Account application

Corporations
Partnerships
Associations
Sole proprietorships
Investment clubs



SCOTIA ITRADE NON-PERSONAL ACCOUNT - ORDER EXECUTION ONLY ACCOUNT

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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 application as follows:

- Information about the organization and type of account
- Information about individuals with trading authority or who will guarantee the account
- Sign the customer agreement

2. Attach additional documents as required

FOR A TRADING AUTHORITY:		FOR A SOLE PROPRIETORSHIP:	
☐ Trading Authorization Form	#8206317	Certificate of Registration	
FOR A CORPORATION/PERSONAL HOLDING COMPANY		FOR AN INVESTMENT CLUB:	
A copy of the Articles of Incorporation		☐ A copy of the Club's Constitution	
☐ Annual filing of Certificate of Corporate S	tatus	and/or	
Guarantee Form A personal guarantee is required for a Cor	#8209111 poration.	☐ A copy of the Minutes of Appointment	
Certificate of Notary Public (Alberta only)	#8209219	 Declaration of Beneficial Ownership 	#8207011
☐ Declaration of Beneficial Ownership	#8207216	FOR ENTITIES ORGANIZED OR INCORPORATED IN THE U.S.	
FOR A PARTNERSHIP:		PARTNERS, MEMBERS, OR SOLE OWNER HAVE U.S. CITIZEN	
Certificate of Registration Declaration		☐ A W9 Form for U.S. taxation purposes	#8208816
of Beneficial Ownership	#8207011	FOR A CORPORATION, PERSONAL HOLDING CO.:	
FOR AN ASSOCIATION:		Declaration of Beneficial Ownership	#8207216
☐ Certificate of Registration ☐ A copy of the Minutes of Appointment		IF YOU ARE TRANSFERRING MONIES OR SECURITIES TO SCO	OTIA iTRADE
CAW-8BEN-E Certificate of Status of Bene	ficial	☐ Transfer Authorization for Non-Registered	
Owner for United States Tax Withholding a Reporting (Entities)		Investments Form	#8207410

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

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 coverage is available upon request.

INFORMATION ABOUT THE ORGANIZATION

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 and risk tolerance when processing orders placed by you

