies of identification submitted with this Application are true copies of identification of the relevant applicant.
2. I have read, understand, and agree to the terms of this Customer Agreement and all of the other sections in the Scotia iTRADE Relationship Disclosure Document and Terms and Conditions brochure that apply to my account(s), and to the Declaration of Trust, if applicable.
3. If my account is a Joint Account, I have read, understand, and agree to Your Joint Account Agreement contained in the Scotia iTRADE Relationship Disclosure Document and Terms and Conditions brochure. I have chosen to have this account established as indicated here and relied on my own counsel. I understand this arrangement is subject to all applicable laws.
4. My Shareholder Communication Instructions are to be followed. I understand that my elections apply to all securities held in my account(s).
5. Scotia iTRADE reserves the right to restrict or limit trading activity in my account(s) at any time without notice to me. Scotia iTRADE may close my account(s) if all required documentation in complete form is not received within two weeks of opening my account(s).
6. If this account was a referral from a Scotiabank Group member, I understand that Scotia iTRADE may share personal information about my account with the referring Scotiabank Group member for the purposes of completing the referral, and I consent thereto. In such event, any such sharing of personal information will be limited to account opening and transfer-in particulars necessary to accurately recognize and track the referral.
7. If I have indicated in this application form that I am a resident of a province or territory of Canada, this agreement shall be governed by and construed in accordance with the laws of that jurisdiction. Otherwise, this agreement shall be governed by and construed in accordance with the laws of the province of Ontario and the laws of Canada applicable therein.
8. 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.
9. 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.
10. [Quebec residents only] I acknowledge that the French and English versions of this agreement were remitted to me. I expressly request and agree to be bound exclusively by the English version of this agreement and that all related documents, including any notices, be drafted in English only. [Résidents du Québec seulement] Je reconnais que les versions française et anglaise de cette convention m'ont été remises. Je demande expressément et accepte d'être lié exclusivement par la version anglaise de cette convention et que tous les documents qui s'y rattachent, y compris tous avis, soient rédigés en anglais seulement.
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 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 suitability of 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.

SIGNATURES

PRIMARY APPLICANT	DATE (MM/DD/YYYY)	JOINT APPLICANT	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 Terms and Conditions.

SIGNATURES

PRIMARY APPLICANT	DATE (MM/DD/YYYY)	JOINT APPLICANT	DATE (MM/DD/YYYY)
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IF YOU ARE APPLYING FOR OPTIONS 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 Terms and Conditions.

SIGNATURES

PRIMARY APPLICANT	DATE (MM/DD/YYYY)	JOINT APPLICANT	DATE (MM/DD/YYYY)
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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:

- | | | | |
|---|--|---|---|
| <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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Electronic Communications (e-Communications) Consent

The information requested in this form is in accordance with Canada's Anti-Spam Legislation (CASL)

A Account information			
Account Number	Account Number	Account Number	Account Number
Account Number	Account Number	Account Number	Account Number

B KEEP US IN YOUR INBOX

Due to Canada's Anti-Spam Legislation, we are restricted in our ability to send you certain electronic communications.

By completing this form, you consent to receiving commercial electronic messages such as email from us and the other members of the Scotiabank group of companies identified on page 2*, including messages about our products and services and those of other members of the Scotiabank group of companies, and select third parties that may be of interest to you including those who are integral to the management of your account(s). We seek your consent on behalf of each of the members of the Scotiabank group of companies identified on page 2*. This consent will also apply to any company(ies) or person(s) that form a part of the Scotiabank group of companies in the future. If you are consenting on behalf of a business or organization, this consent allows the messages to be sent to any person that is part of your organization or business†.

By completing this form, you are not providing consent to the sharing of any personal or financial information (other than your electronic address) with members of the Scotiabank group of companies. Your consent permits members of the Scotiabank group of companies referred to above to communicate with you via electronic means in respect of product and service offers that may be of interest to you. This enables such members of the Scotiabank group of companies to continue to keep you up-to-date on valuable information and opportunities, including market insights and research, newsletters, promotions, events, new products and special offers in order to serve your financial needs efficiently and effectively across banking and borrowing, investments, wealth structuring and trust.




You will be able to withdraw your consent to receiving certain messages at any time. If you do, you may still receive certain electronic messages from the Scotiabank group of companies as permitted by law, such as transactional messages relating to your existing accounts and services.

This consent applies to all electronic addresses that have been provided to us or that are provided to us from time to time at any time. It applies to all of your accounts, current and future, with the members of the Scotiabank group of companies referred to above. This consent will remain valid and in effect until you cancel it—even after our relationship with you has ended.

