

Account application

Personal accounts

Direct Investing



®



ACCOUNT APPLICATION PROCESS

You must be a resident of Canada to open an account with ScotiaMcLeod Direct Investing.

1. Complete the account application on the following pages and attach a legible photocopy (both sides including expiration date) of one piece of identification for each Applicant and Trading Authority. Only a driver's licence, passport, provincial health insurance card (except ON, MB, PEI), Canadian citizenship card, birth certificate (if under the age of 21), permanent residence card, Canadian Forces identification card or age of majority card are acceptable forms of identification. If you do not have a Scotiabank account, please attach a personal cheque for deposit drawn on a Canadian financial institution in the amount of \$1.00. A cheque is required for each Applicant and Trading Authority. As secondary identification verification we are required to confirm that each Applicant and Trading Authority has a Credit Bureau history extending back more than six months. If you do not meet this requirement your photo identification must be physically verified by Scotiabank branch personnel. A ScotiaCard™ is required to access your ScotiaMcLeod Direct Investing account online. If you do not have a ScotiaCard, one will be forwarded to you by mail. The Primary Applicant and Trading Authority each require a ScotiaCard. Co-Applicants and Guarantors do not need a ScotiaCard.

2. Attach additional documents as required

FOR A TRADING AUTHORITY:

- Personal Trading Authorization Form #1922114
(included on page 12 of this application)

FOR A RETIREMENT SAVINGS PLAN (RSP):

- Scotia Self-Directed Registered Plan Application Form (included on page 11 of this application) #8972714

FOR A LOCKED-IN SAVINGS PLAN (LRSP, LIRA):

- Scotia Self-Directed Registered Plan Application Form (included on page 11 of this application) #8972714
A copy of the Locked-In Agreement from the transferring organization

FOR A RETIREMENT INCOME PLAN (RIF):

- Scotia Self-Directed Registered Plan Application Form (included on page 11 of this application) # 8972714

FOR A LOCKED-IN INCOME PLAN (LIF, LRIF, PRRIF):

- Scotia Self-Directed Registered Plan Application Form (included on page 11 of this application) #8972714
A copy of the Locked-In Agreement from the transferring organization

FOR A SELF-DIRECTED EDUCATION SAVINGS PLAN (RESP):

- Scotia Self-Directed Individual Education Savings Plan Application Form #1925210
or
 Scotia Self-Directed Family Education Savings Plan Application Form #1971611
 Application for Canada Education Savings Grant Form #1971913
 If more than two beneficiaries designated, include a Scotia Self-Directed Education Savings Plan Schedule A Form #1972111

IF YOU ARE TRANSFERRING MONIES OR SECURITIES TO SCOTIAMCLEOD DIRECT INVESTING FROM ANOTHER INSTITUTION:

- Transfer Authorization for Non-Registered Investments Form #1962116
or
 Transfer Authorization for Registered Investments Form #1961810
 A T2151 is required if the source of funds is a Registered Pension Plan or Deferred Profit-Sharing Plan
 Human Resources and Skills Development Canada RESP Transfer form #HRSDC SDE 0050

IF YOU ARE A U.S. CITIZEN OR HAVE U.S. DUAL CITIZENSHIP:

- W9 Form for U.S. taxation purposes #841 1018

FOR AN INFORMAL TRUST ACCOUNT

- Informal Trust Account Application #873 4119

3. Sign the application including additional documentation, and either drop off at your local Scotiabank branch or mail to:

ScotiaMcLeod Direct Investing
P.O. Box 603
Scarborough, ON M1K 5C5

4. We will contact you upon review of your application. Approved applicants will receive a welcome kit in the mail.

Call 1 800 263-3430 if you have any questions. All forms are available online at www.scotiamcleoddirect.com and at your local Scotiabank branch.

In this application, the terms you, your, and I, refer to the customer; and the terms we, our, and us, refer to ScotiaMcLeod Direct Investing, a division of Scotia Capital Inc.

These terms, however, do not apply to the Shareholder Communication Instructions in this application, as prescribed by National Instrument 54-101, adopted by the Canadian Securities Administrators.