objectives and risk tolerance when processing orders placed by you.
LEGAL ENTITY NAME
Legal Entity Name
Doing Business as (Name that the Legal Entity operates under)
LEGAL ENTITY TYPE
IS THE LEGAL ENTITY SETUP AS A COMPLEX STRUCTURE/HOLDING VEHICLE (E.G. COMPLEX LEGAL STRUCTURES MAY MAKE ULTIMATE BENEFICIAL OWNERSHIP ("UBO") DIFFICULT TO IDENTIFY AND/OR MAY HAVE NO BUSINESS RELATED PURPOSE)? YES NO
COMPANY/CORPORATION (SELECT ONE OF THE FOLLOWING)
CORPORATION
IS THE CORPORATION AN ACTIVE ENTITY OR A PASSIVE ENTITY (SEE DEFINITION OF ACTIVE AND PASSIVE ENTITY ON PAGE 5)
☐ INSURANCE COMPANY ☐ TRUST COMPANY ☐ CENTRAL CREDIT UNION & REGIONAL ☐ CAISSE POPULAIRE
CDN CHARTERED BANKS & QSB
NOTE: WHERE THE CORPORATION IS AN INSURANCE COMPANY, TRUST COMPANY, CENTRAL CREDIT UNION & REGIONAL, CAISSE POPULAIRE, CANADIAN CHARTERED
BANK, QUEBEC SAVINGS BANK, PENSION FUND, FOREIGN BANK, OR A QUALIFIED INTERMEDIARY, DO NOT CLASSIFY AS AN ACTIVE OR PASSIVE ENTITY.
PARTNERSHIP
IS THE PARTNERSHIP A LIMITED PARTNERSHIP? YES NO
IS THE PARTNERSHIP AN ACTIVE ENTITY OR A PASSIVE ENTITY (SEE DEFINITION OF ACTIVE AND PASSIVE ENTITY ON PAGE 5)
COMPANY/CORPORATION (ACCEPTABLE INSTITUTION/ACCEPTABLE COUNTERPARTY) (SELECT ONE OF THE FOLLOWING)
BANK CORPORATION CROWN CORPORATION TRUST COMPANY INSURANCE PENSION FUND
CREDIT OR CAISSE POPULAIRE OTHER
ACCEPTABLE INSTITUTION/ACCEPTABLE COUNTERPARTY NAME AS IT APPEARS ON HTTP://AIAC.IIROC.CA/:
PERSONAL HOLDING COMPANY OR NON-OPERATING PRIVATE COMPANY
IS THE COMPANY AN ACTIVE ENTITY OR A PASSIVE ENTITY (SEE DEFINITION OF ACTIVE AND PASSIVE ENTITY ON PAGE 5)
☐ INVESTMENT COUNSELLOR (DAP)
INVESTMENT COUNSELLOR (DAP) IS THE LEGAL ENTITY CONSIDERED A QUALIFIED INTERMEDIARY (QI)? YES NO
IF YES, INDICATE WITHHOLDING TYPE: FULL WITHHOLDING OR NON-WITHHOLDING
IF YOU HAVE BEEN ISSUED A GLOBAL INTERMEDIARY IDENTIFICATION NUMBER (GIIN) ENTER HERE: • • • •
(MUST BE 19 CHARACTERS IN LENGTH) IF YOU HAVE APPLIED FOR A GIIN AND IT HAS NOT YET BEEN ISSUED, LEAVE BLANK.
IS THE LEGAL ENTITY ELIGIBLE FOR A WAIVER OF A PERSONAL GUARANTEE? YES NO
NOTE: MARGIN OR OPTIONS ACCOUNTS ARE NOT PERMITTED FOR WAIVER OF A PERSONAL GUARANTEE. WAIVER OF A PERSONAL GUARANTEE IS APPLICABLE ONLY
FOR COMPANY/CORPORATION AND PERSONAL HOLDING COMPANY OR NON-OPERATING PRIVATE COMPANY.
☐ INVESTMENT CLUB ☐ PUBLIC TRUSTEE ☐ CANADIAN GOVERNMENT OR ORGANIZATION
SOLE PROPRIETORSHIP COMMITTEE
SOLETROTRILIONSTIII COMMITTEE
□ WRITTEN TRUST
GRANTOR TRUST IS THE GRANTOR ALIVE AND A TAX RESIDENT OR CITIZEN OF THE U.S.? YES NO
IS THE GRANTOR ALIVE AND A TAX RESIDENT OR CITIZEN OF THE U.S.? LYES NO IF YES, PROVIDE THEIR SSN/TIN AND ALSO COMPLETE A W-9 REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION FORM.
IF 1ES, PROVIDE THEIR SSIWTHN AND ALSO CONFERTE A W-9 REQUEST FOR TAXPATER IDENTIFICATION NUMBER AND CERTIFICATION FORIVI.
☐ SIMPLE TRUST ☐ COMPLEX TRUST ☐ RETIREMENT COMPENSATION ARRANGEMENT ☐ U.S. TRUST
IS THE WRITTEN TRUST AN ACTIVE ENTITY OR A PAGE 5 – NOT APPLICABLE FOR U.S. TRUST) PASSIVE ENTITY (SEE DEFINITION OF ACTIVE AND PASSIVE ENTITY ON PAGE 5 – NOT APPLICABLE FOR U.S. TRUST)
ESTATE (NON-REGISTERED ONLY) LIQUIDATED MAINTAINED
WAS THE ESTATE CREATED BY A WILL? YES NO
was the deceased a tax resident or citizen of the U.S? \square Yes \square No
Was the deceased 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).
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
2TIN Reason Code Other - specify
3TIN Reason Code Other - specify

