



NEW CUSTOMER ENROLLMENT FORM

Scotia® Accident Insurance Plan

Underwritten by Scotia Life Insurance Company
100 Yonge Street, Suite 400, Toronto, Ontario M5H 1H1

ELIGIBLE SCOTIABANK CUSTOMER:

HOW TO ENROLL

By PHONE. Call toll-free 1-800-387-9844. Representatives are available weekdays, between 8:30 a.m. and 7:00 p.m. Eastern Time.

By FAX. Complete and sign the Enrollment Form, and fax it toll-free to 1-800-647-8129.

By MAIL. Complete and sign the Enrollment Form below, then mail it in the postage-paid envelope provided.

(Please correct address information if necessary)

ADDITIONAL INFORMATION ABOUT YOURSELF: (PLEASE PRINT)

Date of Birth / / Male Female
MM DD YY

Telephone No.

Beneficiary* (Complete for "single coverage" only. Must be someone other than yourself.)

First Name(s)

Last Name

Beneficiary's Relationship to You

*Note: If you obtain coverage for yourself and your spouse (joint coverage), your spouse is automatically your beneficiary, and you are automatically your spouse's beneficiary.

INFORMATION ABOUT YOUR SPOUSE:

(If you are enrolling for Customer and Spouse Coverage)

First Name(s)

Last Name

Date of Birth / / Male Female
MM DD YY

YES! I WISH TO RECEIVE \$2,000 OF COMPLIMENTARY ACCIDENTAL DEATH INSURANCE FOR UP TO 5 YEARS. (JUST TICK THIS BOX AND SIGN BELOW.)

TICK THIS BOX AND SIGN BELOW, IF YOUR SPOUSE WISHES TO RECEIVE \$2,000 OF COMPLIMENTARY COVERAGE FOR UP TO 5 YEARS AS WELL.

YES! I WANT ADDITIONAL COVERAGE AND HAVE MADE MY SELECTION BELOW. (Tick only one box below)

Enroll your eligible spouse for additional coverage — at a **50% premium discount** — even if he/she is not a Scotiabank customer.

	\$25,000	\$50,000	\$100,000
Customer Only Coverage	<input type="checkbox"/> \$2.92 per mo.	<input type="checkbox"/> \$5.83 per mo.	<input type="checkbox"/> \$11.67 per mo.
Customer and Spouse Coverage	<input type="checkbox"/> \$4.38 per mo.	<input type="checkbox"/> \$8.75 per mo.	<input type="checkbox"/> \$17.50 per mo.

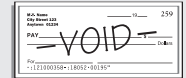
(Sales tax will be added where applicable)

Please indicate your preferred payment option by ticking off either box 1 or 2, and completing all information required.

Option 1. Payment withdrawn from your Scotiabank Savings/Chequing account.

Account # Branch #

If selecting Option 1, please enclose a cheque marked "VOID".



Option 2. Payment will be charged to your Scotiabank VISA* card.

VISA Card # (16 digit number) VISA Card Expiry Date: /
MM YY

SEND NO MONEY

I hereby apply to enroll in the Scotia Accident Insurance Plan issued by Scotia Life Insurance Company (Scotiabank) to The Bank of Nova Scotia (Scotiabank). **I understand and agree:** (i) that any coverage I receive based on this Enrollment Form, including, if applicable, spousal coverage ("My Coverage") will become effective on the Certificate Date specified in the Certificate Schedule that will be sent to me with my Certificate of Insurance, provided the first premium is paid by that date; (ii) that any false statements, material misrepresentations or deliberate omissions in this Enrollment Form may cause My Coverage to be null and void; (iii) that the principal provisions of My Coverage are described in the Certificate of Insurance, but My Coverage is ultimately governed by the provisions of the Scotia Accident Insurance Plan Group Policy, which can be examined at the Head Office of Scotiabank; (iv) that in order to administer My Coverage, Scotiabank can release my personal information to third party administrators (some of which may be located outside of Canada and subject to local law); (v) to be bound by the terms of the Scotiabank Group Privacy Agreement, a copy of which will be sent to me with my Certificate Schedule and which is also available at www.scotiabank.com/privacy; (vi) that if I have applied for spousal coverage, it is my responsibility to ensure my spouse has read, understood and agrees to the terms of the Scotiabank Group Privacy Agreement; and (vii) that if I wish to terminate my insurance coverage, I must notify Scotiabank in writing.

I authorize and direct Scotiabank to automatically collect the premiums due for My Coverage by debiting the account indicated above.

In order to allow for uninterrupted insurance coverage, **I authorize and direct** Scotiabank to release to Scotiabank any information Scotiabank may have regarding my name, address or telephone number or, if applicable, the account number of the Scotiabank account from which my premiums are debited.

I declare that: (i) the information about me (including age and date of birth) stated in this Enrollment Form is complete and accurate; (ii) if I have applied for spousal coverage, the information about my spouse (including age and date of birth) is completely and accurately stated in this Enrollment Form, I have obtained my spouse's consent to disclose such information to Scotiabank and my spouse has read, understood and agrees to the terms of the Scotiabank Group Privacy Agreement; and (iii) I have the right to authorize the payment of premiums from the above-noted bank or credit card account.

X _____ Date _____
Signature required against the account

PLEASE SIGN AND RETURN IN THE ENVELOPE PROVIDED

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