YOUR ACCOUNT COVERAGE

ScotiaMcLeod Direct Investing is a division of Scotia Capital Inc. Scotia Capital Inc. is a separate but wholly-owned subsidiary of The Bank of Nova Scotia. Cash and securities held in or sold through your ScotiaMcLeod Direct Investing account are not insured by The Bank of Nova Scotia, Canada Deposit Insurance Corporation or any other government deposit insurer.

Customers' accounts are protected by the Canadian Investor Protection Fund within specified limits. A brochure describing the nature and limits of this coverage is available upon request.





INFORMATION ABOUT YOU, THE PRIMARY APPLICANT

Please note that ScotiaMcLeod Direct Investing does not provide recommendations to you and does not accept any responsibility to advise you on the suitability of any of your investment decisions or transactions. You are responsible for your investment decisions, as well as for any profits or losses that may arise, and ScotiaMcLeod Direct Investing will not consider your financial situation, investment knowledge, investment objectives or risk tolerance when processing orders placed by you.

SCOTIACARD NUMBER				MOTHER'S MAIDEN SURNAME			
453							
TITLE		FIRST NAME		INITIAL		LAST NAME	
DATE OF BIRTH (MM/DD/YYYY)				COUNTRY OF CITIZENSHIP			
SOCIAL INSURANCE NUMBER				SSN / TIN*			

Please provide your ScotiaCard number if you have one. We require your Mother's Maiden Surname for identification purposes.

*U.S. citizens and U.S. dual citizens must provide a Social Security Number (SSN), also referred to as a Taxation Identification Number (TIN). A W9 form is also required.

RESIDENTIAL ADDRESS

STREET ADDRESS/LEGAL ADDRESS (ADDRESS CANNOT BE A POST OFFICE BOX)						APT./SUITE NO.	
ADDITIONAL ADDRESS INFORMATION							

If your mailing address is different – see page 6.

CITY		PROVINCE		POSTAL CODE				
HOME PHONE NUMBER			BUSINESS PHONE NUMBER			EXT.		
CELL PHONE NUMBER			PAGER NUMBER					
FAX NUMBER			PRIMARY EMAIL ADDRESS				<input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS	

Which number would you prefer we use to contact you during market hours?

BUSINESS HOME CELL

EMPLOYMENT INFORMATION

EMPLOYMENT STATUS

EMPLOYED RETIRED STUDENT SELF-EMPLOYED HOMEMAKER NOT WORKING OTHER

If retired, we require your most recent employment information.

EMPLOYER

POSITION _____ **YEARS WITH THIS EMPLOYER** _____

EMPLOYER'S ADDRESS

CITY _____ **PROVINCE** _____ **POSTAL CODE** _____

Are you employed by the Scotiabank Group? YES NO

IF YES, SPECIFY: _____

Are you an Insider of Scotiabank or have you been advised that you are a Designated Person by Scotiabank's Compliance Department? YES NO

Are you or members of your household employed by an IDA (Investment Dealers Association) Member firm (Pro)? YES NO

Note: Certain conditions may apply to accounts for employees of firms in the securities industry and accounts over which such persons have trading authority.



FINANCIAL INFORMATION

YOUR ANNUAL INCOME

- UNDER \$25,000 \$25,000 TO \$50,999 \$51,000 TO \$74,999 \$75,000 TO \$99,999 \$100,000 TO \$149,999 \$150,000 TO \$200,000
- OVER \$200,000, SPECIFY _____

YOUR ESTIMATED NET WORTH

Net Liquid Assets _____ A (Cash and securities minus current liabilities)
Net Fixed Assets _____ B (Fixed assets minus loans outstanding against fixed assets)
Total Net Worth _____ (A + B)

HAVE YOU OWNED OR TRADED? Select your level of knowledge.