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POPULATION UNDER 50,000 POPULATION OVER 50,000
Embassy, mission, consulate and/or other official diplomatic body. If yes, please indicate home country:
NON-PROFIT ORGANIZATIONS
IS THE LEGAL ENTITY TAX EXEMPT? YES NO
IF YES, INDICATE THE CHARITY'S OR NPO'S REGISTRATION NUMBER WITH CRA:
IF NO, ALSO COMPLETE A CAW-8BEN-E CERTIFICATE OF STATUS OF BENEFICIAL OWNER FOR UNITED STATES TAX WITHHOLDING AND REPORTING (ENTITIES) FORM
☐ PRIVATE FOUNDATION
INDICATE TAX IDENTIFICATION NUMBER:
IS THE FOUNDATION TAXABLE AT 4% ON U.S. INCOME YES NO
☐ SCHOOL BOARD
PUBLIC PRIVATE
HOSPITAL
□ PUBLIC □ PRIVATE
RELIGIOUS ORGANIZATION
REGISTERED CHARITY; AND
NON-PROFIT ORGANIZATION/ASSOCIATION/OTHER
DOES THE ABOVE NON-PROFIT ORGANIZATION SOLICIT OR ACCEPT CHARITABLE FINANCIAL DONATIONS FROM THE PUBLIC?
PLEASE PROVIDE PRINCIPAL DONORS (PERSONS OR ENTITIES) THAT HAVE DONATED 25% OR MORE OF THE ENTITY'S TOTAL CONTRIBUTIONS WITHIN THE PROCEEDING YEAR. PLEASE PROVIDE THE FULL NAME (FIRST NAME, MIDDLE INITIAL AND LAST NAME) OR LEGAL ENTITY NAME.
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DEFINITION OF ACTIVE AND PASSIVE ENTITY

Active Entity

- The entity is Non-U.S. and is not a financial institution;
- Entities for which less than 50% of the gross income for the preceding calendar year was passive income <u>and</u> less than 50% of the assets held by the entity during the preceding calendar year were assets that produced passive income;

Corporations with shares that regulGovernment or international organ	*			
Passive Entity				
A passive entity is any entity that is <u>ne</u>	ither a financial institution	nor an active entity.		
Passive income is generally understood	I to include income from th	ne mere holding of property	, such as interest, dividends, rents and royalties.	
LEGAL ENTITY ADDRESS				
LEGAL ENTITY ADDRESS		DOING BUSIN	NESS AS (NAME LEGAL ENTITY OPERATES UNDER)	
			,	
STREET ADDRESS/LEGAL ADDRESS	(ADDRESS CANNOT BE A P	OST OFFICE BOX)	C/O	
CITY PROV	INCE	POSTAL CODE		
DESIGNATED CONTACT PERSON BU	JSINESS PHONE NUMBER	EXT.		
I				
EMAIL ADDRESS				
MAILING ADDRESS IF DIFFERENT FR	OM ABOVE			
CITY PROV	INCE	POSTAL CODE		
ADDITIONAL INFORMATION A	BOUT THE LEGAL ENTI	TY		Instr
				All I
			<u>T</u>	Num - Num
Corporation Number	Business Numbe		Trust Account Number	Writ Provi
Number assigned by Corporations Canada Provincial Business registry upon incorpora (6-10 numeric digits)		y CRA. (9 numeric digits + s + 4 numeric digits)	Number assigned by CRA (T followed by 8 numeric digits)	Inve Publ Com
If the legal entity residential address is in	n Quebec, provide one (1) of	f the following:		
Quebec Enterprise Number (NEC	(Number assigned by Rev	enue Quebec. 10 digit numb	per)	
Quebec Identification Number (N	Number assigned by Revenu	e Quebec. 10 digit number)		
Quebec Trust Identification Num		_		
Quebec irust identification Num	ber (Number assigned by N	evenue Quebec. 10 digit na		
Does the legal entity operate or ex	ercise control over any of	f the following types of b	usiness? Check all that apply.	
Casino, betting or other gaming	related business		rijuana related businesses, which include those that	are
White-label ATM operator			olved in the cultivation, processing / preparation, and	d sales /
Licensed firearms retailer, in the l	business of sales of firearms	5,	ribution of marijuana	
ammunition and related accessor	ries		ney services business shore bank	
☐ Travel agency			rd party non-bank financial institution	
☐ Virtual importer / exporter			rd party correspondent bank	
Dealer in jewellery / gems / precio			th-intensive businesses	
Shipping company - Defined as n commercial freight carriers	iori-iand based transnationa	ii cas		
In which jurisdiction was the entity	r incorporated/establishe	d?		
Principal business or industry				

