



Scotia Group Tax-Free Savings Account Application

In this Application, the terms *you* and *your* refer to the account holder and the terms *we*, *our* and *us* refer to The Bank of Nova Scotia Trust Company (*Scotiustrust*).

Plan type and number	This Application is for a:	Scotia TFSA Plan No.	Rep. Code
	Scotia Group Tax-Free Savings Account (TFSA)		

Information about you, the account holder	Title, First Name, Middle Initial, Last Name			
	Address			
	City	Province	Postal Code	
	Date of Birth (MM/DD/YYYY) (Mandatory)	Language Preference <input type="checkbox"/> English <input type="checkbox"/> French	Home Phone	Business Phone

Successor Holder or Designation of Beneficiary (Not applicable if the account holder is a resident of Quebec or a non-resident of Canada)

Instructions to Designate:

- For Successor Holder only complete section 1
- For Successor Holder and Beneficiary complete section 1 and 2
- For Beneficiary only please complete section 2

To: Scotiustrust

1) Successor Holder Designation:
By signing below, you hereby designate in the event of your death your spouse/common-law partner[†] (as applicable) as the successor holder for your TFSA if, on the date of your death, he or she is (i) alive and (ii) your spouse or common-law partner. You acknowledge and understand that any prior successor holder designation will be automatically revoked by this designation.
[†]The terms "spouse" and "common-law partner" each has the meaning recognized in the *Income Tax Act* (Canada).

Name of Spouse/Common-law partner:

2) Beneficiary Designation:
By signing below, you hereby revoke any prior designations of beneficiary with respect to this plan, and hereby designate, if living at the time of your death, the beneficiary(ies) noted below to receive all monies payable under the plan upon your death, subject to the applicable provision of your 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 (including this form) will not be revoked or changed automatically by any future marriage or divorce. Should you wish to change or revoke a 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
Name of Beneficiary	Relationship to you
Name of Beneficiary	Relationship to you

Note: The Beneficiary section should only be completed if you have not completed the Successor Holder section above and you want to designate a beneficiary to receive the TFSA proceeds OR you have completed the Successor Holder section above and you also want to designate another person to receive the TFSA proceeds in the event that your Successor Holder (designated above) predeceases you or is not your spouse on the date of your death.

You understand and agree that:
(i) this form must be properly completed and received by an authorized representative of Scotiustrust to be effective against Scotiustrust; and
(ii) no legal opinion or representation is made by Scotia Capital Inc. or its subsidiaries or affiliates regarding the validity and enforceability of this successor holder or beneficiary designation/revocation.
In consideration of the TFSA records maintained by Scotia Capital Inc. on behalf of Scotiustrust being updated to reflect this successor holder or beneficiary designation/revocation, you agree to indemnify and hold harmless Scotia Capital Inc., Scotiustrust and their respective subsidiaries and affiliates from and against all claims, actions, losses, expenses, damages or liabilities which any of them may suffer or incur by reason of, or in connection with, this successor holder or beneficiary designation/revocation.

Dated at _____ this _____ day of _____

Account Holder Signature:	Signature of Witness*:	Name of Witness* (please print)
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*Note: The witness must not be the successor holder or a beneficiary.

Information about your employer/association

I hereby designate my Employer/Association named below as my agent to make contributions to this plan on my behalf, whether through payroll deduction or otherwise, and to otherwise assist in the administration of the plan.

Employer/Association

Acceptance of this application

This Application has been accepted on behalf of Scotiustrust (the issuer, located at 44 King Street West, Toronto, Ontario M5H 1H1) by the representative noted here:

Authorized Representative (Please Print)	Phone	Signature of Representative
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 file an election with the Minister of National Revenue to register the qualifying arrangement as a TFSA under section 146.2 of the *Income Tax Act* (Canada)
- you have received the fee schedule and agree to be bound by its terms.
- if you live in Quebec, you have requested that this Application and all documents relating to this plan be in English. Au Québec, les parties conviennent et exigent expressément que ce contrat ainsi que tous documents et avis émis en vertu de celui-ci ou s'y rattachant soient rédigés en anglais.

Account Holder Signature	Date (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>