

Confidential Account Application

INDIVIDUALS

Understanding and completing this account application

Securities regulations require that we have thorough and accurate information from customers. Please read the enclosed brochure *ScotiaMcLeod Terms and Conditions*.

The *ScotiaMcLeod Terms and Conditions* brochure is incorporated into and forms part of the contract between ScotiaMcLeod and you and will govern operation of this account.



Regular account¹	☐ Individual¹ ☐ Joint ☐ "In Trust For" (ITF) ☐ Managed ☐ Group Non-Registered Regular Account ☐ Other Select one account type <u>only</u>	BRANCH	ACCOUNT		T	C	IE	L									
Regular account	☐ Group Non-Registered Payroll Account	BRANCH	ACCOUNT		T	C	IE	L									
Registered Plan	☐ RSP² ☐ Spousal RSP² ☐ RIF² ☐ Spousal RIF² ☐ LIF² ☐ LIRA² ☐ "Locked-in" RSP² ☐ LRIF² ☐ Prescribed SK RRIF² ☐ Prescribed MB RRIF² ☐ Group RSP³ ☐ Spousal Group RSP³ ☐ Group Locked-In RSP³ ☐ Group DPSP⁴ ☐ RESP⁵ Select one plan type <u>only</u>	BRANCH	ACCOUNT		T	C	IE	L									
Special products	☐ i:Partner ☐ Partnership Plus ☐ The Pinnacle Program Separate program agreements are required																
Additional documents may be required								☐ BNS Referral Transit #									
¹ This application may be used for simultaneous opening of a Regular Individual and a Registered Plan account. (Where the Regular account does not have a co-applicant) ² The owner (annuitant) for these plan types must complete the Scotia Self-Directed Registered Plan Application. ³ The owner (annuitant) for these plan types must complete the Scotia Self-Directed Registered Plan Application for Group Accounts. ⁴ The owner (annuitant) must complete the Scotia Self-Directed DPSP Application. ⁵ The owner must complete all RESP forms as required. Photocopy of identity document - Passport or Canadian Citizenship Card, Driver's License, Health Card (not acceptable in ON, MB, PEI) for each beneficial owner. If you are transferring regular and / or registered accounts to ScotiaMcLeod, authorization to Transfer Account Form(s) are required.																	
A - If you are applying for a Joint Account ▼																	
☐ Joint account with rights of survivorship (not applicable in Quebec)				☐ Tenants-in-common (in Quebec, co-owners) Total must equal 100% with ownership shared as				Applicant		%		Joint Applicant		%			
B - Information about the applicant, ITF trustee or primary contact in a joint regular account; planholder in a registered account. ▼																	
If you are applying for an "In Trust For" account, provide account holder name here: (Trust/Estate Account Application CA15 is required)																	
Provide information about the ITF applicant / trustee below and information about the named beneficiary in section E.																	
Your title		Your first name and middle initial				Your last name											
Your home address, street, apartment, Rural Route (P.O Boxes only are <u>not</u> acceptable)						Your email address ☐ Home ☐ Business											
City		Prov.	Postal Code			Home Phone Number				Date of Birth (MM/DD/YY)		Language: ☐ English ☐ French					
I am a citizen of: ☐ Canada ☐ USA ☐ Other Country - A U.S. Person (U.S. Citizen or U.S. Dual Citizen) must provide SSN and complete and sign Form CA-W9.																	
Canadian SIN					USA SSN / TIN						Other Tax Number						
I am a resident for tax purposes of the following country: U.S. resident must sign Form CAW-9				Since what date? (MM/DD/YY)		Name of employer (if retired, former employer)				What kind of business is it?							
What is your current position/occupation?						How long?		Business phone #									
Your employer's address						City			Prov.	Postal Code							
You would like account information sent to: ☐ Home Address ☐ Employer's Address ☐ Other address shown below - complete and sign CA 18/19																	
Address						City			Prov.	Postal Code							
Applicant only: Number of confirms required is 1 OR:				Number of statements required is 1 OR:													
For interested parties only: Number of confirms:				Number of statements:													
Interested Party Name						City			Prov.	Postal Code							
How many dependents do you have?		You are: ☐ Widowed ☐ Divorced ☐ Single ☐ Married ☐ Living Common-Law															
Do you have a Cashstop Card or ScotiaCard?		☐ Yes ☐ No		If "Yes", indicate your Cashstop Card/ScotiaCard number				Please provide your mother's maiden name									
C - Third Party Determination ▼																	
Will this account be used to conduct business on behalf of someone other than the named applicant, joint applicant, trustee, or registered plan holder? ☐ No ☐ Yes - If Yes, complete and attach Third Party Determination Form.																	
D - Financial information of applicant (Securities regulations require that we obtain this information) ▼																	
Bank Name, Branch and Address						Branch Transit Number			Account Number								
Your Annual Gross Income (from all sources)						1. Less than \$50k		2. \$51k to \$100k		3. \$101k to \$250k		4. \$251k to \$500k		5. Over \$500k		Code	
Your Estimated Net Worth excluding principal residence		A Net Liquid Assets (Cash/securities less loans)		\$		+ B Net Fixed Assets (Fixed less liabilities)		\$		= Total Net Worth (A+B)		\$					
Mutual Funds ☐ High ☐ Moderate ☐ Low / None		Bonds ☐ High ☐ Moderate ☐ Low / None		Stocks ☐ High ☐ Moderate ☐ Low / None		Options ☐ High ☐ Moderate ☐ Low / None		Short Sales ☐ High ☐ Moderate ☐ Low / None		Overall ☐ High ☐ Moderate ☐ Low / None							
Insider information: Are you, or your spouse, a deemed insider (as defined in the Provincial Securities Acts) of any public companies? ☐ No ☐ Yes - If yes, enter the company names here:																	
Are you, or your spouse, singularly, or as part of a group, in a control position (as defined in the Provincial Securities Acts) of any public companies? ☐ No ☐ Yes - If yes, enter the company names here:																	
Are you, or your spouse, an Employee, Director, Partner or Officer of a Member of any stock exchange, IDA member, or of a stock exchange itself? ☐ No ☐ Yes - If yes, enter the company names here:																	
Trading authority over applicant: Does anyone other than the applicant have any trading authority over or any financial interest in the account? ☐ No ☐ Yes - If yes, ☐ Full Authority - please sign CA3 OR ☐ Limited Authority - please sign CA2																	
Do you own or have trading authority or an interest in another ScotiaMcLeod account? ☐ No ☐ Yes - If yes, enter Account Number(s) here:																	
Guarantee over applicant: Will any other person or persons guarantee this account? ☐ No ☐ Yes - if yes, Guarantor must sign CA5A, 5B or 5C																	