Instruction to complete Tax Numbers

All legal entities must provide a **Business Number** with the exception of:

Written Trust and Estate Accounts – Provide Trust Account Number

Investment Counselor, Investment Club, Public Trustee, Sole Proprietorship and Committee Accounts - Not Required

Clients	6	
4 5 Suppliers 1 2 4 5 Operations 1 2 4 5	6	
Suppliers 1	3 6 3	
1 2 5 5 5 4 5 5 2 4 5 5 5 6 5 6	3	
4 5 Operations 1 2 4 5	3	
Operations 1 2 4 5	3	
1 2 4 5		
4 5		
_	6	<u> </u>
Are you a tax resident or citizen of the U.S.? No		
	Yes Yes	
Is the entity a tax resident of a jurisdiction other than	Canada or the U.S.? No Yes If ye	es, list up to three jurisdictions
and the Tax Identification Number (TIN).		
If yes, you must provide your SSN/TIN and also complete a V	N-9 Request for Taxpayer Identification Num	nber and Certification form.
If you do not have a TIN for one of the below noted juris Reason Code 1: I will apply or have applied for a TIN, b Reason Code 2: My jurisdiction of tax residence does not Reason Code 3: Other - Specify (TIN is required within a 1	out have not yet received it (TIN is required wit ot issue TINs to its residents a year)	thin a year)
2TIN		
3TIN		
FINANCIAL INFORMATION		
FINANCIAL INFORMATION		
GROSS ANNUAL INCOME/ REVENUE FROM ALL SOURC	ES	
\$		
ESTIMATED NET WORTH OF ENTITY		
Net Liquid Assets.	_ A (Cash and securities minus cu	ırrent liabilities)
Net Fixed Assets	B	anding against fixed assets)
Total Net Worth	(A + B)	
U.S. ENTITIES AND EACH PARTNER, TR	RUSTEE OR CLUB MEMBER WH	IO IS A U.S. PERSON
(SEE DEFINITION OF U.S. PERSON ON PAGE 8)		
s the entity incorporated or organized in the U.S.A.?		☐ Yes ☐ No
Are any of the partners in the partnership a U.S. Person?	?	Yes No
s the trustee for the estate or written trust a U.S. Persor		
s the club member for the investment club a U.S. Persor		☐ Yes ☐ No
		☐ Yes ☐ No
f yes is selected for any of the above questions, also comple form.	ete a CAW-9 Request for Taxpayer Identifica	ition Number and Certification
HOW DID YOU HEAR ABOUT US?		
	ERSONAL REFERRAL NEWSPAPER /	/ Magazine ad other,
STATEMENT ENCLOSURE OR OTHER MAIL	SPECIFY	
What is your language preference for telephone cus	tomer service?	
What is your language preference for telephone cus	tomer service?	
What is your language preference for telephone cus ENGLISH FRENCH CANTONESE MANDARIN INFORMATION REQUIRED BY SECURIT		LIANCE
ENGLISH FRENCH CANTONESE MANDARIN NFORMATION REQUIRED BY SECURIT s this entity considered to be an Insider (as defined	TIES REGULATORS AND COMPL	
ENGLISH FRENCH CANTONESE MANDARIN	ries regulators and compling a Provincial Securities Act)	
ENGLISH FRENCH CANTONESE MANDARIN INFORMATION REQUIRED BY SECURIT Is this entity considered to be an Insider (as defined of any public companies? FYES, WHAT IS THE NAME OF THE COMPANY(IES)? Is this entity in a control position (as defined in a Pro	in a Provincial Securities Act)	YES NO
ENGLISH FRENCH CANTONESE MANDARIN INFORMATION REQUIRED BY SECURIT s this entity considered to be an Insider (as defined of any public companies? F YES, WHAT IS THE NAME OF THE COMPANY(IES)? Is this entity in a control position (as defined in a Prof. F YES, WHAT IS THE NAME OF THE COMPANY(IES)?	in a Provincial Securities Act) ovincial Securities Act) of any public compa	yes No
ENGLISH FRENCH CANTONESE MANDARIN INFORMATION REQUIRED BY SECURIT s this entity considered to be an Insider (as defined of any public companies?	in a Provincial Securities Act) ovincial Securities Act) of any public compa	yes No
NFORMATION REQUIRED BY SECURITS Is this entity considered to be an Insider (as defined of any public companies? FYES, WHAT IS THE NAME OF THE COMPANY(IES)? Is this entity in a control position (as defined in a Profession of the Company(IES)? Ooes anyone else other than the entity and its owners.	in a Provincial Securities Act) ovincial Securities Act) of any public compares have a financial interest in this account	yes No
INFORMATION REQUIRED BY SECURITS this entity considered to be an Insider (as defined of any public companies? F YES, WHAT IS THE NAME OF THE COMPANY(IES)? Is this entity in a control position (as defined in a Profession, WHAT IS THE NAME OF THE COMPANY(IES)? Does anyone else other than the entity and its owner.	in a Provincial Securities Act) ovincial Securities Act) of any public comparers have a financial interest in this account a iTRADE?	yes No