- MUTUAL FUNDS LOW MODERATE HIGH
- FIXED INCOME (OTHER THAN CSBS) LOW MODERATE HIGH
- STOCKS LOW MODERATE HIGH
- MARGIN LOW MODERATE HIGH
- OPTIONS LOW MODERATE HIGH
- SHORT SALES LOW MODERATE HIGH
- OVERALL INVESTMENT EXPERIENCE LOW MODERATE HIGH

HOW DID YOU HEAR ABOUT US?

- SCOTIABANK BRANCH PERSONAL REFERRAL
- STATEMENT ENCLOSURE OR OTHER MAIL INTERNET
- NEWSPAPER / MAGAZINE AD OTHER, SPECIFY _____

What is your language preference for telephone customer service?

- ENGLISH FRENCH CANTONESE MANDARIN

INFORMATION REQUIRED BY SECURITIES REGULATORS AND COMPLIANCE

Are you or your spouse considered to be an Insider (as defined in a Provincial Securities Act) of any public companies? YES NO

IF YES, WHAT IS THE NAME OF THE COMPANY(IES)? _____

Are you, or your spouse, singularly, or as part of a group, in a Control Position (as defined in a Provincial Securities Act) of any public companies? YES NO

IF YES, WHAT IS THE NAME OF THE COMPANY(IES)? _____

Are you, or your spouse an Employee, Director, Partner or Officer of a member of any Stock Exchange, IDA Member firm or of a Stock Exchange itself? YES NO

IF YES, WHAT IS THE NAME OF THE COMPANY(IES)? _____

Do you own, or have trading authority or an interest in another ScotiaMcLeod Direct Investing Account? YES NO

IF YES, WHAT IS THE ACCOUNT NUMBER(S)? _____

Do you own, or have trading authority over any other accounts with another securities firm? YES NO

IF YES, WHAT IS THE NAME OF THE SECURITIES FIRM(S)? _____



BANKING INFORMATION

Banking information is required by Securities Regulators. Please enter your bank account information in the white boxes below. In addition, this bank account may be used for transfers to and from your ScotiaMcLeod Direct Investing Account (e.g. trade payment, settlement proceeds, pre-authorized contributions, RIF payments etc.). Only Scotiabank U.S. dollar bank accounts are eligible for transfers in U.S. currency.

Please enter the account details in the boxes below. This information can be found on most cheques.

Your Name		Cheque No.	
Your Address		DATE _____	
PAY TO THE ORDER OF _____		\$ _____	
_____		/100 DOLLARS	
Banking Institution Name			
Branch Address			
MEMO _____			
Cheque No. ###	Branch Transit No.	Bank Institution No.	Bank Account No.
Type of Account <input type="checkbox"/> Chq <input type="checkbox"/> Svgs		Currency <input type="checkbox"/> CDN <input type="checkbox"/> U.S.	

MARITAL STATUS

SINGLE MARRIED COMMON LAW DIVORCED LEGALLY SEPARATED WIDOWED

INFORMATION ABOUT YOUR SPOUSE

TITLE	FIRST NAME	INITIAL	LAST NAME

EMPLOYMENT STATUS

EMPLOYED RETIRED STUDENT SELF-EMPLOYED HOMEMAKER NOT WORKING OTHER

EMPLOYER

POSITION

IDENTIFICATION REQUIREMENTS (MANDATORY FOR NON-REGISTERED ACCOUNTS)

TYPE OF IDENTIFICATION DOCUMENT (SELECT ONE)

DRIVER'S LICENCE PROV. HEALTH INSURANCE CARD (EXCEPT ON, MB, PEI) CANADIAN CITIZENSHIP CARD BIRTH CERTIFICATE (IF UNDER AGE 21) AGE OF MAJORITY CARD PASSPORT

IDENTIFICATION DOCUMENT NUMBER

CARE AND MANAGEMENT OF YOUR ACCOUNT (NOT APPLICABLE TO TRADING AUTHORITY)

We share information within the Scotiabank Group to help provide you with better service across your entire relationship with us. Your consent to share enables enhanced access to the resources of this organization whether they are with a branch, or on the internet. By indicating your consent below you allow us to share your information in accordance with the Scotiabank Group Privacy Agreement. Your consent is not a condition of doing business with us and you may withdraw it at any time by contacting ScotiaMcLeod Direct Investing or a Scotiabank branch.

