

Power of Attorney Granting Full Authority Including Withdrawal of Money

A Account Information			
Account Name			Province
Account Number	Account Number	Account Number	Account Number
Account Number	Account Number	Account Number	Account Number
B Appointment of Attorney(s) (U.S. residents are not allowed to be Attorneys under this Power of Attorney.)			
To: Scotia Capital Inc. ("Scotia iTRADE")			
1. In connection with the above noted Account(s) which I/we have opened with you, I/we hereby appoint (hereinafter called my/our Attorney(s)) as my/our agent(s) and attorney(s)			
Attorney(s) print name(s)			
My/our relationship to the Attorney(s)			
<p>with full power and authority to do on my/our behalf and for my/our risk and in my/our name or number on your books anything that I/we can lawfully do by an attorney in connection with the operation of the Account(s), including buying, selling or trading stocks, bonds, options, commodities, debentures, bills of exchange and any other securities of whatever nature or kind, on margin or otherwise, all in accordance with the terms and conditions for the Account(s), as may be amended from time to time. If I/we have appointed more than one Attorney above, I/we hereby appoint them jointly and severally (either attorney may act alone and independently on my/our behalf), in accordance with the authority given to them.</p> <p>2. Is the Attorney paid or otherwise compensated for the services provided pursuant to this Power of Attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I/we hereby acknowledge and am/are aware of the following:</p> <p>a) Any fees charged to my/our investment account by Scotia iTRADE are only for the services provided to me/us by Scotia iTRADE.</p> <p>b) The fees charged by Scotia iTRADE are not shared with any other individual or entity who I/we have appointed to provide advice or services.</p> <p>c) I/we understand that the Attorney has trading authority and provides advice on my/our account.</p> <p>d) If any fees are charged directly to me/us by the Attorney, they are separate and distinct from those charged by Scotia iTRADE may debit the Attorney fees from the account and pay them to the Attorney in accordance with a fee schedule, if applicable.</p> <p>3. Without limiting the generality of the foregoing, I/we specifically grant my/our Attorney(s) full power and authority to:</p> <p>a. Give instructions for the Account(s), including: adding additional addresses for the receipt of confirmations, statements and other communications from Scotia iTRADE.</p> <p>b. Deposit with Scotia iTRADE any securities or monies;</p> <p>c. Request withdrawals, payments or securities from the Account(s) for and on my/our behalf as agent for me/us;</p> <p>d. Sell, assign, endorse and transfer any securities of any nature, at any time standing in my/our name(s) and to execute any documents necessary to effect the foregoing;</p> <p>e. Receive and acquiesce in the correctness of any and all notices of transactions, statements of account(s) and other records and documents;</p> <p>f. Settle, compromise, adjust and give releases with respect to any and all claims, demands, disputes or controversies relating to the Account(s);</p> <p>g. Receive requests and demands for payments or securities due, notices of intention to sell or purchase and other notices and demands respecting the Account(s);</p> <p>h. Execute and sign tax documentation relating to the Account(s), including international withholding tax certifications.</p> <p>4. I/we hereby ratify and confirm any and all trades, instructions, transactions and other acts heretofore and hereafter made by my/our Attorney(s) and will indemnify and hold Scotia iTRADE, its successors and assigns and their directors, officers, agents and employees, harmless against, and will pay promptly on demand for, any loss, liability and expense including legal costs arising out of same, if Scotia iTRADE or its successors and assigns is made a party to any action between or by me/us, my/our Attorney(s), or either of our agents, assigns or successors or to which any of them is a party and which relates in any way to the appointment or actions of my/our Attorney(s). I/we acknowledge and agree that Scotia iTRADE reserves the right to review and reject any of my/our Attorney's transaction and/or withdrawal requests.</p> <p>5. This Power of Attorney is in addition to and does not revoke any previous power of attorney, including any general power of attorney granted by me/us or any Scotia iTRADE Power of Attorney Limited to Buying and Selling Securities within an Account (SiT501), with the exception that this Power of Attorney DOES revoke any Scotia iTRADE Power of Attorney Granting Full Authority Including Withdrawal of Money (SiT3D) previously granted by me/us with respect to the Accounts. I/we specifically authorize multiple powers of attorney.</p> <p>6. This Power of Attorney shall remain in full force and effect and shall survive any incidental, temporary or intermittent closing out, or reopening or renumbering of the Account(s). The powers hereby granted to the Attorney shall continue in full force and effect until any of the following events occur: (i) Scotia iTRADE receives written notice of revocation by me/us, (ii) court order, (iii) written resignation of the Attorney, or both Attorneys if more than one is named, (iv) a new Scotia iTRADE Power of Attorney Granting Full Authority Including Withdrawal of Money (SiT3D) over the Accounts is executed by me/us; or (v) Scotia iTRADE receives written notification of our death.</p> <p>7. I/we hereby acknowledge that I/we have capacity to grant this Power of Attorney and am/are aware of the following:</p> <p>(a) I/we know what kind of property I/we have and its approximate value;</p> <p>(b) I/we am aware of obligations I/we owe to my/our dependents, if any;</p> <p>(c) I/we know that my/our Attorney(s) will be able to do anything with my/our Account(s) that I/we could do if capable, subject to the conditions and restrictions set out in this Power of Attorney;</p> <p>(d) I/we know that my/our Attorney(s) must account for his/her dealings with my/our property;</p> <p>(e) I/we know that I/we may, if capable, revoke this Power of Attorney;</p> <p>(f) I/we appreciate that unless my/our Attorney(s) manages my/our property prudently, the value of my/our property may decline; and</p> <p>(g) I/we appreciate the possibility that my/our Attorney(s) could misuse the authority given to him/her</p> <p>8. The provisions of this Power of Attorney and indemnity shall enure to the benefit of and be binding on Scotia iTRADE's successors and assigns. This Power of Attorney and indemnity is in addition to (and in no way limits or restricts) any rights which you may have under any other agreement or agreements between us.</p>			