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.

Į	☐ I consent	to share	my info	ormation	within	the Sco	otiabank	Group	of Con	npanie	!S.
[☐ I do not d	onsent t	o share	mv infor	mation	within	the Sco	tiabank	Group	of Co	mpanies

¹ "We" or "us" refers to The Bank of Nova Scotia Trust Company (Scotiatrust®); 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.

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BANKING INFORMATION

Banking information is required by Securities Regulators. Please enter the entity's 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 etc.).

Please enter entity bank account details in the white boxes below. This information can be found on most cheques.

Your Name Your Address		Cheque No.
Your Address	DATE	
DAY TO THE	\$	
PAY TO THE ORDER OF	↓	
_		KS .
Banking Institu	ion Name	
Branch Address		
MEMO		
Cheque No. ###		rency CDN U.S.
TYPE OF A	ACCOUNT	
CASH ACCO	UNT - ACCOUNT MUST HAVE SUFFICIENT FUNDS FOR PURCHASES	
	COUNT - ALLOWS YOU TO BORROW AGAINST THE ASSETS IN YOUR ACCOUNT	
WITH SHOR		TAINED.
WITH OPTIO	ons trading?	
	□ COVERED CALLS PURCHASING □ NAKED POIS □ PUTS AND CALLS □ NAKED CALLS	
	SPREADS	
CASH OPTIN	IZER INVESTMENT ACCOUNT	
NTENDED	USE FOR THIS ACCOUNT	
What is the in	tended use for this account?	
Short Term	Investment Savings (Registered and Non-Registered) Custody of Securities	
Long Term	nvestment Retirement Planning, Estate / Tax Planning Leverage, Hedging, Capital Preservatio	n, Trusts, Protection o
Income Ge	neration Uther (Detailed description is mandatory):	
SETTLEME	INT INSTRUCTIONS	
n which curr	ency would you prefer to settle your transactions?	
CDN\$	U.S.\$ THE CURRENCY OF THE MARKET IN WHICH THE SECURITY WAS TRADED.	
INITIAL D	POSIT	
What is the A	PPROXIMATE DOLLAR AMOUNT OF YOUR INITIAL DEPOSIT FOR THIS ACCOUNT?	
TRANSFER	REQUESTS	
Do you want	us to transfer any assets from another financial institution?	YES NO
-	TE THE TRANSFER AUTHORIZATION FOR NON-REGISTERED INVESTMENTS FORM.	
WHAT IS THE A	PPROXIMATE DOLLAR AMOUNT OF ACCOUNT TRANSFER ASSET VALUE?	
SCOTIA el	OOCUMENTS ENROLMENT	
	to receive your statements, annual trading summaries, trade confirmations and regulatory materi	
	via Scotia iTRADE's website instead of a printed version by enrolling in Scotia eDocuments. To en	
	the option below. If this is your first time using Scotia eDocuments, you will be required to sign the	ne Terms
	Document Delivery through Scotia iTRADE's website.	
-	e to enrol in Scotia eDocuments? \(\text{YES} \) NO	
	tuments you would like to receive electronically. Trade confirmations & mutual fund prospectuses	
1 STATEMENTS	I I I I I I I I I I I I I I I I I I I	

