### Scotia iTRADE.

#### Declaration of Beneficial Ownership in a Legal Entity Corporation and Personal Holding / Non-Operating Private Company

Identify and document Beneficial Owners with 25% or greater ownership interest The information requested in this form is in compliance with regulatory requirements.

Account Number

A Account Information								
Legal Entity name (for account number above)								
Account type and classification (Information must m	Account type and classification (Information must match what is on application)							
O Corporation (Not an Acceptable Institution / Acceptable	Counterparty on CIRO listing	)						
Is the Corporation an O Active Entity or a O Passive Ent Note: Where the Corporation is an Insurance Company, Trust of Foreign Bank, or a Qualified Intermediary, do NOT classi	Company, Central Credit Union	& Regional, Caisse Populaire, Car						
Personal Holding / Non-Operating Private Company Is the Company an O Active Entity or a O Passive Entity (see Definition of Active and Passive Entity on page 7)								
Is the entity a tax resident of the U.S.? O No O Yes If yes, also complete a W-9 Request for Taxpayer Identifica	ation Number and Certification	<b>on</b> form.						
Is the entity a tax resident of a jurisdiction other than Canada o								
No, Complete Section C - Entity Classification	Yes, give the entities jurisdiction	ns of tax residence and taxpayer	identification numbers (TIN) or functional equivalent.					
If the entity does not have a TIN for a specific jurisdiction, give the reason using one of these choices: <b>Reason 1:</b> The entity will apply or has applied for a TIN but has not yet received it. <b>Reason 2:</b> The entity's jurisdiction of residence does not issue TINs to its residents. <b>Reason 3:</b> Other reason – Specify (TIN required within a year):								
Country	TIN		No TIN Reason Code					
Country	TIN		No TIN Reason Code					
Country	TIN		No TIN Reason Code					
O Unable to determine Ultimate Beneficial Ownership ("UBO"	) or information regarding the e	entity's directors, managing partr	ners, trustees, settlors, or beneficiaries.					
Document the following								
Senior Officers section. For complex ow	fficers section providing thei held by INDIVIDUALS ONLY. held by INDIVIDUALS and / nership structures, attach a	r Name(s) and Occupation(s) o Complete section C and the E or OTHER LEGAL ENTITIES. Co diagram if available.	Directors and/or Senior Officers section. mplete section C and/or D and the Directors and/or					
Directors and/or Senior Officers (e.g, the to (List all directors and/or senior officers. Append additional SiT								
Director and/or Senior Officer Na (Title, first name, middle initial and la		Direct	or and/or Senior Officer Occupation					
Are you a tax resident or citizen of the U.S.? O No O Yes Are you a tax resident of a jurisdiction other than Canada or the U.S.? No O Yes If yes, please complete the SiT-CRS form.								
Are you a tax resident or citizen of the U.S.? $\bigcirc$ No $\bigcirc$ Yes Are you a tax resident of a jurisdiction other than Canada or the	U.S.? () No () Yes If ye	s, please complete the SiT-CRS fo	rm.					
Are you a tax resident or citizen of the U.S.? O No O Yes Are you a tax resident of a jurisdiction other than Canada or the U.S.? O No O Yes If yes, please complete the SiT-CRS form.								

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.