Original - Branch Copy - Client

Scotia iTRADE® (Order-Execution Only) is a division of Scotia Capital Inc. ("SCI"). SCI is regulated by the Canadian Investment Regulatory Organization and is a member of 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.

Power of Attorney Granting Full Authority Including Withdrawal of Money

9. I/We declare that this Power of Attorney may be exercised during any subsequent legal incapacity on my/our part.
10. I/We acknowledge that I/we have been advised to seek independent legal advice before executing this Power of Attorney and, by executing of this Power of Attorney, acknowledge that I/we have either received independent legal advice or declined to do so.
11. I/We acknowledge that I/we have read and understood all of the provisions of this Power of Attorney and that I/we have received a copy of this Power of Attorney. [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.

C Signatory and Witness Requirements

Signatory Requirements

1. Account Holder, Attorney and Witness age must be at least 18 in Alberta, Manitoba, Prince Edward Island, Ontario, Quebec, and Saskatchewan.
2. Account Holder, Attorney and Witness age must be at least 19 in British Columbia, New Brunswick, Newfoundland and Labrador, Northwest Territories, Nova Scotia, Nunavut, and Yukon.

Witness Requirements (applicable to each person who signs as a Witness to a signatory to this form):

1. The following persons CANNOT be witnesses under any circumstances: (1) the Account Holder(s); (2) the Attorney; (3) any employee or agent of the Attorney; (4) a person signing on behalf of the Account Holder(s); (5) a family member of the Account Holder(s), the Attorney or person signing on behalf of the Account Holder(s) (including spouse, common law partner, registered domestic partner, parent, child (including anyone whom the Account Holder(s) have demonstrated a settled intention to treat as the child of the Account Holder(s), legal guardian, sibling, grandparent, grandchild, uncle or aunt, nephew or niece); (6) anyone cohabitating with the Account Holder(s) or Attorney; (7) anyone with whom the Account Holder(s) or Attorney has a child; and (8) a person whose property is under guardianship or who has a guardian of a person.
2. The following chart summarizes the witness requirements for this Power of Attorney in the various Canadian provinces and territories. Please contact your legal advisor for full requirements.