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SHAREHOLDER COMMUNICATION INSTRUCTIONS

PART 1 - DISCLOSU	RE OF BENEFICIAL OWNERSHIP INFORMATION	
language of co	ECT to the disclosure of my name, address, electronic mail address, securities holdings and preferred ommunication (English or French) (my account information) to issuers of securities held with you and to or companies in accordance with securities law.	
certain materi	e disclosure of my account information as noted above. I understand that by objecting to this disclosure, als may still be required by law to be sent to me, and that I may have to pay the mailing and handling g these materials provided to me.	
PART 2 - RECEIVING	S 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 sen these materials to me at its expense.)	d
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 - PREFERRE	D LANGUAGE OF COMMUNICATION	
ENGLISH/FRENCH	My preferred language of communication is:	
	I understand that the materials I receive will be in my preferred language of communication if the materials are available in that language.	
OTHER INTER	EST IN THIS ACCOUNT	
Will this account b	be used to conduct business on behalf of an entity other than the named entity?	
INFORMATIO	N ABOUT THE TRADING AUTHORITY	
SCOTIABANK USER	ID or CARD NUMBER if available MOTHER'S MAIDEN SURNAME	
TITLE FIRST	NAME INITIAL LAST NAME	
DATE OF BIRTH (M	M/DD/YYYY) COUNTRY OF CITIZENSHIP	
SOCIAL INSURANC	E NUMBER (Required for online account access) SSN/TIN*	*If U.S. citizen or U.S. dual citizen Social Security

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RESIDENTIAL ADDRESS

STREET ADDR	RESS/LEGAL ADDRESS (ADD	RESS CANNOT BE A POST OFFICE BOX	()		APT/SUITE NO	
ADDITIONAL	ADDRESS INFORMATION					_
CITY	PROVINC	E POSTAL	CODE			
LIONE BUON	, AUIMADED	PLICE	IECC DIJONE N	LIMBED		
HOME PHONI	ENUMBER	BOSII	NESS PHONE N	OMREK	EXT.	
CELL PHONE I	NUMBER	PAGER	NUMBER			
CLLETHONE	NOW DEIX	IAGEN	INOMIDER			
FAX NUMBER	<u> </u>	PRIM	ARY EMAIL AD	DDRESS	☐ HOME	
	er would you prefer we l	ise to contact you during mark	et hours?			
EMPLOY	MENT INFORMATIO	ON .				
EMPLOYMEN	T STATUS EMPLOYE	D RETIRED STUDENT	SELF-EMPLOYED	HOMEMAKER	□ NOT WORKING □ OTH	ER
NAME OF EM	IPLOYER (IF RETIRED, FORI	MER EMPLOYER) I	NDUSTRY			
POSITION / C	OCCUPATION	Y	EARS WITH TH	HIS EMPLOYER		
Are you emp	oloyed by the Scotiabank	Group?			YES] N
IF YES, SPECIF	Y					_

