

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.
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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

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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

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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.



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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