Province/Territory	Witness Requirements for the Account Holder(s)' signature(s)
Alberta Newfoundland and Labrador Northwest Territories Nunavut	One adult witness.
British Columbia	Two adult witnesses. Only one witness is sufficient if such witness is a practicing lawyer or a notary public.
Manitoba	One witness (other than the attorney or his/her spouse or common-law partner) who must be: <ul style="list-style-type: none"> an individual registered, or qualified to be registered, under Section 3 of the Marriage Act to solemnize marriages in Manitoba; a judge of a superior court of Manitoba, a justice of the peace or provincial judge, a duly qualified medical practitioner, a notary public appointed for Manitoba; or a lawyer entitled to practice in Manitoba, a member of the Royal Canadian Mounted Police or a police officer with a police service established or continued under the <i>Police Services Act</i>.
New Brunswick	One witness that must be a lawyer and completed Section G of this form.
Nova Scotia Ontario Prince Edward Island	Two adult witnesses.
Quebec	Two adult witnesses who have no personal interest in the matter and who sign and attest <ol style="list-style-type: none"> that they have seen the account holder sign in their presence, the identity of the account holder, the account holder's understanding of the nature of the document signed, and the account holder's capacity to act.
Saskatchewan	Two adult witnesses. Witness certificate in the prescribed form is required. Only one witness is sufficient if such witness is a lawyer, in which case a certificate of legal advice and a witness certificate in the prescribed form are required.
Yukon	One witness who must be a lawyer and accompanied by a certificate of legal advice from a lawyer who is not an Attorney or an Attorney's spouse.

D Account Holder(s) Agreement and Witness Statement

I/We, the Account Holder(s) hereby agree to and execute this Power of Attorney in the City of _____, _____ as of _____, 20_____.

Witness Statement (The following statement is provided by and binding on each person who signs as a Witness to the signature of an Account Holder):

I certify that: (1) I have no reason to believe that the Account Holder(s) whose signature(s) was/were witnessed by me is/are incapable of granting this Power of Attorney; (2) the Account Holder(s) understand(s) the nature of this Power of Attorney; (3) I am allowed to witness a power of attorney in the province/territory where this Power of Attorney is executed by the Account Holder(s); and (4) the Account Holder(s)'s signature(s) was/were witnessed by me in my presence.

Name of Account Holder 1 (please print)	 Signature of Account Holder 1
Name of Account Holder 2 (please print)	 Signature of Account Holder 2
Name of Witness 1 (please print)	 Signature of Witness 1
Name of Witness 2 (please print)	 Signature of Witness 2

Power of Attorney Granting Full Authority Including Withdrawal of Money

E Attorney Agreement

Before using your authority as Attorney, you should consult with your legal advisor. U.S. residents are not allowed to be Attorney's under this Power of Attorney.

The following agreement is provided by and binding on each person who signs this Power of Attorney as an Attorney:

I accept the appointment as Attorney. I understand that I owe a duty to the Account Holder(s) and accordingly have informed myself of the investment objectives of the Account Holder(s) and agree to adhere to same.

I have read, understood and agree to all the terms and conditions relating to the Account in the Scotia iTRADE Relationship Disclosure Document and Terms and Conditions brochure.

I acknowledge that it is my duty and responsibility to ensure that the Account is operated in accordance with the best interests of the person who appointed me Attorney, the terms of the Power of Attorney, and any other applicable legal requirements.

I understand that I may not be qualified to act as an Attorney if:

- I am under the age noted above for the province/territory where this Power of Attorney is executed by the Account Holder;
- I am someone who provides health care services to the Account Holder or an employee in the facility in which the Account Holder resides and through which the Account Holder receives personal health care services;
- I am incapable of managing property or incapable of understanding what property is held in the Account Holder's account, its value or the effect that my decisions may have on the property in the account and its value;
- I am an undischarged bankrupt; or
- I have been convicted of a criminal offence (for assault, sexual assault, an act of violence, intimidation, criminal harassment, uttering threats, theft, fraud, dishonesty, or breach of trust).


I certify that I am qualified to act as an Attorney and will promptly notify the Account Holder and Scotia iTRADE if I become disqualified.

In consideration of the acceptance of the Account by Scotia iTRADE and other good and valuable consideration, I agree to indemnify and hold harmless Scotia iTRADE and each of its officers, directors, employees and agents of and from any liability, costs or expenses of any kind which they may suffer or incur as a result of acting in accordance with my instructions or the information I have provided or authorize another to provide. [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.

Name of Attorney (print name)		Signature of Attorney	Date (mm/dd/yyyy)
Name of Attorney (print name)		Signature of Attorney	Date (mm/dd/yyyy)

F Witness to Attorneys' Signature (This section is applicable to British Columbia Account Holder residents only and two adult witnesses are required unless the witness is a practicing lawyer or a notary public)

The Attorney signatures in Section E above were witnessed by the following witnesses who comply with the applicable requirements set out on this form and the Attorney signatures were witnessed by us in our presence.