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FINANCIAL INFORMATION

HAVE YOU OWNED OR TRADED?	Select your level of knowledge.				
MUTUAL FUNDS	Low	☐ MODERATE	HIGH		
FIXED INCOME (OTHER THAN CSBs)	Low	☐ MODERATE	HIGH		
□ stocks	Low	☐ MODERATE	HIGH		
MARGIN	Low	☐ MODERATE	HIGH		
OPTIONS	Low	☐ MODERATE	HIGH		
SHORT SALES	Low	MODERATE	HIGH		
OVERALL INVESTMENT EXPERIENCE	Low	☐ MODERATE	HIGH		
INFORMATION REQUIRED I	3Y SECURITIES REG	ULATORS A	ND COMPLIANCE		
Are you or your spouse considered to of any public companies?	be an Insider (as defined	l in a Provincial So	ecurities Act)	YES	□ NO
IF YES, WHAT IS THE NAME OF THE COM	1PANY(IES)?				
Are you, or your spouse, singularily, c (as defined in a Provincial Securities A				YES	□ №
IF YES, WHAT IS THE NAME OF THE COM	1PANY(IES)?				
Are you or is anyone in your househo (Canadian Investment Regulatory Org member of any stock exchange?				YES	□ NO
IF YES, WHAT IS THE NAME OF THE CO)MPANY(IES)?				
Do you own, or have trading authori	YES	NO			
IF YES, WHAT IS THE ACCOUNT NUMBER	(S)?				
Do you own, or have trading authori	YES	NO			
IF YES, WHAT IS THE NAME OF THE SECU	RITIES FIRM(S)?				



BANKING INFORMATION (OPTIONAL)

Please enter your primary bank account details in the white boxes below. This information can be found on most cheques.

Your Name Your Address						Chequ	e No.
Tour Address				DATE			
PAY TO THE					\$		
ORDER OF					/100) DOLLARS	
Banking Institution N	lame						
Branch Address							
MEMO	1		1 [
Cheque No. Bran	nch Transit No.		Bank Account No.		Type of Account ☐ Chq ☐ Svg:	Currency	U.S.
MARITAL ST	ATUS						
SINGLE MA	ARRIED L COMMON	I LAW DIVORG	ED LEGALLY SEPARATE	D WIDOWED	1		
NFORMATIC	ON ABOUT YO	OUR SPOUSE					
FIRST NAME				LAST NAME			
DENTIFICATI	ION REQUIRE	MENTS					
TYPE OF IDENTI	FICATION DOCUI	MENT (SELECT (ONE)				
DRIVER'S LICENCE		INSURANCE ON, MB, NS AND PE	CANADIAN CITIZENSHIP CARD	AGE OF MA.	IORITY PA	ASSPORT	
DENTIFICATION	I DOCUMENT NU		I) CHIZZIVSHIII CAUD	Critio			
NFORMATIC	ON ABOUT TH	E GUARANI	OR				
TITLE FIRST N	IAME		INITIAL	LAST NAME			
TREET ADDRES	SS/LEGAL ADDRE	SS (ADDRESS CAN	IOT BE A POST OFFICE BOX)				
CITY	PROVING	CE	POSTAL CODE				
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-	ng Scotia iTRADE					L YES	∐ N
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Order Execution Only Account

CUSTOMER AGREEMENT BY SIGNING, I CONFIRM THAT:

BY SIGNING, I CONFIRM THAT:

