# 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:		FOR A SELF-DIRECTED EDUCATION SAVINGS PLAN (RESP):
Personal Trading Authorization Form	#1922114	Scotia Self-Directed Individual Education
(included on page 12 of this application)		Savings Plan Application Form #1925210
FOR A RETIREMENT SAVINGS PLAN (RSP):		or
Scotia Self-Directed Registered Plan		Scotia Self-Directed Family Education Savings Plan Application Form #1971611
Application Form (included on page 11		
of this application)	#8972714	Application for Canada Education Savings Grant Form #1971913
		If more than two beneficiaries designated,
FOR A LOCKED-IN SAVINGS PLAN (LRSP, LIRA):		include a Scotia Self-Directed Education
Scotia Self-Directed Registered Plan		Savings Plan Schedule A Form #1972111
Application Form (included on page 11 of this application)	#8972714	
A copy of the Locked-In Agreement	#0372714	IF YOU ARE TRANSFERRING MONIES OR SECURITIES TO SCOTIAMCLEOD DIRECT INVESTING FROM ANOTHER INSTITUTION:
from the transferring organization		☐ Transfer Authorization for Non-Registered
		Investments Form #1962116
FOR A RETIREMENT INCOME PLAN (RIF):		or
Scotia Self-Directed Registered Plan		Transfer Authorization for Registered
Application Form (included on page 11	U007274.4	Investments Form #1961810
of this application)	#8972714	☐ A T2151 is required if the source of funds
FOR A LOCKED-IN INCOME PLAN (LIF, LRIF, PRRIF):		is a Registered Pension Plan or Deferred
Scotia Self-Directed Registered Plan		Profit-Sharing Plan
Application Form (included on page 11		Human Resources and Skills Development
of this application)	#8972714	Canada RESP Transfer form #HRSDC SDE 0050
A copy of the Locked-In Agreement		IF YOU ARE A U.S. CITIZEN OR HAVE U.S. DUAL CITIZENSHIP:
from the transferring organization		☐ W9 Form for U.S. taxation purposes #841 1018
FOR A TAX-FREE SAVINGS ACCOUNT (TFSA):		
Scotia Tax-Free Savings Account Application	#8977313	FOR AN INFORMAL TRUST ACCOUNT
Scotia Tax-Free Savings Account	557,7515	☐ Informal Trust Account Application #873 4119
Declaration of Trust	#8977011	

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.

#### 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		Please provide your ScotiaCard
		MOTHER 3 MAIDEN SORNAME		number if you have one.
453                 TITLE FIRST NAME	<u>                                     </u>	INITIAL LAST NAME		We require your Mother's Maiden Surname for
TITLE FIRST NAME		INITIAL LAST NAIVIE		identification purposes.
DATE OF BIRTH (MM/DD/YY	YY)	COUNTRY OF CITIZENSHIP		
SOCIAL INSURANCE NUMB	ER	SSN / TIN*		*U.S. citizens and U.S. dual citizens must provide a Social Security Number (SSN), also referred to as a Taxation
RESIDENTIAL ADDR	RESS			Identification Number (TIN).  A W9 form is also required.
STREET ADDRESS/LEGAL A	DDRESS (ADDRESS CANNOT BE	A POST OFFICE BOX)	APT/SUITE NO.	If your mailing address is different – see page 6.
ADDITIONAL ADDRESS INFO	ORMATION			, 3
CITY	PROVINCE	POSTAL CODE		
	1 1 1			
HOME PHONE NUMBER		BUSINESS PHONE NUMBER	EXT.	
CELL PHONE NUMBER		PAGER NUMBER		
1		ı		
FAX NUMBER		PRIMARY EMAIL ADDRESS	HOME BUSINESS	
Which number would you		you during market hours?		
BUSINESS HOME	CELL			
EMPLOYMENT INFO	ORMATION			
EMPLOYMENT STATUS			_	If retired, we require your
EMPLOYED RETIRED	STUDENT SELF-EMPLOY	ED HOMEMAKER NOT WORKING OTHER		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 Scoti by Scotiabank's Compliance	iabank or have you been a te Department?	dvised that you are a Designated Person	YES NO	
Are you or members of yo Member firm (Pro)?	ur household employed by	y an IDA (Investment Dealers Association)	YES NO	
	nay apply to accounts for e which such persons have tr	employees of firms in the securities industry ading authority.		

