

ACCOUNT NUMBER(S)

Application Form for Options Upgrade

To: Scotia iTRADE, a division of Scotia Capital Inc.

I/We request to have our Scotia iTRADE® account approved for options trading.

I/We have received copies of the Scotia iTRADE Terms and Conditions brochure, including the Client Account and Margin Agreement and the Options Account Agreement which explains the operation of options trading accounts at Scotia iTRADE. We have read and understood all of the terms and conditions in the relevant agreements and agree to the terms and conditions set forth therein.

I/We provide the following updated Financial and Investment information to Scotia iTRADE to ensure that Scotia iTRADE has current and accurate information on my/our account:

Past Investment Experie	nce Option Investm Knowledge	ent	Net Worth			
Stocks	Low	_	Net Fixed Assets \$_			
Bonds \square	Medium	_	Net Liquid Assets \$ _			
Options	High	_	Total Net Worth \$_			
Futures						
How long have you been investing in options? Years						
Account Holder Employment Information Employment Status Employed Homemaker Self Employed Student Unemployed Retired *If Retired, we require previous employment information Employer Industry Position / Occupation Years with Employer			Joint Holder Employment Information Employment Status Employed Homemaker Self Employed Student Unemployed Retired *If Retired, we require previous employment information Employer Industry Position / Occupation Years with Employer			
Proposed Option Activity						
Covered Writing	Purchase call & puts Covered Writing	Spre Puro	eads chase call & puts ered Writing	*Available in Margin accounts only Naked put writing Spreads Purchase call & puts Covered Writing		
Account Holder Name			Joint Holder Name			
Account Holder Signature			Joint Holder Signature			
Date			2			