SiT100A

R	Beneficial Owner	from CA100A	T Declarati	on of Benefi	cial O	wnershin in a l	egal Entity form	n	
	al Entity name (for account n		Declaration	on or benefi			egal Entity Ion		
C	Identify the Bener Partnerships or Written Trus identify all partners and ben additional SiT100A Declar	ts that declare an owr eficiaries. Attach or fo	nership interest on prward evidence de	this form must also ocuments along wi	o complet th a copy				
	Select Beneficial Owner type	(If a Corporation or P	ersonal Holding / I	Non-Operating Priv	ate Com	pany is selected, also co	omplete section D)		
	🔿 Individual	○ Partnership	O Written Trus	st 🔿 Corpora	tion	O Personal Holding	/ Non-Operating Priv	ate Compa	ny 🔿 Estate
	First Name and middle initial		Last Nar	me			Entity Name		
	Address (number, street, apa	rtment, rural route) (I	P.O. Boxes only are	e not acceptable)	City		Province/Territory/State	Postal cod	le Country
	Are you a tax resident or citi If yes, you must provide you			uest for Taxpaye	Identifi	cation Number and C	ertification form.		
	Canadian SIN			United Sta	es SSN/TI	N		Da	ate of Birth (mm-dd-yyyy)
	If you do not have a TIN for Reason Code 1: I will apply Reason Code 2: My jurisdic Reason Code 3: Other - Spe 1	one of the below note or have applied for a tion of tax residence of crify (TIN is required w TIN	ed jurisdictions, ple TIN, but have not loes not issue TINs rithin a year)	ease indicate one o yet received it (TIN to its residents Reason Code	f the follo is require Other	owing reason codes: d within a year) - specify			
	2	_ IIN		Reason Code	Other	- specify			
ship Interest #	<ul> <li>United Arab Emirates and Va</li> <li>Has the controlling pe</li> <li>No Yes. What</li> <li>2. Does the controlling p</li> </ul>	rson obtained reside			Investm	eent (CBI) or Residenc	e by Investment (RBI)	offering fo	or this country?
5	🔵 No 🔵 Yes. Wha	at Country?							
	3. Has the controlling pe	rson spent more that t Country?	n 90 days in any	iurisdiction duri	ng the pi	revious year?			
	4. In which jurisdictions l	nas the controlling p	person filed perso	onal income tax r	eturns d	uring the previous ye	ar?		
	O The controlling pers	on has not filed perso	nal taxes in anothe	er jurisdiction.					
	O The controlling pers	on has filed in. Name	e of Country						
	If you have answere	d "Yes" in this s	section, pleas	e verify that	all the	required countri	es and TINs have	been pr	ovided.
	Employer name					What is your currer	t position/occupation?		
	Are you a <b>deemed insider</b> ( 〇 No 〇 Yes If yes, ente			t) of any public cor	npanies?				
	Are you in a <b>control positio</b> 〇 No 〇 Yes If yes, ente			Act) of any public	companie	es?			
	ID type (Attach copy and for	entity, please provide	legal documents)	Reference n	umber		Issuing jurisdiction a	nd/or count	ry Expiry date (mm-dd-yyyy)
	Indicate class of shares or otl	ner type of beneficial	ownership interest	:					Ownership interest %

	Select Beneficial Owner type	(If a Corporation or Perso	nal Holding / Non-	Operating Private	e Company is selected, <b>also c</b>	omplete section D)				
			Written Trust	<ul> <li>Corporation</li> </ul>		g / Non-Operating Priva	ate Compan	<b>v</b> (	) Estate	
	First Name and middle initial		Last Name			Entity Name	ate company	<b>y</b> (	/ LState	
						-				
	Address (number, street, apa	artment, rural route) (P.O. I	Boxes only are not	acceptable)	City	Province/Territory/State	Postal code		Country	
	Are you a tax resident or citi If yes, you must provide you									
Canadian SIN United States SSN/TIN Date of Birth (mr									(mm-dd-yyyy)	
	Are you ( <i>individual or entity</i> ) a tax resident of a jurisdiction other than Canada or the U.S.? ON OYes 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: <b>Reason Code 1:</b> I will apply or have applied for a TIN, but have not yet received it (TIN is required within a year) <b>Reason Code 2:</b> My jurisdiction of tax residence does not issue TINs to its residents <b>Reason Code 3:</b> Other - Specify (TIN is required within a year)									
					Other - specify					
	2	TIN	Reas	on Code	Other - specify					
	3	TIN	Reas	on Code	Other - specify					
Ownership Interest #2	1. Has the controlling person obtained residency rights under a Citizenship by Investment (CBI) or Residence by Investment (RBI) offering for this country?         No       Yes. What Country?         2. Does the controlling person hold residence rights in any other jurisdiction?         No       Yes. What Country?         3. Has the controlling person spent more than 90 days in any jurisdiction during the previous year?         No       Yes. What Country?         4. In which jurisdictions has the controlling person filed personal income tax returns during the previous year?         The controlling person has not filed personal taxes in another jurisdiction.         The controlling person has 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.									
	Employer name				What is your curren	nt position/occupation?				
	Are you a <b>deemed insider</b> ( O No O Yes If yes, ente		al Securities Act) of	any public comp	panies?					
	Are you in a <b>control positio</b> O No O Yes If yes, ente		ncial Securities Act)	of any public co	mpanies?					
	ID type (Attach copy and for	entity, please provide lega	al documents)	Reference num	ber	Issuing jurisdiction and/	or country	Expiry	date (mm-dd-yyyy)	
	Indicate class of shares or ot	her type of beneficial own	ership interest					Owne	rship interest	
Ę	Select Beneficial Owner type	e (If a Corporation or Perso	onal Holding / Non-	Operating Private	e Company is selected, <b>also c</b>	omplete section D)				
	🔿 Individual	○ Partnership ○	Written Trust	O Corporatio	on O Personal Holding	g / Non-Operating Priva	ate Compan	у С	Estate	
	First Name and middle initial		Last Name			Entity Name				
ownersnip miterest #3	Address (number, street, apa	artment, rural route) (P.O. I	Boxes only are not	acceptable)	City	Province/Territory/State	Postal code		Country	