PAGE 2

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#### **FINANCIAL INFORMATION**

YOUR ANNUAL INCOME		
UNDER \$25,000 \$25,000 TO \$50,999 \$	\$1,000 TO \$74,999 \$75,000 TO \$99,999 \$100,000 TO \$149,999 \$1	50,000 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	t fixed assets)
Total Net Worth	(A + B)	
HAVE YOU OWNED OR TRADED? Select yo	our level of knowledge.	
☐ MUTUAL FUNDS ☐ LOW	MODERATE HIGH	
FIXED INCOME (OTHER THAN CSBs)	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 U	JS?	
SCOTIABANK BRANCH	PERSONAL REFERRAL	
STATEMENT ENCLOSURE OR OTHER MAIL	Internet	
NEWSPAPER / MAGAZINE AD	OTHER, SPECIFY	
- NEWSTATERY WAGAZINE AD	J OTHER, SPECIFF	
What is your language preference for telep	phone customer service?	
☐ ENGLISH ☐ FRENCH ☐ CANTONESE ☐ M	1ANDARIN	
INFORMATION REQUIRES BY C	ESUBITIES DESULATORS AND SOMBLANGE	
	ECURITIES REGULATORS AND COMPLIANCE	
Are you or your spouse considered to be a of any public companies?	an Insider (as defined in a Provincial Securities Act)	☐ YES ☐ NO
	((50))	
IF YES, WHAT IS THE NAME OF THE COMPANY(	,IES)?	
Are you, or your spouse, singularily, or as	part of a group, in a Control Position	
(as defined in a Provincial Securities Act) o		☐ YES ☐ NO
IF YES, WHAT IS THE NAME OF THE COMPANY(	(IES)?	
Are you, or your spouse an Employee, Dire	ector, 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	er any other accounts with another securities firm?	YES NO
IF YES, WHAT IS THE NAME OF THE SECURITIES	FIRM(S)?	

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## **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.

Your Name						Cheque No.
Your Address	•			DATE		
PAY TO THE					\$	
ORDER OF						
Banking Institu	ition Name				/100 D	OLLARS
Branch Addres	s					
MEMO			D 14		T (A	
Cheque No. # # #	Branch Transit No.	Bank Institution No.	Bank Account No.		Type of Account ☐ Chq ☐ Svgs	Currency
ADITAL	CTATUC					
AKIIAL	STATUS					
SINGLE	MARRIED COMMON	I LAW DIVORCE	D LEGALLY SEP	arated 🗌 widowed	1	
FORMA	TION ABOUT YO	OUR SPOUSE				
LE	FIRST NAME		INITIA	L LAST NAM	IE	
MPLOYN	MENT STATUS					
EMPLOYED	RETIRED STUDE	NT SELF-EMPLO	yed 🔲 homemak	ER NOT WORKING	OTHER	
I EINIPLOTED	L KETIKED L STODE	NI L SELF-EINIPLO	TED HOMEWAN	ER INOT WORKING	LI OTHER	
IPLOYER						
SITION						
ENTIFIC	ATION DECLUBE	NACNITC .				
	ATION REQUIRE		ATORY FOR NON-REGIS	STERED ACCOUNTS)		
DRIVER'S LIC	TIFICATION DOCUMEN ENCE PROV. HEALTH	· ·	CANADIAN	BIRTH CERTIFICATE	AGE OF MAJ	ORITY PASSPOI
FNITIFICATIO	CARD (EXCEPT		CITIZENSHIP CARD	(IF UNDER AGE 21)	CARD	
:NIIFICATIO	ON DOCUMENT NUMBI	EK .				
ARE AND	MANAGEMEN <sup>*</sup>	r of your A	CCOUNT (NOT	APPLICABLE TO TRADING	AUTHORITY)	
	ormation within the So					
	consent to share ena			-		•
	the Internet. By indic					
	roup Privacy Agreeme y contacting ScotiaMo				with us and you	may withdraw it
arry arrice D	, contacting section	22000 2 11000 111100	g or a scotlab	a brancii.	☐ I consent ☐	☐ I do not consei

