

Form for use by branches located in all Provinces and Territories within Canada (except Quebec).

Designation of Beneficiary/Successor Holder

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 or changing a successor holder or beneficiary designation for an FHSA.

BRANCH TRANSIT	BRANCH PHONE	MFR CODE	EMPLOYEE ID
BRANCH CONTACT			

Instructions to Designate or Change:

- For Beneficiary Only complete section 1
- For Successor Holder and Beneficiary complete sections 1 and 2
- For Successor Holder Only complete section 2
- For Revocation of Successor Holder complete section 3

IP DEALER TYPE
<input type="checkbox"/> SSI <input type="checkbox"/> BNS

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

ACCOUNT HOLDER

GIVEN NAME, MIDDLE INITIAL, LAST NAME	PLAN NUMBER
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1. DESIGNATION OR CHANGE OF BENEFICIARY

- By signing below, I hereby revoke any prior designations of beneficiary with respect to the *Scotia* First Home Savings Account (FHSA) listed above, and hereby designate, if living at the time of my death, the beneficiary(ies) noted below to receive all monies payable under the plan upon my death, subject to the applicable provision of my plan.

NAME OF BENEFICIARY	RELATIONSHIP	% DESIGNATED
1.		%
2.		%
3.		%
4.		%
		100%

Note: The Beneficiary section should only be completed if you have not completed the Successor Holder section below and you want to designate a beneficiary to receive the FHSA proceeds OR you have completed the Successor Holder section below and you also want to designate another person to receive the FHSA proceeds in the event that your Successor Holder (designated below) predeceases you or is not your spouse on the date of your death.

If you designate multiple beneficiaries of your FHSA, and any of them predeceases you, their percentage interest in the monies payable under the plan upon your death shall be payable in equal shares to the then remaining beneficiaries living at the time of your death. If all the designated beneficiaries predecease you, all monies payable under the plan upon your death shall be paid to your estate.

2. DESIGNATION OR CHANGE OF SUCCESSOR HOLDER

- By signing below, I hereby revoke any prior designations of Successor Holder with respect to the *Scotia* FHSA listed above, and hereby designate in the event of my death my spouse/common-law partner† (as applicable) as the Successor Holder for my FHSA, if he or she is (i) alive and (ii) my spouse/common-law partner on the date of my death. I acknowledge that if there is a valid Successor Holder designation for my FHSA that no monies payable under the plan will be payable to any and all beneficiary(ies) upon my death.

† The terms "spouse" and "common-law partner" each has the meaning recognized in the *Income Tax Act* (Canada).

NAME OF SPOUSE/COMMON-LAW PARTNER	SOCIAL INSURANCE NUMBER
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3. REVOCATION OF SUCCESSOR HOLDER DESIGNATION

- I hereby **revoke** any and all prior successor holder designations for the *Scotia* FHSA noted above.

I understand and agree that:

- this form must be properly completed and received by an authorized representative of Scotiastrust to be effective against Scotiastrust;
- the trustee of my FHSA reserves the right to require, prior to payment of the net proceeds of the FHSA to the designated successor holder or beneficiary(ies), a notarial copy of letters probate or letters of administration or their equivalent; and
- no legal opinion or representation is made by Scotiastrust or its subsidiaries or affiliates regarding the validity and enforceability of this successor holder or beneficiary designation.
- If the designated Successor Holder is not eligible to open an FHSA on the date of my death, amounts in the FHSA could instead be transferred to an RRSP or RRIF of the Successor Holder, or withdrawn on a taxable basis.

In consideration of the FHSA records maintained by the Bank of Nova Scotia on behalf of Scotiastrust being updated to reflect the designation or revocation made on this form, I agree to indemnify and hold harmless The Bank of Nova Scotia, Scotiastrust and their respective subsidiaries and affiliates from and against all claims, actions, losses, expenses, damages or liabilities which and of them may suffer or incur by reason of or in connection with this designation.

Dated at _____ this _____ day of _____.

MONTH YEAR

SIGNATURE OF CUSTOMER

SIGNATURE OF WITNESS

NAME OF WITNESS (PLEASE PRINT)

RECEIPT ACKNOWLEDGED BY THE BANK OF NOVA SCOTIA TRUST COMPANY	
AUTH. NO.	AUTHORIZED SIGNATURE