Name of Witness 1		Signature of Witness 1			
Address (number, street, apartment, rural route)	City	Province/Territory	Postal code	Country	
Name of Witness 2		Signature of Witness 2			
Address (number, street, apartment, rural route)	City	Province/Territory	Postal code	Country	

G Lawyer's Statement (This section is applicable to New Brunswick Account Holder residents only)

I, a practising member of the Law Society of New Brunswick, have reviewed the provisions of this Power of Attorney with the Account Holder, and was present when the Account Holder signed, and I am of the opinion that the Account Holder had the capacity to make this Power of Attorney.

Name of Lawyer		Signature of Lawyer	Date (mm/dd/yyyy)
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Account Number

Personal & Regulatory Information

Indicate your relationship to the account:

- ☐ Primary owner ☐ Power Of Attorney / Corporate Trading Authority
☐ Joint owner ☐ Executor ☐ Other: _____

INFORMATION ABOUT YOU

Title	First Name	Initial	Last Name
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Date of Birth (mm/dd/yyyy)	Country of Citizenship
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Social Insurance Number	SSN / TIN*
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Are you a tax resident or a citizen of the United States? ☐ No ☐ YesIf yes, you must provide your SSN/TIN and also complete a **W-9 Request for Taxpayer Identification Number and Certification** form.Are you a tax resident of a jurisdiction other than Canada or the U.S.? ☐ No ☐ Yes

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.**

RESIDENTIAL ADDRESS

Street Address / Legal Address (Address cannot be a post office box)	Apt/Suite No.
----------------------------------------------------------------------	---------------

Additional Address Information

City	Province	Postal Code
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Home Phone Number	Business Phone Number	Ext.
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Cell Phone Number	Primary Email Address <input type="checkbox"/> Home <input type="checkbox"/> Business
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Which number would you prefer we use to contact you during market hours? ☐ Home ☐ Business ☐ Cell



Account Number

Personal & Regulatory Information

EMPLOYMENT INFORMATION

Employment Status

☐ Employed ☐ Retired* ☐ Student ☐ Self-Employed ☐ Household Management ☐ Not Working ☐ Other

* If Retired, we require previous employment information

Employer

Industry

Position / Occupation

Years with this Employer

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 _____

Net Worth

Net Liquid Assets _____ A (Cash/securities less current liabilities)
 Fixed Assets _____ B (Fixed assets less loans against fixed assets)
 Total Net Worth _____ (A + B)

INFORMATION REQUIRED BY SECURITIES REGULATORS AND COMPLIANCE

Intended Use/Purpose of Account

Select one of the following to indicate Intended Use / Purpose of the Account:

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

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

Account Number

Personal & Regulatory Information

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 is anyone in your household an employee, partner, officer or director of an investment dealer (Canadian Investment Regulatory Organization member firm), a stock exchange, or company that is a member of any stock exchange?

☐ 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)? _____

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)? _____

Are you in a control position in a Marijuana related business?

☐ Yes ☐ No

MARITAL STATUS

☐ Single ☐ Married ☐ Common Law ☐ Divorced ☐ Legally Separated ☐ Widowed

INFORMATION ABOUT YOUR SPOUSE

First Name

Last Name

IDENTIFICATION REQUIREMENTS

Type of Identification Document (select one)

☐ Driver's licence
 ☐ Prov. Health Insurance Card (Except ON, MB, NS, PEI)
 ☐ Canadian Citizenship Card
☐ Age of Majority Card
 ☐ Passport

Identification Document Number

Please include photo identification and a completed Identity Verification (SiT200) form when submitting this form to Scotia iTRADE.



Account Number

Personal & Regulatory Information

TRUSTED CONTACT

Do you wish to appoint a Trusted Contact Person?

If yes, please complete below.