- A. New Regular Cash Account
B. New Margin Account
C. New Registered Plan Account
- D. New Joint Cash Account
E. New Joint Margin Account
F. New Joint Cash Account Quebec
- G. New Joint Margin Account Quebec
H. Modify Account Add Margin
WJ. New Registered RIF, LIRA, DPSP, DCP, LRIF
- Y. Modify N&A information Risk / Objectives
Z. IE Change

E - Information about

☐ Joint Applicant

☐ ITF Beneficiary

☐ Account Guarantor

☐ Trading Authority ▼

Your title

Your first name and middle initial

Your last name

☐ You are the spouse of the applicant named on page 1, and you reside at the same address OR
Your home address, street, apartment, Rural Route (P.O Boxes only are not acceptable)

Your email address

City

Prov.

Postal Code

Home Phone Number

Date of Birth (MM/DD/YY)

Language:
☐ English ☐ French

I am a citizen of: ☐ Canada ☐ USA ☐ Other Country - A U.S. Person (U.S. Citizen or U.S. Dual Citizen) must provide SSN and complete and sign Form CA-W9.

Canadian SIN

USA SSN / TIN

Other Tax Number

I am a resident for tax purposes of the following country:
U.S. resident must sign Form CAW-9

Since what date? (MM/DD/YY)

Name of employer (if retired, former employer)

What kind of business is it?

What is your current position/occupation?

How long?

Business phone #

Your employer's address

City

Prov.

Postal Code

You would like account information sent to: ☐ Home Address ☐ Employer's Address ☐ Other address shown below - complete and sign CA 18/19

Address

City

Prov.

Postal Code

How many dependents do you have?