- 1. All of the information in this Application is complete, accurate and true, and I will promptly send written notice to Scotia iTRADE of any change in this information. I verify that I have provided to you, and that all photocopies of identification submitted with this Application are true copies of valid identification of each trading authority, partner, member, director, sole owner, or beneficial owner of greater than 10% of the legal entity to which this Application pertains ("Relevant Legal Entity").
- 2. I have read, understand, and agree to the terms of this Customer Agreement and all of the sections in the Scotia iTRADE Terms and Conditions brochure that apply to this/these account(s).
- 3. I will provide a cheque for deposit drawn on the Relevant Legal Entity's account at a Canadian financial institution. For each trading authority, partner, member, officer/authorized person, sole owner, or beneficial owner of greater than 10% of the Relevant Legal Entity (each, a "Relevant Person") who does not have a Scotiabank account, I agree to provide a cheque for deposit drawn against each such Relevant Person's own account at a Canadian financial institution to satisfy Canadian Anti-Money Laundering requirements.
- 4. My Shareholder Communication Instructions are to be followed. I understand that my elections apply to all securities held in this/these account(s).
- 5. Scotia iTRADE reserves the right to restrict or limit trading activity in this/these account(s) at any time without notice to me. Scotia iTRADE may close this/ these account(s) if all required documentation in complete form is not received within two weeks of opening this/these account(s).
- 6. United States Withholding Tax-Limitation on Benefits Treaty Statement ("Treaty"): I/we meet all provisions of the Treaty that are necessary to claim a reduced rate of withholding, including any limitation on benefits provisions, and I/we derive the U.S. source income within the meaning of section 894 of the Code, and the regulations thereunder, as the beneficial owner(s). [Refer to the Scotia iTRADE Terms and Conditions brochure for details.]
- 7. If this account was a referral from a Scotiabank Group member, I understand that Scotia iTRADE may share personal information about this/these account(s) with the referring Scotiabank Group member for the purposes of completing the referral, and I consent thereto. Any such sharing of personal information will be limited to account opening and transfer-in particulars necessary to accurately recognize and track the referral.
- 8. 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.
- Scotiabank recognizes the importance of clients' information and never takes for granted the trust that clients have placed in Scotiabank in order to protect that information. Scotiabank works hard to treat clients' information in a secure and respectful manner. To serve clients better and/or provide them with personalized wealth management advice tailored to their needs and goals, Scotiabank (in this section "Scotiabank" refers to The Bank of Nova Scotia Trust Company (Scotiatrust®); 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.) would like the clients' consent to share their information with select professionals within any current or newly acquired members of the Scotiabank group of companies, which includes The Bank of Nova Scotia (Scotiabank®); Tangerine Bank, The Bank of Nova Scotia Trust Company (Scotiatrust®); Private Investment Counsel, a service of 1832 Asset Management L.P.; ScotiaMcLeod®, a division of Scotia Capital Inc.; Scotia iTRADE®, a division of Scotia Capital Inc.; Jarislowsky, Fraser Limited; and the MD Group of Companies (including MD Financial Management Inc., MD Management Limited and MD Private Trust Company). If I elected to share my information under the Consent to Share section of this account application then by signing below, I consent to Scotiabank's collection, use and sharing of the information about me and my authorized representatives, including my type of business, number of employees, tax filing information and contact details for my authorized representatives, for the purposes of better understanding of my needs and goals, to offer products and services to help meet those needs and goals, and set up or manage products and services that I select. I understand that my consent to share is not a condition of receiving any Scotiabank products or services and that at any time, I may tell Scotiabank to stop sharing my information for purposes that are not directly related to the ongoing provision of existing products or services and Scotiabank will then only share my name and any limited information necessary to communicate my sharing preferences. I acknowledge that my choice of sharing or not sharing my personal information will replace any previous consents to share information that I may have provided to Scotiabank.
- 10. 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 understake to advise Scotia iTRADE immediately of any change in circumstances that causes the information contained herein to become incorrect and 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.
- 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 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 (a) are not insured by a government of	. is a separate entity from the Bank of Nova deposit insurer, (b) are not guaranteed by a	a Scotia. Unless otherwise advised, securition Canadian financial institution, and (c) may	es purchased from or through Scotia Capital Ind / fluctuate in value.
SIGNATURE(S)		·	
AUTHORIZED SIGNATORY	DATE (MM/DD/YYYY)	AUTHORIZED SIGNATORY	DATE (MM/DD/YYYY)
IF YOU ARE APPLYING FO	R MARGIN TRADING, YOU M	UST ALSO SIGN HERE	
		te those risks. I have read, understand ar Document and Terms and Conditions by	nd agree to the terms and conditions of rochure.
AUTHORIZED SIGNATORY	DATE (MM/DD/YYYY)	AUTHORIZED SIGNATORY	DATE (MM/DD/YYYY)
IF YOU ARE APPLYING FO	R OPTION TRADING, YOU MU	JST ALSO SIGN HERE	
		hose risks. I have read, understand and a ia iTRADE Relationship Disclosure Docum	
AUTHORIZED SIGNATORY	DATE (MM/DD/YYYY)	AUTHORIZED SIGNATORY	DATE (MM/DD/YYYY)