I consent I do not consent



TYPE OF ACCOUNT

NON-REGISTERED

- INDIVIDUAL ACCOUNT
- JOINT ACCOUNT
- INFORMAL TRUST ACCOUNT
- INFORMAL TRUST ACCOUNT (MULTIPLE TRUSTEES)

RETIREMENT SAVINGS PLAN

- RETIREMENT SAVINGS PLAN (RSP)
- SPOUSAL RETIREMENT SAVINGS PLAN (RSP)
- LOCKED-IN RSP (LRSP)
- LOCKED-IN RETIREMENT ACCOUNT (LIRA)

REGISTERED INCOME PLAN

- RETIREMENT INCOME FUND (RIF)
- SPOUSAL RETIREMENT INCOME FUND (RIF)
- LIFE INCOME FUND (LIF)
- LOCKED-IN RETIREMENT INCOME FUND (LRIF)
- PRESCRIBED RETIREMENT INCOME FUND (PRRIF)

REGISTERED EDUCATION SAVINGS PLAN

- REGISTERED EDUCATION SAVINGS PLAN (RESP)

If you are applying for more than one account on this application, the Primary Applicant must be the same for all accounts.

ScotiaMcLeod Direct Investing currently processes RESP Canada Education Savings Grant payments but may not process Canada Learning Bond, Additional CESG or certain provincial education savings grant payments.

NON-REGISTERED ACCOUNTS ONLY

- CASH ACCOUNT - ACCOUNT MUST HAVE SUFFICIENT FUNDS FOR PURCHASES
 - MARGIN ACCOUNT - ALLOWS YOU TO BORROW AGAINST THE ASSETS IN YOUR ACCOUNT
 - WITH SHORT SELLING? YES NO
 - WITH OPTIONS TRADING? YES NO
- IF YES, WHAT STRATEGIES DO YOU INTEND TO FOLLOW?
- COVERED CALLS
 - PURCHASING PUTS AND CALLS
 - SPREADS
 - NAKED PUTS
 - NAKED CALLS

JOINT ACCOUNTS ONLY

- JOINT TENANTS WITH RIGHTS OF SURVIVORSHIP (NOT AVAILABLE IN QUEBEC) **or** TENANTS-IN-COMMON
- TENANTS-IN-COMMON % OWNERSHIP (MUST EQUAL 100%)**
- PRIMARY APPLICANT _____ %
- JOINT APPLICANT #1 _____ %
- JOINT APPLICANT #2 _____ %
- JOINT APPLICANT #3 _____ %
- 100%**

REGISTERED ACCOUNTS ONLY

- Do you want to apply for options trading? YES NO
- IF YES, WHAT STRATEGIES DO YOU INTEND TO FOLLOW? COVERED CALLS PURCHASING PUTS AND CALLS

SETTLEMENT INSTRUCTIONS

- In which currency would you prefer to settle your transactions?
- CDN\$ U.S.\$ THE CURRENCY OF THE MARKET IN WHICH THE SECURITY WAS TRADED.

TRANSFER REQUESTS

- Do you want us to transfer any of your assets from another financial institution? YES NO
- IF YES, COMPLETE THE TRANSFER AUTHORIZATION FOR NON-REGISTERED INVESTMENTS FORM, OR THE TRANSFER AUTHORIZATION FOR REGISTERED INVESTMENTS FORM.



MAILING ADDRESS (IF DIFFERENT FROM YOUR RESIDENTIAL ADDRESS)

STREET ADDRESS

ADDRESS DESCRIPTION (EG. OFFICE, COTTAGE, ETC.)

C/O

CITY

PROVINCE

POSTAL CODE

SHAREHOLDER COMMUNICATION INSTRUCTIONS

PART 1 - DISCLOSURE OF BENEFICIAL OWNERSHIP INFORMATION

I DO NOT OBJECT to the disclosure of my name, 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.

I 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 on page 2 or:

I DO NOT WISH

HOME
 BUSINESS

PART 2 - RECEIVING SECURITYHOLDER MATERIALS

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

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).