Account Number

Canadian SIN			United State	s SSN/TIN		Date	of Birth (mm-dd-yyyy)
you do not have a TIN for eason Code 1: I will apply eason Code 2: My jurisdic eason Code 3: Other - Sp 	one of the below noted juriss or have applied for a TIN, bu- tion of tax residence does no ecify (TIN is required within a TIN	dictions, please It have not yet r It issue TINs to it year) Rea Rea re is one of the rus, Dominica, G ghts under a C s in any other lays in any juri	indicate one of eccived it (TIN i ts residents son Code son Code e following con irenada, Malta, Citizenship by jurisdiction?	the following reason coo s required within a year) Other - specify Other - specify Other - specify Intries please answer Panama, Qatar, Saint Kit Investment (CBI) or Re	the 4 questions below. ts and Nevis, Saint Lucia, Seych sidence by Investment (RBI)	nelles, Turks ar	d Caicos Islands,
0 0	·	filed personal	income tax re	turns during the previ	ous vear?		
		•		taring the previ	ous year.		
The controlling pers	son has not filed personal tax	es in another ju	risalction.				
0	son has filed in. Name of Co	-					
If you have answere	ed "Yes" in this section	on, please v	erify that a	ll the required co	untries and TINs have	been pro	vided.
Employer name				What is you	r current position/occupation?		
· ·	(as defined in the Provincial S	ecurities Act) of	any public con	ipanies?			
○ No ○ Yes If yes, enter							
Are you in a <b>control positio</b> $\bigcirc$ No $\bigcirc$ Yes If yes, enter	on (as defined in the Provincia	al Securities Act	) of any public o	ompanies?			
	er the company name(s): r entity, please provide legal d	locuments)	Reference nur	nher	Issuing jurisdiction and	or country	Expiry date (mm-dd-yy
ip type (Attach Copy and 10	entry, please provide legal d	iocuments)	neierence nur			or country	
Indicate class of shares or ot	her type of beneficial owners	hip interest					Ownership interest
Select Beneficial Owner type	e (If a Corporation or Persona	l Holding / Non-	-Operating Priva	te Company is selected,	also complete section D)		
$\bigcirc$ Individual	○ Partnership ○ W	/ritten Trust	⊖ Corporat	ion O Personal H	olding / Non-Operating Priv	ate Company	/ 🔿 Estate
First Name and middle initia	1	Last Name			Entity Name		
Address (number, street, ap	artment, rural route) (P.O. Bo;	xes only are not	acceptable)	City	Province/Territory/State	Postal code	Country
	izon of the U.S.2 $\bigcirc$ No. $\bigcirc$ N	/es					
Are you a tax resident or cit If yes, you must provide you	r SSN/TIN and also complete		for Taxpayer	dentification Number	and Certification form.		