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#### **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)  TAX-FREE SAVINGS ACCOUNT (TFSA)	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)
NOV. 25001250 A 000 IN 150 ONLY		
NON-REGISTERED ACCOUNTS ONLY		
CASH ACCOUNT - ACCOUNT MUST HAVE  MARGIN ACCOUNT - ALLOWS YOU TO BO  WITH SHORT SELLING?  WITH OPTIONS TRADING?  YES	SUFFICIENT FUNDS FOR PURCHASES  RROW AGAINST THE ASSETS IN YOUR ACCOUNT  NO  IF YES, WHAT STRATEGIES DO YOU I  COVERED CALLS  PURCHASING PUTS AND CALLS  SPREADS	NAKED PUTS
JOINT ACCOUNTS ONLY		
JOINT TENANTS WITH RIGHTS OF SURVIVOI (NOT AVAILABLE IN QUEBEC)	PI JC JC	ENANTS-IN-COMMON % OWNERSHIP (MUST EQUAL 100%)  RIMARY APPLICANT
REGISTERED ACCOUNTS ONLY		
Do you want to apply for options transfer yes, what strategies do you intend to	FOLLOW? COVERED CALLS PURCHASING	5 PUTS AND CALLS
What is the intended use for this ac		
SHORT TERM INVESTMENT  LONG TERM INVESTMENT  INCOME GENERATION  SAVINGS	RETIREMENT PLANNING  ESTATE/TAX PLANNING  CUSTODY OF SECURITIES  OTHER	
SETTLEMENT INSTRUCTIO	NS	
In which currency would you prefer CDN\$ U.S.\$ THE CUR		
TRANSFER REQUESTS		
Do you want us to transfer any of y	our assets from another financial institut	ion?
IF YES, COMPLETE THE TRANSFER AUTH REGISTERED INVESTMENTS FORM.	ORIZATION FOR NON-REGISTERED INVESTMEN	NTS FORM, OR THE TRANSFER AUTHORIZATION FOR

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.

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## **SCOTIA eRECORDS ENROLLMENT**

(prospectuses) via S select the option b	eceive your statements, annual trading summaries, trade confirmations and regulatory materials Scotia OnLine instead of a printed version by enrolling in Scotia eRecords. To enroll in this service, elow. If this is your first time using Scotia eRecords, you will be required to sign the Terms for Electronic through Scotia OnLine.
Would you like to	enroll in Scotia eRecords?
Select the docume	nts you would like to receive electronically.
STATEMENTS	ANNUAL TRADING SUMMARIES TRADE CONFIRMATIONS & MUTUAL FUND PROSPECTUSES
MAILING ADD	DRESS (IF DIFFERENT FROM YOUR RESIDENTIAL ADDRESS)
STREET ADDRESS	ADDRESS DESCRIPTION (EG. OFFICE, COTTAGE, ETC.)
C/O	
CITY	PROVINCE POSTAL CODE
SHAREHOLDE	R COMMUNICATION INSTRUCTIONS
	RE 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 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 on page 2 or:
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.
	<b>Important Note:</b> 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 - PREFERREI	D LANGUAGE OF COMMUNICATION
ENGLISH/FRENCH	My preferred language of communication is:
	I understand that the materials I receive will be in my preferred language of communication if the materials are available in that language.
OTHER INTERI	EST IN THIS ACCOUNT
Will this account b Registered Plan hol	e used to conduct business on behalf of someone other than the Applicant, Joint Applicant, Trustee, or Ider?
TRADING AUT	THORIZATION
Will anyone other	than the applicant(s) on the account have trading authority over this account? $\square$ YES $\square$ NO
-	I AROLIT THE TRADING ALITHORITY IS REQUIRED (PAGE 7) AND A PERSONAL TRADING ALITHORIZATION FORM (PAGE

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## **INFORMATION ABOUT THE:**

