

Account Number	Rep Code
Account Holder Name	

TFSA Account Successor Holder Addition or Change Form

(Note: this form may not be used by Quebec residents or non-residents of Canada. Quebec residents or non-residents of Canada should consult a legal advisor for guidance on designating a successor holder.)

To: The Bank of Nova Scotia Trust Company ("Scotiastrust")

Please complete this form in order to (1) make or change a successor holder designation or (2) revoke a prior successor holder designation for the above-noted TFSA or Group TFSA account (as applicable). Tick **either** box "1" or "2", not both:

1) Designation or Change of Successor Holder:

I hereby designate in the event of my death my spouse/common-law partner[†] (as applicable) as the successor holder for my TFSA or Group TFSA if, on the date of my death, he or she is (i) alive and (ii) my spouse or common-law partner. I 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) Revoke a Successor Holder:

I hereby **revoke** any and all prior successor holder designation(s) for the Scotia Capital TFSA or Group TFSA account noted above.

I understand and agree that:

- (i) this form must be properly completed and received by an authorized representative of Scotiastrust to be effective against Scotiastrust; 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 designation/revocation.

In consideration of the TFSA/Group TFSA records maintained by Scotia Capital Inc. on behalf of Scotiastrust being updated to reflect this successor holder designation/revocation, I agree to indemnify and hold harmless Scotia Capital Inc., Scotiastrust 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 designation/revocation.

Dated at _____ this _____ day of _____
(month and year)

Signature of Witness*:

Signature of TFSA or Group TFSA Holder:

Name of Witness* *(please print)*:

*Note: The witness must not be the successor holder.

Acceptance of this designation:

This designation/revocation has been accepted on behalf of The Bank of Nova Scotia Trust Company (the TFSA issuer, located at 44 King Street West, Toronto, Ontario M5H 1H1) by the representative noted here:

Signature of Authorized Representative:

Date: _____
(MM/DD/YYYY)

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