SiT100A

	Are you (individual or entity) a tax resident of a jurisdiction oth	er than Can	ada or the U.S.	? O N	o 🔿 Yes 🛛 If yes, list	t up to three jurisdictions	and the	Tax Identifica	tion Number (TIN).
	If you do not have a TIN for one of the below noted jurisdiction				5				
_	Reason Code 1: I will apply or have applied for a TIN, but ha Reason Code 2: My jurisdiction of tax residence does not iss	,	,	required v	vithin a year)				
	<b>Reason Code 3:</b> Other - Specify (TIN is required within a year		residents						
	1 TIN	Reas	on Code	Other - sp	ecify				
	2 TIN	Reas	on Code	Other - sp	ecify				
	3 TIN	Reas	on Code	Other - sp	ecify				
ł	If the jurisdiction(s) of tax residency you listed above is								
	Antigua and Barbuda, Bahamas, Bahrain, Barbados, Cyprus, I United Arab Emirates and Vanuatu						elles, Tu	rks and Caico	s Islands,
	1. Has the controlling person obtained residency right	s under a C	itizenship by	nvestmen	t (CBI) or Residenc	e by Investment (RBI) o	offering	g for this cou	untry?
	No Yes. What Country?								
	2. Does the controlling person hold residence rights in	any other	iurisdiction?						
	No Yes. What Country?	,	,						
	· · · · · · · · · · · · · · · · · · ·	In	مانحذه ماريين		ious voor?				
	3. Has the controlling person spent more than 90 days	in any juri	salction durin	g the prev	ious year?				
	No     Yes. What Country?								
	4. In which jurisdictions has the controlling person file	•		turns duri	ng the previous ye	ear?			
	The controlling person has not filed personal taxes ir	n another jur	isdiction.						
	The controlling person has filed in. Name of Countrol	У							
	If you have answered "Yes" in this section,	please v	erify that a	ll the re	auired countri	es and TINs have	been	provided	_
		p			4			p	•
	Employer name				What is your curre	nt position/occupation?			
	Are you a <b>deemed insider</b> (as defined in the Provincial Securi	ities Act) of	any public com	panies?					
	○ No ○ Yes If yes, enter the company name(s):	,	51						
ł	Are you in a <b>control position</b> (as defined in the Provincial Sec	curities Act)	of any public o	mnanies?					
	$\bigcirc$ No $\bigcirc$ Yes If yes, enter the company name(s):	curriles Act)		Sinpanies:					
ł	ID type (Attach copy and for entity, please provide legal docu	ments)	Reference nu	mher		Issuing jurisdiction and/	or coun	try Expiry	date (mm-dd-yyyy)
	ib type (reach copy and for child), picase provide legal docu	incrito)		noer		lissuing junisaletion and		ay Expiry	date (initi da yyyy)
ł	te di sete al se a facto se a stato se a facto di si di secondo in							0	unded to the terms of
	Indicate class of shares or other type of beneficial ownership	Interest						Owne	rship interest
									Q
D	Complete this section if you have iden	tified th	at a Corp	oratior	or Personal	Holding / Non-C	)pera	ting Priv	vate Compan
	holds an ownership interest in section					J		· <b>J</b>	
	Indicate the corresponding number for the Beneficial Owner		as indicated ir	Section C	Attach or forward	evidence documents alor	na with	a copy of the	completed form.
	Where there are more beneficial owners, append addit	tional SiT10	0A Declaratio	n of Bene	ficial Ownership in	a Legal Entity forms.	5		•
οw	nership Interest Number	Indicate	Beneficial Own	er type					
Re	lation to entity identified in Section C)	O Indiv	idual 🛛 🔿 Enti	ty					
irst	Name and middle initial	Last Name				Entity Name			
de	lress (number, street, apartment, rural route) (P.O. Boxes only	are not acc	antable)	City		Province/Territory/State	Postal	code	Country
uuu	ress (number, street, apartment, rural route) (1.0. boxes only		eptable)	City		riovince/lefitiory/state	i Ostai	coue	Country
	you a tax resident or citizen of the U.S.? $\bigcirc$ No $\bigcirc$ Yes								
f ye	es, you must provide your SSN/TIN and also complete a W-9 R	equest for	Taxpayer Ider	tification	Number and Certif	fication form.			
an	adian SIN		United State	s SSN/TIN				Date of Birth	ı (mm-dd-yyyy)
re	you (individual or entity) a tax resident of a jurisdiction other th	han Canada	or the US?	O No C	) Yes If yes list up	to three jurisdictions and	the Tax	Identification	Number (TIN)
	bu do not have a TIN for one of the below noted jurisdictions,					to anec juniorications and	the fax	lacination	
ea	son Code 1: I will apply or have applied for a TIN, but have n	ot yet receiv	ed it (TIN is req	5					
	son Code 2: My jurisdiction of tax residence does not issue T	INs to its res	idents						
	son Code 3: Other - Specify (TIN is required within a year)	Derry	ada Oʻ	har ''					
·	TIN				-				
·	TIN								
·	TIN	Reason (	ode Ot	her - specif	у				