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 is: ENGLISH FRENCH

I understand that the materials I receive will be in my preferred language of communication if the materials are available in that language.

OTHER INTEREST IN THIS ACCOUNT

Will this account be used to conduct business on behalf of someone other than the Applicant, Joint Applicant, Trustee, or Registered Plan holder? YES NO

TRADING AUTHORIZATION

Will anyone other than the applicant(s) on the account have trading authority over this account? YES NO

IF YES, INFORMATION ABOUT THE TRADING AUTHORITY IS REQUIRED (PAGE 7) AND A PERSONAL TRADING AUTHORITY FORM (PAGE 12) MUST BE SIGNED.



INFORMATION ABOUT THE:

CO-APPLICANT or **TRADING AUTHORITY**

SCOTIACARD NUMBER		MOTHER'S MAIDEN SURNAME	
453			
TITLE	FIRST NAME	INITIAL	LAST NAME
DATE OF BIRTH (MM/DD/YYYY)		COUNTRY OF CITIZENSHIP	
SOCIAL INSURANCE NUMBER		SSN / TIN*	

Please provide ScotiaCard number if you have one and Mother's Maiden Surname for Trading Authorities only.

*If U.S. citizens or U.S. dual citizen Social Security Number (SSN) required for Co-Applicant only. A W9 form is also required.

RESIDENTIAL ADDRESS

STREET ADDRESS/LEGAL ADDRESS (ADDRESS CANNOT BE A POST OFFICE BOX) **APT/SUITE NO.**

ADDITIONAL ADDRESS INFORMATION

CITY	PROVINCE	POSTAL CODE
HOME PHONE NUMBER	BUSINESS PHONE NUMBER	EXT.
CELL PHONE NUMBER	PAGER NUMBER	
FAX NUMBER	PRIMARY EMAIL ADDRESS	<input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS

Which number would you prefer we use to contact you during market hours?

BUSINESS HOME CELL

EMPLOYMENT INFORMATION

EMPLOYMENT STATUS

EMPLOYED RETIRED STUDENT SELF-EMPLOYED HOMEMAKER NOT WORKING OTHER

If retired, we require previous employment information.

EMPLOYER

POSITION **YEARS WITH THIS EMPLOYER**

EMPLOYER'S ADDRESS

CITY	PROVINCE	POSTAL CODE

Are you employed by the Scotiabank Group? YES NO

IF YES, SPECIFY: _____

Are you an Insider of Scotiabank or have you been advised that you are a Designated Person by Scotiabank's Compliance Department? YES NO

Are you or members of your household employed by an IDA (Investment Dealers Association) Member firm (Pro)? YES NO

Note: Certain conditions may apply to accounts for employees of firms in the securities industry and accounts over which such persons have trading authority.



FINANCIAL INFORMATION (NOT REQUIRED FOR TRADING AUTHORITY)

YOUR ANNUAL INCOME

- UNDER \$25,000 \$25,000 TO \$50,999 \$51,000 TO \$74,999 \$75,000 TO \$99,999 \$100,000 TO \$149,999 \$150,000 TO \$200,000
- OVER \$200,000, SPECIFY _____

YOUR ESTIMATED NET WORTH (NOT REQUIRED FOR TRADING AUTHORITY)

Net Liquid Assets _____ A (Cash and securities minus current liabilities)
 Net Fixed Assets _____ B (Fixed assets minus loans outstanding against fixed assets)
 Total Net Worth _____ (A + B)

HAVE YOU OWNED OR TRADED? Select your level of knowledge.