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

First Name	Last Name
Nature of relationship	
Phone number	Email

Client Signature

Date

Sample

Scotia iTRADE®

SiT3D

Power of Attorney Granting Full Authority Including Withdrawal of Money

A Account Information			
Account Name			Province
Account owner name			Province
Account Number	Account Number	Account Number	Account Number
Account #s to be included under this Power of Attorney			
Account Number	Account Number	Account Number	Account Number
B Appointment of Attorney(s) (U.S. residents are not allowed to be Attorneys under this Power of Attorney.)			
To: Scotia Capital Inc. ("Scotia iTRADE")			
1. In connection with the above noted Account(s) which I/we have opened with you, I/we hereby appoint (hereinafter called my/our Attorney(s)) as my/our agent(s) and attorney(s)			
Attorney(s) print name(s)			
Name of your Attorney			
My/our relationship to the Attorney(s)			
Please indicate your relationship to the Attorney			
with full power and authority to do on my/our behalf and for my/our risk and in my/our name or number on your books anything that I/we can lawfully do by an attorney in connection with the operation of the Account(s), including buying, selling or trading stocks, bonds, options, commodities, debentures, bills of exchange and any other securities of whatever nature or kind, on margin or otherwise, all in accordance with the terms and conditions for the Account(s), as may be amended from time to time. If I/we have appointed more than one Attorney above, I/we hereby appoint them jointly and severally (either attorney may act alone and independently on my/our behalf), in accordance with the authority given to them.			
2. Is the Attorney paid or otherwise compensated for the services provided pursuant to this Power of Attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No			
I/we hereby acknowledge and am/are aware of the following: Please respond Yes / no			
a) Any fees charged to my/our investment account by Scotia iTRADE are only for the services provided to me/us by Scotia iTRADE.			
b) The fees charged by Scotia iTRADE are not shared with any other individual or entity who I/we have appointed to provide advice or services.			
c) I/we understand that the Attorney has trading authority and provides advice on my/our account.			
d) If any fees are charged directly to me/us by the Attorney, they are separate and distinct from those charged by Scotia iTRADE may debit the Attorney fees from the account and pay them to the Attorney in accordance with a fee schedule, if applicable.			
3. Without limiting the generality of the foregoing, I/we specifically grant my/our Attorney(s) full power and authority to:			
a. Give instructions for the Account(s), including: adding additional addresses for the receipt of confirmations, statements and other communications from Scotia iTRADE.			
b. Deposit with Scotia iTRADE any securities or monies;			
c. Request withdrawals, payments or securities from the Account(s) for and on my/our behalf as agent for me/us;			
d. Sell, assign, endorse and transfer any securities of any nature, at any time standing in my/our name(s) and to execute any documents necessary to effect the foregoing;			
e. Receive and acquiesce in the correctness of any and all notices of transactions, statements of account(s) and other records and documents;			
f. Settle, compromise, adjust and give releases with respect to any and all claims, demands, disputes or controversies relating to the Account(s);			
g. Receive requests and demands for payments or securities due, notices of intention to sell or purchase and other notices and demands respecting the Account(s);			
h. Execute and sign tax documentation relating to the Account(s), including international withholding tax certifications.			
4. I/we hereby ratify and confirm any and all trades, instructions, transactions and other acts heretofore and hereafter made by my/our Attorney(s) and will indemnify and hold Scotia iTRADE, its successors and assigns, and their directors, officers, agents and employees, harmless against, and will pay promptly on demand for, any loss, liability and expense including legal costs arising out of same, if Scotia iTRADE or its successors and assigns is made a party to any action between or by me/us, my/our Attorney(s), or either of our agents, assigns or successors or to which any of them is a party and which relates in any way to the appointment or actions of my/our Attorney(s). I/we acknowledge and agree that Scotia iTRADE reserves the right to review and reject any of my/our Attorney's transaction and/or withdrawal requests.			
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7. I/we hereby acknowledge that I/we have capacity to grant this Power of Attorney and am/are aware of the following:			
(a) I/we know what kind of property I/we have and its approximate value;			
(b) I/we am aware of obligations I/we owe to my/our dependents, if any;			
(c) I/we know that my/our Attorney(s) will be able to do anything with my/our Account(s) that I/we could do if capable, subject to the conditions and restrictions set out in this Power of Attorney;			
(d) I/we know that my/our Attorney(s) must account for his/her dealings with my/our property;			
(e) I/we know that I/we may, if capable, revoke this Power of Attorney;			
(f) I/we appreciate that unless my/our Attorney(s) manages my/our property prudently, the value of my/our property may decline; and			
(g) I/we appreciate the possibility that my/our Attorney(s) could misuse the authority given to him/her			
8. The provisions of this Power of Attorney and indemnity shall enure to the benefit of and be binding on Scotia iTRADE's successors and assigns. This Power of Attorney and indemnity is in addition to (and in no way limits or restricts) any rights which you may have under any other agreement or agreements between us.			