Account Number

If the jurisdiction(s) of tax residency you listed above is on Antigua and Barbuda, Bahamas, Bahrain, Barbados, Cyprus, Dor Emirates and Vanuatu	minica, Gre	enada, Malta	a, Panama, C	Qatar,	Saint Kitts and Ne	evis, Saint Lucia, Seychelles			
1. Has the controlling person obtained residency rights under a Citizenship by Investment (CBI) or Residence by Investment (RBI) offering for this country?									
No Yes. What Country?									
2. Does the controlling person hold residence rights in an	2. Does the controlling person hold residence rights in any other jurisdiction?								
No Yes. What Country?									
3. Has the controlling person spent more than 90 days in	any juriso	diction duri	ing the prev	vious	year?				
No Yes. What Country?									
4. In which jurisdictions has the controlling person filed p	ersonal i	ncome tax	returns dur	ring t	he previous year	r?			
The controlling person has not filed personal taxes in an	other juris	diction.							
The controlling person has filed in. Name of Country									
If you have answered "Yes" in this section, pl	ease ve	rify that	all the re	equi	ired countries	s and TINs have be	en pro	vided.	
Employer name		-				ent position/occupation?			
Are you a deemed insider (as defined in the Provincial Securitie	s Act) of a	ny public co	mpanies?						
○ No ○ Yes If yes, enter the company name(s):									
Are you in a control position (as defined in the Provincial Secur	ities Act) c	of any public	companies	?					
○ No ○ Yes If yes, enter the company name(s):									
ID type (Attach copy and for entity, please provide legal docume	nts)	Reference	number			Issuing jurisdiction and/or	' country	Expiry date	e (mm-dd-yyyy)
Indicate class of shares or other type of beneficial ownership inte	erest							Ownersh	ip interest
									%
Ownership Interest Number	Indica	ite Beneficia	l Owner type	e					
(Relation to entity identified in Section C)	O In	dividual 🤇	) Entity						
First Name and middle initial	Last Nan	ne				Entity Name			
Address (number, street, apartment, rural route) (P.O. Boxes only	/ are not a	(cceptable)	City	/		Province/Territory/State	Postal c	ode	Country
									-
Are you a tax resident or citizen of the U.S.? O No O Yes									
If yes, you must provide your SSN/TIN and also complete a W-9 I	Request f	or Taxpaye	r Identifica	tion	Number and Cert	tification form.			
Canadian SIN	-	United	d States SSN/	/TIN				Date of Birt	h (mm-dd-yyyy)
Are you ( <i>individual or entity</i> ) a tax resident of a jurisdiction other than Canada or the U.S.? O No O 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									
3 TIN If the jurisdiction(s) of tax residency you listed above is on									
Antigua and Barbuda, Bahamas, Bahrain, Barbados, Cyprus, Dor Emirates and Vanuatu	1. Has the controlling person obtained residency rights under a Citizenship by Investment (CBI) or Residence by Investment (RBI) offering for this country?								
2. Does the controlling person hold residence rights in an	y other ju	urisdiction?	,						
No Yes. What Country?									
3. Has the controlling person spent more than 90 days in	anv iuris	diction duri	ing the prev	vious	vear?				
No Yes. What Country?	,				,				
4. In which jurisdictions has the controlling person filed p			returns dur	ring t	he previous year	r?			
The controlling person has not filed personal taxes in an	O The controlling person has not filed personal taxes in another jurisdiction.								
O The controlling person has filed in. Name of Country									
If you have answered "Yes" in this section, pl	ease ve	rify that	all the re	equi	ired countries	s and TINs have be	en pro	vided.	
Employer name					What is your curr	ent position/occupation?			