- | | | | |
|---|------------------------------|-----------------------------------|-------------------------------|
| <input type="checkbox"/> MUTUAL FUNDS | <input type="checkbox"/> LOW | <input type="checkbox"/> MODERATE | <input type="checkbox"/> HIGH |
| <input type="checkbox"/> FIXED INCOME (OTHER THAN CSBs) | <input type="checkbox"/> LOW | <input type="checkbox"/> MODERATE | <input type="checkbox"/> HIGH |
| <input type="checkbox"/> STOCKS | <input type="checkbox"/> LOW | <input type="checkbox"/> MODERATE | <input type="checkbox"/> HIGH |
| <input type="checkbox"/> MARGIN | <input type="checkbox"/> LOW | <input type="checkbox"/> MODERATE | <input type="checkbox"/> HIGH |
| <input type="checkbox"/> OPTIONS | <input type="checkbox"/> LOW | <input type="checkbox"/> MODERATE | <input type="checkbox"/> HIGH |
| <input type="checkbox"/> SHORT SALES | <input type="checkbox"/> LOW | <input type="checkbox"/> MODERATE | <input type="checkbox"/> HIGH |
| <input type="checkbox"/> OVERALL INVESTMENT EXPERIENCE | <input type="checkbox"/> LOW | <input type="checkbox"/> MODERATE | <input type="checkbox"/> HIGH |

INFORMATION REQUIRED BY SECURITIES REGULATORS AND COMPLIANCE

Are you or your spouse considered to be an Insider (as defined in a Provincial Securities Act) of any public companies? YES NO

IF YES, WHAT IS THE NAME OF THE COMPANY(IES)? _____

Are you, or your spouse, singularly, or as part of a group, in a Control Position (as defined in a Provincial Securities Act) of any public companies? YES NO

IF YES, WHAT IS THE NAME OF THE COMPANY(IES)? _____

Are you, or your spouse an employee, Director, Partner or Officer of a member of any Stock Exchange, IDA Member firm or of a Stock Exchange itself? YES NO

IF YES, WHAT IS THE NAME OF THE COMPANY(IES)? _____

Do you own, or have trading authority or an interest in another ScotiaMcLeod Direct Investing Account? YES NO

IF YES, WHAT IS THE ACCOUNT NUMBER(S)? _____

Do you own, or have trading authority over any other accounts with another securities firm? YES NO

IF YES, WHAT IS THE NAME OF THE SECURITIES FIRM(S)? _____



CO-APPLICANT'S BANKING INFORMATION (NOT REQUIRED FOR TRADING AUTHORITY)

Banking information is required by Securities Regulators.

Please enter the account details in the boxes below. This information can be found on most cheques.

Your Name		Your Address		Cheque No.	
				DATE _____	
PAY TO THE ORDER OF _____		\$ _____			
_____ /100 DOLLARS					
Banking Institution Name					
Branch Address					
MEMO _____					
Cheque No. ## #	Branch Transit No.	Bank Institution No.	Bank Account No.	Type of Account <input type="checkbox"/> Chq <input type="checkbox"/> Svgs	Currency <input type="checkbox"/> CDN <input type="checkbox"/> U.S.

MARITAL STATUS

SINGLE MARRIED COMMON LAW DIVORCED LEGALLY SEPARATED WIDOWED

INFORMATION ABOUT CO-APPLICANT'S SPOUSE

TITLE	FIRST NAME	INITIAL	LAST NAME

EMPLOYMENT STATUS

EMPLOYED RETIRED STUDENT SELF-EMPLOYED HOMEMAKER NOT WORKING OTHER

EMPLOYER

POSITION

IDENTIFICATION REQUIREMENTS (MANDATORY FOR NON-REGISTERED ACCOUNTS)

TYPE OF IDENTIFICATION DOCUMENT

DRIVER'S LICENCE PROV. HEALTH INSURANCE CARD (EXCEPT ON, MB, PEI) CANADIAN CITIZENSHIP CARD BIRTH CERTIFICATE (IF UNDER AGE 21) AGE OF MAJORITY CARD PASSPORT

IDENTIFICATION DOCUMENT NUMBER

CARE AND MANAGEMENT OF YOUR ACCOUNT (NOT APPLICABLE TO TRADING AUTHORITY)

We share information within the Scotiabank Group to help provide you with better service across your entire relationship with us. Your consent to share enables enhanced access to the resources of this organization whether they are with a branch, or on the internet. By indicating your consent below you allow us to share your information in accordance with the Scotiabank Group Privacy Agreement. Your consent is not a condition of doing business with us and you may withdraw it at any time by contacting ScotiaMcLeod Direct Investing or a Scotiabank branch.