You are: ☐ Widowed ☐ Divorced ☐ Single ☐ Married ☐ Living Common-Law

Do you have a Cashstop Card or ScotiaCard?
☐ Yes ☐ No

If "Yes", indicate your Cashstop Card/ScotiaCard number

Please provide your mother's maiden name

F - Financial Information

☐ Joint Applicant

☐ ITF Beneficiary

☐ Account Guarantor

☐ Trading Authority ▼

Bank Name, Branch and Address

Branch Transit Number

Account Number

Your Annual Gross Income (from all sources)

1. Less than \$50k

2. \$51k to \$100k

3. \$101k to \$250k

4. \$251k to \$500k

5. Over \$500k

Code

Your Estimated Net Worth excluding principal residence

A Net Liquid Assets (Cash/securities less loans) \$

+ B Net Fixed Assets (Fixed less liabilities) \$

= Total Net Worth (A+B) \$

Mutual Funds

Bonds

Stocks

Options

Short Sales

Overall

☐ High
☐ Moderate
☐ Low / None

☐ High
☐ Moderate
☐ Low / None

☐ High
☐ Moderate
☐ Low / None

☐ High
☐ Moderate
☐ Low / None

☐ High
☐ Moderate
☐ Low / None

☐ High
☐ Moderate
☐ Low / None

Insider information: Are you, or your spouse, a deemed insider (as defined in the Provincial Securities Acts) of any public companies? ☐ No

☐ Yes - If yes, enter the company names here:

Are you, or your spouse, singularly, or as part of a group, in a control position (as defined in the Provincial Securities Acts) of any public companies? ☐ No

☐ Yes - If yes, enter the company names here:

Are you, or your spouse, an Employee, Director, Partner or Officer of a Member of any stock exchange, IDA member, or of a stock exchange itself? ☐ No

☐ Yes - If yes, enter the company names here:

Do you own or have trading authority or an interest in another ScotiaMcLeod account? ☐ No

☐ Yes - If yes, enter Account Number(s) here:

Do you guarantee other ScotiaMcLeod accounts? ☐ No

☐ Yes - if yes, enter Account Number(s) here:

If you are married or living common-law and your spouse is not the joint applicant, guarantor or trading authority named in section E above, please complete the following:

G - Spousal Information

☐ of Applicant

☐ of Guarantor

☐ of Trading Authority ▼

Title of spouse

First name and middle initial

Your last name

Employer and type of business of Spouse

Position/occupation

H - Type of Regular Account you are applying for

Please read Types of Accounts in the ScotiaMcLeod Terms and Conditions brochure ▼

☐ Cash 1

☐ Margin Long 2

☐ Margin Short 5

☐ COD 9 Please complete Form 873 1063

☐ Income Account

Please review Guidelines for Investment Objectives and Related Account Risk Factors in the ScotiaMcLeod Terms and Conditions brochure

Investment Objectives for your Regular account
(Total must = 100%)

Income

Long Term Capital Appreciation

Short Term Capital Appreciation / Speculative Trading

Account Risk Factors for your Regular account
(Total must = 100%)

Low Risk Tolerance

Medium Risk Tolerance

High Risk Tolerance

I - Please review Guidelines for Investment Objectives and Related Account Risk Factors in the ScotiaMcLeod Terms and Conditions brochure ▼

Investment Objectives for your RSP account
(Total must = 100%)

Income

Long Term Capital Appreciation

Short Term Capital Appreciation / Speculative Trading

Account Risk Factors for your RSP account
(Total must = 100%)

Low Risk Tolerance

Medium Risk Tolerance

High Risk Tolerance

J - Shareholder Communication Instructions - Please read the Shareholder Communication section in the ScotiaMcLeod Terms and Conditions brochure.

PART 1 - Disclosure of Beneficial Ownership Information

1. I DO NOT OBJECT

to the disclosure of my name, address, electronic mail address, securities holdings and preferred language of communication (English or French) to issuers of securities held with you and to other persons or companies in accordance with securities law. I understand that by objecting to the disclosure of my account information noted above to issuers of securities that I hold with you, certain materials may still be required by law to be sent to me, and that I may have to pay the costs of having these materials provided to me.

2. I OBJECT

I WISH

I DO NOT WISH

To disclose my email address to security issuers, for the electronic delivery of securityholder materials to me. My email address will be as I have indicated in section B on page 1 or:

Home

Business

PART 2 - Receiving Securityholder Materials

3. I WANT

to receive ALL securityholder materials sent to beneficial owners of securities.