C Consent (Signature(s) required)

Where there are more consenting authorized persons indicated for the account(s), add an appendix page(s) to cover the information and signature(s) of all parties.

Authorized person (please print name)

 Signature of Authorized person	Date (mm-dd-yyyy)
Authorized person (please print name)	
 Signature of Authorized person	Date (mm-dd-yyyy)
Authorized person (please print name)	
 Signature of Authorized person	Date (mm-dd-yyyy)



Electronic Communications (e-Communications) Consent

The information requested in this form is in accordance with Canada's Anti-Spam Legislation (CASL)

Members of the Scotiabank Group of Companies Serving your Financial Needs

*This consent is being sought on behalf of all members of the Scotiabank group of companies identified below:

<p>The Bank of Nova Scotia <i>(carrying on business as Scotiabank, Scotiabank Private Banking, International Private Banking and Scotia Wealth Management)</i></p> <p>40 King St. W., 52nd Floor Toronto, Ontario M5H 1H1 www.scotiabank.com, www.scotiawealthmanagement.com</p>	<p>The Bank of Nova Scotia Trust Company <i>(carrying on business as Scotiatrust and Scotia Wealth Management)</i></p> <p>40 King St. W., 52nd Floor Toronto, Ontario M5H 1H1 www.scotiawealthmanagement.com</p>	<p>1832 Asset Management L.P. 1832 Asset Management U.S. Inc. <i>(carrying on business as Scotia Asset Management, Dynamic Funds, Scotia Institutional Asset Management, Scotia International Asset Management, Private Investment Counsel, and Scotia Wealth Management)</i></p> <p>1 Adelaide St. E., 28th Floor Toronto, Ontario M5C 2V9 www.scotiabank.com, www.dynamic.ca, www.scotiawealthmanagement.com, www.scotiainstitutional.com</p>
<p>Scotia Institutional Asset Management US, Ltd. <i>(carrying on business as Scotia Institutional Asset Management, and Scotia International Asset Management)</i></p> <p>1 Adelaide St. E., 28th Floor Toronto, Ontario M5C 2V9 www.scotiabank.com, www.dynamic.ca</p>	<p>Scotia Securities Inc. <i>(carrying on business as Scotia Securities and Scotiabank)</i></p> <p>40 King St. W., 5th Floor Toronto, Ontario M5H 1H1 www.scotiabank.com</p>	<p>Scotia Capital Inc. <i>(carrying on business as Scotia iTRADE, ScotiaMcLeod, each a division of Scotia Capital Inc., International Investment Advisory and Scotia Wealth Management)</i></p> <p>44 King St. W., 15th Floor Toronto, Ontario M5W 2X6 www.scotiaitrade.com, www.scotiawealthmanagement.com</p>
<p>Scotia Wealth Insurance Services Inc. <i>(carrying on business as Scotia Wealth Management and ScotiaMcLeod)</i></p> <p>1 Adelaide St. E., 8th Floor Toronto, Ontario M5C 2V9 www.scotiawealthmanagement.com</p>	<p>BNS Insurance Agency Inc. Scotia Life Insurance Company ScotiaLife Financial Services Inc. <i>(carrying on business as ScotiaLife Financial)</i></p> <p>100 Yonge St., Suite 400 Toronto, Ontario M5H 1H1 www.scotialifefinancial.com</p>	<p>Scotia Institutional Real Estate Inc. <i>(carrying on business as Scotia Institutional Real Estate)</i></p> <p>1 Adelaide St. E., 23rd Floor Toronto, Ontario M5C 2V9 www.scotiainstitutional.com</p>

The Bank of Nova Scotia Trust Company (Bahamas) Limited, Scotiabank (Bahamas) Limited, The Bank of Nova Scotia (Barbados Branch), The Bank of Nova Scotia Jamaica Limited, Scotiabank & Trust (Cayman) Ltd., and The Bank of Nova Scotia (Miami Agency).

(some of which carry on business as Scotia Wealth Management, International Investment Advisory, and International Private Banking) and

all other affiliates and subsidiaries of Scotiabank from time to time listed on Scotiabank's Public Accountability Statement, available at Scotiabank branches and on the internet at www.scotiabank.com, or upon request.

*If you are consenting on behalf of a business or organization and you are the representative of that organization with the authority to consent or withdraw consent on behalf of the organization as a whole, you will have the right to unsubscribe the entire organization from receiving our messages. Other members of your organization will only be permitted to unsubscribe their individual electronic address from our messages, or a class thereof. They will not have the capability to unsubscribe the entire organization upon actioning our unsubscribe feature.

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.

8980012 (09/23)