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<p>9. We declare that this Power of Attorney may be exercised during any subsequent legal incapacity on my/our part.</p> <p>10. We acknowledge that I/we have been advised to seek independent legal advice before executing this Power of Attorney and, by executing of this Power of Attorney, acknowledge that I/we have either received independent legal advice or declined to do so.</p> <p>11. We acknowledge that I/we have read and understood all of the provisions of this Power of Attorney and that I/we have received a copy of this Power of Attorney.</p> <p>We have expressly requested that this Agreement and all deeds, documents or notices relating thereto be in the English language; je/nous ai/avons expressément exigé que cette convention et tout autre contrat, document ou avis afférent soient en langue anglaise.</p>	
C Signatory and Witness Requirements	
Please read section C for important signature & witness requirements in Section D	
Signatory Requirements	
<p>1. Account Holder, Attorney and Witness age must be at least 19 in British Columbia, New Brunswick, Newfoundland and Labrador, Northwest Territories, Nova Scotia, Nunavut, and Yukon.</p> <p>2. Account Holder, Attorney and Witness age must be at least 18 in Ontario, Manitoba, Saskatchewan and Alberta.</p>	
Witness Requirements (applicable to each person who signs as a Witness to a signatory to this form):	
<p>1. The following persons CANNOT be witnesses under any circumstances: (1) the Account Holder(s); (2) the Attorney; (3) any employee or agent of the Attorney; (4) a person signing on behalf of the Account Holder(s); (5) a family member of the Account Holder(s), the Attorney or person signing on behalf of the Account Holder(s) (including spouse, common law partner, registered domestic partner, parent, child (including anyone whom the Account Holder(s) have demonstrated a settled intention to treat as the child of the Account Holder(s), legal guardian, sibling, grandparent, grandchild, uncle or aunt, nephew or niece); (6) anyone cohabitating with the Account Holder(s) or Attorney; (7) anyone with whom the Account Holder(s) or Attorney has a child; and (8) a person whose property is under guardianship or who has a guardian of a person.</p> <p>2. The following chart summarizes the witness requirements for this Power of Attorney in the various Canadian provinces and territories. Please contact your legal advisor for full requirements.</p>	
Province/Territory	Witness Requirements for the Account Holder(s)' signature(s)
Alberta Newfoundland and Labrador Northwest Territories Nunavut	One adult witness.
British Columbia	Two adult witnesses. Only one witness is sufficient if such witness is a practicing lawyer or a notary public.
Manitoba	One witness (other than the attorney or his/her spouse or common-law partner) who must be: <ul style="list-style-type: none">• an individual registered, or qualified to be registered, under Section 3 of the Marriage Act to solemnize marriages in Manitoba;• a judge of a superior court of Manitoba, a justice of the peace or provincial judge, a duly qualified medical practitioner, a notary public appointed for Manitoba; or• a lawyer entitled to practice in Manitoba, a member of the Royal Canadian Mounted Police or a police officer with a police service established or continued under the Police Services Act.
New Brunswick	One witness that must be a lawyer and completed Section G of this form.
Nova Scotia Ontario Prince Edward Island	Two adult witnesses.
Quebec	Two adult witnesses who have no personal interest in the matter and who sign and attest: <ul style="list-style-type: none">i. that they have seen the account holder sign in their presence,ii. the identity of the account holder,iii. the account holder's understanding of the nature of the document signed, andiv. the account holder's capacity to act.
Saskatchewan	Two adult witnesses. Witness certificate in the prescribed form is required. Only one witness is sufficient if such witness is a lawyer, in which case a certificate of legal advice and a witness certificate in the prescribed form are required.
Yukon	One witness who must be a lawyer and accompanied by a certificate of legal advice from a lawyer who is not an Attorney or an Attorney's spouse.
D Account Holder(s) Agreement and Witness Statement	
<p>I/We, the Account Holder(s) hereby agree to and execute this Power of Attorney in the City of _____, _____ Province, as of _____ Month, _____ Day, 20____ Year.</p>	
Witness Statement (The following statement is provided by and binding on each person who signs as a Witness to the signature of an Account Holder): I certify that: (1) I have no reason to believe that the Account Holder(s) whose signature(s) was/were witnessed by me is/are incapable of granting this Power of Attorney; (2) the Account Holder(s) understand(s) the nature of this Power of Attorney; (3) I am allowed to witness a power of attorney in the province/territory where this Power of Attorney is executed by the Account Holder(s); and (4) the Account Holder(s)'s signature(s) was/were witnessed by me in my presence.	
Name of Account Holder 1 (please print)	<input checked="" type="checkbox"/> Signature of Account Holder 1
Name of Account Holder 2 (please print)	<input checked="" type="checkbox"/> Signature of Account Holder 2
Name of Witness 1 (please print)	<input checked="" type="checkbox"/> Signature of Witness 1
Please review section C to confirm witness requirements in your province	
Name of Witness 2 (please print)	