☐ CO-APPLICANT or ☐ TI	RADING AUTHORITY			
SCOTIACARD NUMBER	MOTHER	R'S MAIDEN SURNAME		Please provide ScotiaCard
453				number if you have one and
TITLE FIRST NAME	INITIAL	LAST NAME		Mother's Maiden Surname for Trading Authorities only.
DATE OF BIRTH (MM/DD/YYYY)	COUNTR	Y OF CITIZENSHIP		
SOCIAL INSURANCE NUMBER	SSN / TII	N*		*If U.S. citizens or U.S.
				dual citizen Social Security Number (SSN) required for Co-Applicant only.
RESIDENTIAL ADDRESS				A W9 form is also required.
STREET ADDRESS/LEGAL ADDRESS (AD	DRESS <b>CANNOT</b> BE A POST OFFICE BOX)		APT/SUITE NO.	, , , , , , , , , , , , , , , , , , ,
ADDITIONAL ADDRESS INFORMATION				
CITY PROVI	NCE POSTAL	CODE		
HOME PHONE NUMBER	BUSINES	S PHONE NUMBER	EXT.	
CELL PHONE NUMBER	PAGER N	NUMBER		
FAX NUMBER	PRIMAR	Y EMAIL ADDRESS	П номе	
			BUSINESS	
Which number would you prefer we	use to contact you during market	hours?		
EMPLOYMENT INFORMATION	NC			
EMPLOYMENT STATUS				If retired, we require previou
☐ EMPLOYED ☐ RETIRED ☐ STUDENT	SELF-EMPLOYED HOMEMAKER	☐ NOT WORKING ☐ OTHE	R	employment information.
EMPLOYER				
POSITION	YEARS V	WITH THIS EMPLOYER		
EMPLOYER'S ADDRESS				
CITY PROVI	NCE POSTAL	CODE		
Are you employed by the Scotiabank	Group?		YES NO	
IF YES, SPECIFY.				
Are you an Insider of Scotiabank or h by Scotiabank's Compliance Departm		e a Designated Person	☐ YES ☐ NO	
Are you or members of your household Member firm (Pro)?	old employed by an IDA (Investmen	nt Dealers Association)	☐ YES ☐ NO	
Note: Certain conditions may apply to and accounts over which such	o accounts for employees of firms opersons have trading authority.	in the securities industry		

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## FINANCIAL INFORMATION (NOT REQUIRED FOR TRADING AUTHORITY)

YOUR ANNUAL INCOME		
UNDER \$25,000 \$25,000 TO \$5	0,999 \$51,000 TO \$74,999 \$75,000 TO \$99,999 \$100,000 TO \$149,999 \$1	50,000 TO \$200,000
OVER \$200,000, SPECIFY	_	
YOUR ESTIMATED NET WORTH (N	OT REQUIRED FOR TRADING AUTHORITY)	
Net Liquid Assets	A (Cash and securities minus current liabilities)	
Net Fixed Assets	B (Fixed assets minus loans outstanding agains	t 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	
INICODMATION DECLIDE	ED BY SECURITIES REGULATORS AND COMPLIANCE	
•		
Are you or your spouse consider of any public companies?	ed to be an Insider (as defined in a Provincial Securities Act)	☐ YES ☐ NO
	COMPANY/IFC/3	
IF YES, WHAT IS THE NAME OF THE	COMPANY(IES)?	
Are you, or your spouse, singula	rily, or as part of a group, in a Control Position	
(as defined in a Provincial Securi	ties Act) of any public companies?	YES NO
IF YES, WHAT IS THE NAME OF THE	COMPANY(IES)?	
	loyee, Director, Partner or Officer of a member	
of any Stock Exchange, IDA Mer	mber 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 au	thority or an interest in another ScotiaMcLeod Direct Investing Account?	☐ YES ☐ NO
,		L YES L NO
IF YES, WHAT IS THE ACCOUNT NUM	MBER(S)?	
Do you own or have trading au	thority over any other accounts with another securities firm?	☐ YES ☐ NO
IF VEC. NAME OF THE NAME OF THE		_ 123 100

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

Banking information is required by Securities Regulators.

	er the account detai	ls in the boxes b	elow. This infor	mation can be fou	nd on most che	<u> </u>
Your Name Your Addres	ss					Cheque No.
				DAT	E	
PAY TO THE _ ORDER OF					\$	
					/100 [	OOLLARS
Banking Insti	tution Name					
Branch Addre	ess					
MEMO					7	
Cheque No. ###	Branch Transit No.	Bank Institution No.	Bank Account No.		Type of Account ☐ Chq ☐ Svgs	Currency  CDN U.S.
MARITAL	. STATUS					
SINGLE	MARRIED COMM	ON LAW DIVORCI	ED LEGALLY SEF	PARATED WIDOWE		
	ATION ABOUT C	O-APPLICANT				
TITLE	FIRST NAME		INITI	AL LAST NAN	ΛE	
EMPLOY	MENT STATUS					
EMPLOYED	☐ RETIRED ☐ STUD	DENT L SELF-EMPLO	YED L HOMEMAK	KER U NOT WORKING	☐ OTHER	
MPLOYER						
POSITION						
OSITION						
DENTIFIC	CATION REQUIR	EMENTS (MAND	ATORY FOR NON-REG	ISTERED ACCOUNTS)		
	NTIFICATION DOCUME					
DRIVER'S LI			CANADIAN CITIZENSHIP CARD	BIRTH CERTIFICATE (IF UNDER AGE 21)		JORITY PASSPOR
DENTIFICATI	ON DOCUMENT NUM					
CARE AN	D MANAGEMEN	NT OF YOUR A	ACCOUNT (NOT	APPLICABLE TO TRADING	AUTHORITY)	
	formation within the ir consent to share er					
oranch, or o	n the Internet. By inc	licating your conse	nt below you all	ow us to share your	information in a	ccordance with the
	Group Privacy Agreen by contacting Scotian				with us and you	ı may withdraw it
at any time	by contacting scotlar	victeod bliect lilve	suring of a scotlat	Jank Dianell.	☐ I consent [	☐ I do not consen