Are you a <b>deemed insider</b> (as defined in the Provincial Securities Act) of any public companies? O No O Yes If yes, enter the company name(s):										
Are you in a <b>control position</b> (as defined in the Provincial Securities Act) of any public companies? O No O Yes If yes, enter the company name(s):										
ID type (Attach copy and for entity, please provide legal documents) Reference number Issuing jurisdiction and/or count					r country	y Expiry date (mm-dd-yyyy)				
Indicate class of shares or other type of beneficial ownership interest	st	1					Ownersh	ip interest	%	
Ownership Interest Number	Indica	ate Beneficial Owne	r type						/0	
(Relation to entity identified in Section C)		idividual O Entit								
First Name and middle initial	ast Nar	ne			Entity Name					
Address (number, street, apartment, rural route) (P.O. Boxes only a	re not a	acceptable)	City		Province/Territory/State	Postal co	ode	Country		
Are you a tax resident or citizen of the U.S.? O No O Yes If yes, you must provide your SSN/TIN and also complete a <b>W-9 Re</b> r	quest f	for Taxpayer Ident	ification	Number and Cert	ification form.	<u> </u>				
Canadian SIN		United States	SSN/TIN				Date of Birth	ו (mm-dd-yyyy)		
Are you ( <i>individual or entity</i> ) a tax resident of a jurisdiction other that If you do not have a TIN for one of the below noted jurisdictions, p <b>Reason Code 1:</b> I will apply or have applied for a TIN, but have not <b>Reason Code 2:</b> My jurisdiction of tax residence does not issue TIN <b>Reason Code 3:</b> Other - Specify (TIN is required within a year)	lease in t yet reo Is to its	idicate one of the fo ceived it (TIN is requ residents	ollowing r iired withi	eason codes: n a year)						
1 TIN										
2 TIN 3 TIN										
Emirates and Vanuatu   1. Has the controlling person obtained residency rights under a Citizenship by Investment (CBI) or Residence by Investment (RBI) offering for this country?   No Yes. What Country?   2. Does the controlling person hold residence rights in any other jurisdiction?   No Yes. What Country?   3. Has the controlling person spent more than 90 days in any jurisdiction during the previous year? No Yes. What Country? 4. In which jurisdictions has the controlling person filed personal income tax returns during the previous year? The controlling person has not filed personal taxes in another jurisdiction. The controlling person has filed in. Name of Country										
If you have answered "Yes" in this section, plea	se ve	erify that all th	ne requ	ired countries	and TINs have be	en pro	vided.			
Employer name				What is your curre	nt position/occupation?					
Are you a <b>deemed insider</b> (as defined in the Provincial Securities Act) of any public companies? O No O Yes If yes, enter the company name(s): Are you in a <b>control position</b> (as defined in the Provincial Securities Act) of any public companies? O No O Yes If yes, enter the company name(s): ID type (Attach copy and for entity, please provide legal documents) Reference number Issuing jurisdiction and/or country Expiry date (mm-dd-yyyy)										
Indicate class of shares or other type of beneficial ownership interest	st						Ownershi	p interest		
									%	
Definition of Active and Passive Entity			-							
<ul> <li>Active Entity</li> <li>The entity is Non-U.S. and is not a financial institution;</li> <li>Entities for which less than 50% of the gross income for the preceding calendar year was passive income and less than 50% of the assets held by the entity during the preceding calendar year were assets that produced passive income;</li> <li>Corporations with shares that regularly trade on an established securities market;</li> <li>Government or international organizations or agencies thereof and registered charities.</li> </ul>					ve					

#### **E** Certification (Signature(s) required)

The undersigned	authorized p	erson certifies	and a	grees	that

<ul> <li>The above is a full and complete disclosure of information with respect to the abgreater ownership interest (direct or indirect) in the above named account;</li> <li>We will maintain accurate up-to-date information respecting all beneficial owners by noti information about beneficial owners as requested under the Proceeds of Crime (Money Lz to the Foreign Account Tax Compliance Act and Canadian Investment Regulatory Organiz At the time of an external audit examination, we understand that we may be contacted b beneficial owners to validate that the current file at Scotia Capital Inc. is up-to-date and a so;</li> <li>The income to which this form relates is: (a) not effectively connected with the conduct or under an income tax treaty, or (c) the partner's share of a partnership's effectively connect foreign person as defined in the instructions;</li> <li>We acknowledge that information contained in this form and information regarding my S received) may be reported to the Canada Revenue Agency (CRA), and that the CRA may p which I am a resident for tax purposes;</li> <li>The authorized person below has the capacity to sign this form for the beneficial owner(s</li> <li>We will provide the required verification documents for this entity and the personal identi within 30 days of such change in circumstances if any certification on this form becomes</li> </ul>	fying Scotia Capital Inc. of material changes and provide aundering) and Terrorist Financing Act, Qualified Interr ation regulations, or by an external auditor of Scotia C by Scotia Capital Inc. and requested to provide to their accurate, or to provide new information about beneficial f a trade or business in the United States, (b) effectively and income, and for broker transactions or barter excha scotia iTRADE Inc. account(s) (including information on provide the information to any additional country I hav ) named on this form; and ty documents for authorized persons and individual be	le confirmation and up-to-date nediary, Canadian Tax Regulations related apital Inc. auditors information on the current al owners as required, and agree to do or connected but is not subject to tax nges, the beneficial owner is an exempt account balances and payments e listed above as being a country in neficial owners and submit a new form
X Signature of authorized person		Date (mm-dd-yyyy)
Name of authorized person	Position within organization (CEO, President, Secretar	y, Trustee, etc)
X Signature of authorized person		Date (mm-dd-yyyy)
Name of authorized person	Position within organization (CEO, President, Secretar	y, Trustee, etc)