4. I DECLINE

to receive ALL securityholder materials sent to beneficial owners of securities. (Even if I decline to receive these types of materials, I understand that a reporting issuer or other person or company is entitled to send these materials to me at its expense).

5. I WANT

to receive ONLY proxy-related materials that are sent in connection with a special meeting.
Important Note: These instructions do not apply to any specific request you give or may have given to a reporting issuer concerning the sending of interim financial statements of the reporting issuer. In addition, in some circumstances, the instructions you give in this client response form will not apply to annual reports or financial statements of an investment fund that are not part of proxy-related materials. An investment fund is also entitled to obtain specific instructions from you on whether you wish to receive its annual report or financial statements, and where you provide specific instructions, the instructions in this form with respect to financial statements will not apply.

PART 3 - Preferred Language of Communication

ENGLISH / FRENCH

My preferred language of communication (English/French) will be as I have indicated in Section B, page 1.
I understand that the materials I receive will be in my preferred language of communication if the materials are available in that language.

K - If you are applying for an Option Account, by completing this section you confirm that:

You have or will sign an Option Trading Agreement CA 17 and you understand the risks defined in the Options Disclosure Statement attached to CA 17. Option Account applicant must sign margin agreement in section L below. Please complete this section with your ScotiaMcLeod investment advisor ("advisor"). I.E. may FAX this application to D.R.O.P. for temporary approval. Approval must be granted before first trade. If approved, notice will be wired to you. Do not trade until receipt of the wire. Head Office D.R.O.P. approval:

Anticipated type(s) of option transactions:

I CODE 1 Purchasing Puts & Calls

I CODE 2 Covered Writing

I CODE 3 Spreading

I CODE 4 Naked Puts

I CODE 5 Naked Writing

Registered Plan Accounts:

I CODE 1 Purchasing Puts & Calls

I CODE 2 Covered Writing

L - If you are applying for a Margin Account please sign this section

By signing here I/we confirm that: (Please read Types of Accounts in the ScotiaMcLeod Terms and Conditions Account Agreements brochure.)

1. I/We are applying for a Margin Account and have read, understood and agreed to the Margin Terms and conditions within the General Terms and Conditions Applicable to All Accounts contained in the ScotiaMcLeod Terms and Conditions Account Agreements brochure.)

2. I/We are aware of the risks involved in trading on margin and are willing to take those risks.

Applicant signature

Joint applicant signature

Date

Date

MM/DD/YY

M - What you agree to when you sign this application

In this agreement the terms I, we, my, and our refer to the owner and/or joint owner of a ScotiaMcLeod account whose signature(s) appears below and I confirm that:

(Tick agreement 4 for a Joint account, and tick agreement 5 for a Registered Plan account.)

1. All of the information in this application is complete and accurate and I have read, understood and agreed to all of the terms and conditions relating to this account in the relevant sections of the ScotiaMcLeod Terms and Conditions Account Agreements brochure ("Terms and Conditions") and to the Declaration of Trust, if applicable.

2. I understand that the terms and conditions of this application and of Terms and Conditions are incorporated into and form part of the contract between ScotiaMcLeod and me and govern operation of this account. They may be supplemented by written agreement but not replaced by the terms of other specific agreements between ScotiaMcLeod and me as the nature of the account may require.

3. I have been provided with, read and understand the Shareholder Communication NATIONAL INSTRUMENT 54-101 - explanatory statement within the Terms and Conditions and as my securities held with you are registered in your name or the name of your agent, I request that the above arrangements be made as indicated. I understand that these elections apply to all securities held in my account with you that are not registered in my name, unless I have given other instructions regarding securities in another account. I understand that these instructions may be changed at any time in writing and that you will use reasonable efforts to act upon changes in instructions where advice is received between record date and meeting date.

I We are applying for a Joint Account, and we have read, understood and agreed to the terms and conditions in the Joint Account Agreement contained within Terms and Conditions. We have chosen to have our account established as indicated here and relied on our own counsel rather than yours. We understand this arrangement is subject to all applicable laws.

I If you live in Quebec, you have requested that this Application and all documents relating to this plan be in English. Au Québec, les parties conviennent et exigent expressément que ce contrat ainsi que tous documents et avis émis en vertu de celui-ci ou s'y rattachant soient rédigés en anglais.