Sample

Power of Attorney Granting Full Authority Including Withdrawal of Money

E Attorney Agreement

Before using your authority as Attorney, you should consult with your legal advisor. U.S. residents are not allowed to be Attorney's under this Power of Attorney.

The following agreement is provided by and binding on each person who signs this Power of Attorney as an Attorney:

I accept the appointment as Attorney. I understand that I owe a duty to the Account Holder(s) and accordingly have informed myself of the investment objectives of the Account Holder(s) and agree to adhere to same.

I have read, understood and agree to all the terms and conditions relating to the Account in the Scotia iTRADE Relationship Disclosure Document and Terms and Conditions brochure.

I acknowledge that it is my duty and responsibility to ensure that the Account is operated in accordance with the best interests of the person who appointed me Attorney, the terms of the Power of Attorney, and any other applicable legal requirements.

I understand that I may not be qualified to act as an Attorney if:

- I am under the age noted above for the province/territory where this Power of Attorney is executed by the Account Holder;
- I am someone who provides health care services to the Account Holder or an employee in the facility in which the Account Holder resides and through which the Account Holder receives personal health care services;
- I am incapable of managing property or incapable of understanding what property is held in the Account Holder's account, its value or the effect that my decisions may have on the property in the account and its value;
- I am an undischarged bankrupt; or
- I have been convicted of a criminal offence (for assault, sexual assault, an act of violence, intimidation, criminal harassment, uttering threats, theft, fraud, dishonesty, or breach of trust).

I certify that I am qualified to act as an Attorney and will promptly notify the Account Holder and Scotia iTRADE if I become disqualified.

In consideration of the acceptance of the Account by Scotia iTRADE and other good and valuable consideration, I agree to indemnify and hold harmless Scotia iTRADE and each of its officers, directors, employees and agents of and from any liability, costs or expenses of any kind which they may suffer or incur as a result of acting in accordance with my instructions or the information I have provided or authorize another to provide. I have expressly requested that this Agreement and all documents relating to it be in English; /ai expressément exigé que cette convention et toute autre document afférent soient en langue anglaise.

Name of Attorney (print name)	<input checked="" type="checkbox"/> Signature of Attorney	Date (mm/dd/yyyy)
Name of power of attorney	<input checked="" type="checkbox"/> Signature	Date
Name of Attorney (print name)	<input checked="" type="checkbox"/> Signature of Attorney	Date (mm/dd/yyyy)

F Witness to Attorneys' Signature (This section is applicable to British Columbia Account Holder residents only and two adult witnesses are required unless the witness is a practicing lawyer or a notary public. Only residents of British-Columbia complete section F)

The Attorney signatures in Section E above were witnessed by the undersigned. I am a resident of British Columbia and I am of legal age. I am of the opinion that the Account Holder had the capacity to execute the Power of Attorney and the requirements set out on this form and the Attorney signatures were witnessed by us in our presence.

Name of Witness 1	<input checked="" type="checkbox"/> Signature of Witness 1			
Name of witness #1	Signature			
Address (number, street, apartment, rural route)	City	Province/Territory	Postal code	Country
Address of witness #1	City	Province	Postal code	Country
Name of witness #2	<input checked="" type="checkbox"/> Signature of Witness 2			
Name of witness #2	Signature			
Address (number, street, apartment, rural route)	City	Province/Territory	Postal code	Country
Address of witness #2	City	Province	Postal code	Country

G Lawyer's Statement (This section is applicable to New Brunswick residents only. Only residents of New Brunswick complete section G)

I, a practising member of the Law Society of New Brunswick, have signed this Power of Attorney with the Account Holder, and was present when the Account Holder signed, and I am of the opinion that the Account Holder had the capacity to make this Power of Attorney.

Name of Lawyer	<input checked="" type="checkbox"/> Signature of Lawyer	Date (mm/dd/yyyy)
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