



Scotia Capital Inc. - Institutional  
 ScotiaMcLeod  
 ScotiaMcLeod Direct Investing



CA 100T

# Declaration of Beneficial Ownership in a Formal Trust

This declaration is required under regulation 1300.1 of the Investment Dealers Association of Canada

Account number	Advisor Code
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**Account Name:**

<sup>1</sup> **Attach or forward evidence documents for the settlor(s) and beneficiaries with a photocopy of CA100T**

**Settlor(s) of this trust.** The settlor of a trust is the person who established or funded the trust. Where there is more than one settlor append CA100T forms.

**Settlor** first name and middle initial: \_\_\_\_\_ Last name: \_\_\_\_\_

Home address: \_\_\_\_\_

City:	Province:	Postal Code:	Citizen of <input type="checkbox"/> CAN <input type="checkbox"/> USA <sup>2</sup> <input type="checkbox"/> Other -	SIN SSN TIN (circle one)
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<sup>1</sup> Evidence attached? <input type="checkbox"/> NO <input type="checkbox"/> YES - List Document Type: _____ reference no: _____	Occupation:	Employer:
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Are you a  deemed insider or  controlling shareholder of a publicly traded corporation or any other entity?  No  Yes - If yes, enter the company names here:

**Do any of the beneficiaries have a greater than 10% interest in this trust?**

No  Yes - If yes, provide the following information. Where more than 4 beneficiaries individually each hold greater than 10% append CA100T forms.

**1. Beneficiary** first name and middle initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home address: \_\_\_\_\_

City:	Province:	Postal Code:	Citizen of <input type="checkbox"/> CAN <input type="checkbox"/> USA <sup>2</sup> <input type="checkbox"/> Other -	SIN SSN TIN (circle one)	<b>Beneficial interest in the trust</b> %
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<sup>1</sup> Evidence attached? <input type="checkbox"/> NO <input type="checkbox"/> YES - List Document Type: _____ reference no: _____	Occupation:	Employer:
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Are you a  deemed insider or  controlling shareholder of a publicly traded corporation or any other entity?  No  Yes - If yes, enter the company names here:

**2. Beneficiary** first name and middle initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home address: \_\_\_\_\_

City:	Province:	Postal Code:	Citizen of <input type="checkbox"/> CAN <input type="checkbox"/> USA <sup>2</sup> <input type="checkbox"/> Other -	SIN SSN TIN (circle one)	<b>Beneficial interest in the trust</b> %
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<sup>1</sup> Evidence attached? <input type="checkbox"/> NO <input type="checkbox"/> YES - List Document Type: _____ reference no: _____	Occupation:	Employer:
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Are you a  deemed insider or  controlling shareholder of a publicly traded corporation or any other entity?  No  Yes - If yes, enter the company names here:

**3. Beneficiary** first name and middle initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home address: \_\_\_\_\_

City:	Province:	Postal Code:	Citizen of <input type="checkbox"/> CAN <input type="checkbox"/> USA <sup>2</sup> <input type="checkbox"/> Other -	SIN SSN TIN (circle one)	<b>Beneficial interest in the trust</b> %
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<sup>1</sup> Evidence attached? <input type="checkbox"/> NO <input type="checkbox"/> YES - List Document Type: _____ reference no: _____	Occupation:	Employer:
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Are you a  deemed insider or  controlling shareholder of a publicly traded corporation or any other entity?  No  Yes - If yes, enter the company names here:

**4. Beneficiary** first name and middle initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home address: \_\_\_\_\_

City:	Province:	Postal Code:	Citizen of <input type="checkbox"/> CAN <input type="checkbox"/> USA <sup>2</sup> <input type="checkbox"/> Other -	SIN SSN TIN (circle one)	<b>Beneficial interest in the trust</b> %
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<sup>1</sup> Evidence attached? <input type="checkbox"/> NO <input type="checkbox"/> YES - List Document Type: _____ reference no: _____	Occupation:	Employer:
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Are you a  deemed insider or  controlling shareholder of a publicly traded corporation or any other entity?  No  Yes - If yes, enter the company names here:

The undersigned certify that the following is a full and complete disclosure of information with respect to **all natural persons, settlor(s) and beneficiaries holding a greater than 10% ownership interest, directly or indirectly in the above named trust.** We agree to provide the required trust verification documents and the personal identity documents for the settlor(s), trustee(s), co-trustee(s) and trust beneficiaries, as required under current legislation and regulations, including U.S. Withholding Tax Regulations. We will maintain accurate up-to-date information by notifying Scotia Capital Inc. of **material changes** to beneficiaries with a greater than 10% interest. We also agree to provide confirmation and up-to-date information about trust beneficiaries as requested by a securities regulator or external auditor of Scotia Capital Inc.

Trustee - print name	Signature of Trustee	Date (MM/DD/YYYY)
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Advisor approval	BM approval	RM approval	Date (MM/DD/YYYY)
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<sup>2</sup> **Trusts, settlors, trustees and beneficiaries who are also U.S. Persons (U.S. or U.S. dual citizens) must complete CAW9 Request for Taxpayer Identification Number and Certification.**

ScotiaMcLeod and ScotiaMcLeod Direct Investing are each divisions of Scotia Capital Inc. Scotia Capital Inc. is a subsidiary of the Bank of Nova Scotia and is a Member of CIPF.

ScotiaMcLeod Direct Investing does not provide advice or recommendations and investors are responsible for their own investment decisions.

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