I consent I do not consent

Order Execution Only Account

CUSTOMER AGREEMENT

In this agreement the terms *I, we, my, and our* refer to the owner and/or joint owner of a ScotiaMcLeod Direct Investing account whose signature(s) appear below.

BY SIGNING, I CONFIRM THAT:

1. All of the information in this application is complete and accurate and I will promptly send written notice to ScotiaMcLeod Direct Investing of any significant changes in this information. I verify that all photocopies of identification submitted with this application are true copies of identification of each applicant.
2. I have read, understand, and agree to the terms of your Account Agreement and the other sections in the Terms and Conditions brochure that apply to this account and to the Declaration of Trust, if applicable.
3. If I do not have a Scotiabank account, I agree to provide a personal cheque drawn against my own account from a Canadian financial institution for deposit to satisfy Canadian Money Laundering requirements.
4. If a Joint Account, I have read, understand, and agree to your Joint Account Agreement contained in the Terms and Conditions brochure. I have chosen to have this account established as indicated here and relied on my own counsel. I understand this arrangement is subject to all applicable laws.
5. My shareholder communication instructions are to be followed. I understand that these elections apply to all securities held in this account.
6. ScotiaMcLeod Direct Investing may debit or credit my Scotiabank account to settle my trades, as I instruct, on a trade-by-trade basis.
7. ScotiaMcLeod Direct Investing reserves the right to restrict or limit trading activity in this account at any time without notice to me. ScotiaMcLeod Direct Investing may close this account if all required documentation in complete form is not received within two weeks of opening my account.

ACKNOWLEDGEMENT

I acknowledge that ScotiaMcLeod Direct Investing does not provide recommendations to me and does not accept any responsibility to advise me on the suitability of any of my investment decisions or transactions. I acknowledge that I am responsible for my investment decisions, as well as for any profits or losses that may arise, and ScotiaMcLeod Direct Investing will not consider my financial situation, investment knowledge, investment objectives or risk tolerance when processing orders placed by me.

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.

SIGNATURES

PRIMARY APPLICANT	DATE (MM/DD/YYYY)	JOINT APPLICANT	DATE (MM/DD/YYYY)
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IF YOU ARE APPLYING FOR MARGIN TRADING, YOU MUST ALSO SIGN HERE

I am aware of the risks involved in trading on margin and am willing to take those risks. I have read, understand and agree to the terms and conditions of margin trading contained within the Terms and Conditions.

SIGNATURES

PRIMARY APPLICANT	DATE (MM/DD/YYYY)	JOINT APPLICANT	DATE (MM/DD/YYYY)
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IF YOU ARE APPLYING FOR OPTIONS TRADING, YOU MUST ALSO SIGN HERE

I am aware of the risks involved in options trading and am willing to take those risks. I have read, understand and agree to the terms of the Risk Disclosure Statement and Your Options Trading Agreement contained within the Terms and Conditions.

SIGNATURES

PRIMARY APPLICANT	DATE (MM/DD/YYYY)	JOINT APPLICANT	DATE (MM/DD/YYYY)
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CUSTOMER IDENTIFICATION REQUIREMENTS

We are required to verify your identity. Please forward a legible photocopy (both sides including expiration date) of one valid piece of identification for each Applicant, Co-applicant and Trading Authority. Only the following are acceptable:

- Driver's Licence
- Age of Majority Card
- Canadian Citizenship Card
- Passport
- Provincial Health Insurance Card (except ON, MB, PEI)
- Birth Certificate (under age 21)

FOR BRANCH USE		FOR SCOTIAMCLEOD DIRECT INVESTING USE	
Name of Officer	Employee Number	Manager	Date
Telephone Number	Transit #	DROP	Date
Indicate if: <input type="checkbox"/> ScotiaOne Service <input type="checkbox"/> Scotia Professional Plan			COMMENTS AMO

Direct Investing