6. My investment advisor does not have a direct or indirect ownership interest in this account.

7. If I have indicated in this application form that I am a resident of a province or territory of Canada, this agreement shall be governed by and construed in accordance with the laws of that jurisdiction. Otherwise, this agreement shall be governed by and construed in accordance with the laws of the province of Ontario and the laws of Canada applicable therein.

8. I acknowledge that Scotia Capital Inc. is a separate entity from The Bank of Nova Scotia. Unless otherwise advised, securities purchased from or through Scotia Capital Inc. (a) are not insured by a government deposit insurer, (b) are not guaranteed by a Canadian financial institution, and (c) may fluctuate in value.

9. I understand that my account information is shared within the Scotiabank Group to help provide me with better service across our entire relationship. My consent to share affords me greater opportunity to access the many resources of this organization whether they are with my advisor, at a bank branch, or on the Internet. By signing below I consent to you sharing my information in accordance with the Scotiabank Group Privacy Agreement. The Scotiabank Group is committed to maintaining the privacy of my information and strictly adheres to the measures outlined in the agreement to accomplish this. My consent is not a condition of doing business with ScotiaMcLeod and I may withdraw it at any time by contacting my ScotiaMcLeod advisor or Scotiabank branch.
I I consent I do not consent Please read the Scotiabank Group Privacy Agreement contained in Terms and Conditions.

The use of leverage may not be suitable for all investors. Using borrowed money, whether through a margin account or any other method of borrowing, to finance the purchase of securities involves greater risk than using cash resources only. If you borrow money to purchase securities, your responsibility to repay the loan, pay interest, and meet margin calls as required by the margin terms remains the same even if the value of the securities purchased declines.

Accounts of ScotiaMcLeod clients are covered by The Canadian Investor Protection Fund (within prescribed limits).
Where there is more than one joint applicant indicated for this account, add an appendix page(s) to cover the signature(s) of all joint applicants.

Applicant/annuitant signature

Joint applicant signature

Date

Date

MM/DD/YY

N - This comments section will be completed by your Investment Advisor and Branch Manager

Monthly Payment of income I Pay monthly electronic I Pay semi-monthly electronic - Complete electronic Direct Funds Transfer CA50 I Hold Note: Payments in US Funds are made by cheque only.

Settlement currency I CDN\$ trades will settle in CDN currency I US\$ trades will settle in US currency I ALL trades settle in currency of executing market

Payment for your purchases I Cheque I MAPS - please complete MAPS deposit card I Direct Debit - please complete CA41

Instructions for purchases I Hold in ScotiaMcLeod name I Register & ship to your address

Customer type

Account Class

Investment Counsellor, if applicable

I PRO I BNS Designated I Initial Order I Buy I Sell I Solicited I Unsolicited

Quantity

Description

Value

\$

Initial deposit amount

\$

OR,

Account Transfer Asset Value

\$

Have you met the client face to face?

I Yes I No

How long have you known the client?

(MM/YYYY)

AMO

Referral By

I Advertising lead I Personal contact I Phone in I Walk in

i:PARTNER I CA21 I CA22 I Calculator FAX I Entitlement FAX Partnershipplus I CA45 I Electronic Access Pinnacle I CA34 I CA34A I CA16 PIN A I CA16 PIN A

Does the client have any other accounts and / or control the trading in other accounts?

I Yes I No

If Yes, identify accounts

Does the Client have accounts with other brokerage firms?

I Yes I No

If Yes, specify firms and type of accounts

Other comments

Is IE Registered in the Province in which the client resides?

I Yes I No

If No, Regional Manager must sign here, obtain approval by wire from Compliance and attach to agreement.

S.A.'s Eclipse Quickpages I.D.

Documentation below has been forwarded to client I by mail, return mail envelope OR I by courier, return courier envelope

Indicate CA Form Number and/or agreement description

I CA200 Evidence Documents - attach copies of Passport, Canadian Citizenship Card, Driver's License, Health card (where acceptable) for beneficial owner(s).

MM/DD/YY

Signature Advisor

Date

B.M. approval

RM

Date

COPY 1 - HEAD OFFICE NAME & ADDRESS

COPY 2 - CLIENT

COPY 3 - BRANCH