#### 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.
- 8. If this account was a referral from a Scotiabank Group member, I understand that ScotiaMcLeod Direct Investing may share personal information about my account with the referring Scotiabank Group member for the purposes of closing the referral. Any such sharing of personal information will be limited to account opening and transfer-in particulars necessary to accurately recognize, and track the referral.

#### **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.

Lacknowledge 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)			
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)

#### 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)

#### **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	☐ Passpo

☐ Age of Majority Card Provincial Health Insurance Card (except ON, MB, PEI)

Canadian Citizenship Card ☐ Birth Certificate (under age 21)

FOR BRANCH USE			FOR SCOTIAMCLEOD DIRECT INVEST	TING USE	
Name of Officer	Er	mployee Number	Manager	Date	
Telephone Number	Transit #		DROP	Date	
Indicate if: ScotiaOne Service	Scotia P	Professional Plan	COMMENTS		AMO

	Scotia Self-Direc	ted Regis	tered						
	Plan Application In this Application, the terms <i>you</i> and <i>your</i> refer to the customer and								
	In this Application, the terms the terms we, our and us ref				oany (Scot	iatrust).			
Plan type and number	This Application is for a:  Scotia Self-Directed Retirement Savings Plan (RSP) Scotia Self-Directed Locked-in Retirement Savings Plan (LRSP) Scotia Self-Directed Locked-in Retirement Account (LIRA) Scotia Self-Directed Retirement Income Fund (RIF) Scotia Self-Directed Life Income Fund (LIF) Scotia Self-Directed Saskatchewan Prescribed RRIF (PRRIF) Scotia Self-Directed Locked-in Retirement Income Fund (LRIF)					I.E. Code  Scotia	Irected Plan No.  AcLeod AcLeod Direct	Investing	
Information	Scotia Self-Directed Manitok  Title, First Name, Middle Initial, Last		(PKKIF)						
about you, the customer	Address								
	Address								
	City			Province			Postal Code		
	Date of Birth (YYYYMMDD)		Preference F - French	Home Phone			Business Phone		
	Social Insurance Number (Mandatory	y)							
Information about spousal or common-law partner contributor (if applicable)	Title, First Name, Middle Initial, Last I	Name of Spouse/Com	mon-law Partne	r†			Social Insurance	Number (Man	ndatory)
Your locked-in plan		I / Common Law	Other			This plan is g	overned by the la	ws of	
information	Spousal Waiver: Yes No Pension plan proceeds calculated by		e/Cohabiting Par		∐ No	Age at whic	h your pension por receive a pens	olan	
Consent of your spouse or cohabiting partner*	By signing here, your spouse LIRA or LRSP to this Scotia Sc	e or cohabiting pa elf-Directed LIF o	artner confir r LRIF.	ms his or her	consent to				plan,
(for Ontario and Newfoundland	Name of Spouse/Cohabiting Partner	(please print)	Name of Witne	ess (please print)					
& Labrador LIF and LRIF plans and Nova Scotia LIF plans only)	Signature of Spouse/Cohabiting Part	ner	Signature of W	/itness			Date (MMDDYY)	1	
Your instructions for RIF/LIF/LRIF payments	Payment Option:    Minim   Min	AMDD)  Its from this plan m  It Institution  CHEQUE)  ess set out above.  pouse or common-lie	nade to you b	annually lid-Month v: (select one)	Accor	d unt No.		lan and certif	y that the
	Name of Spouse/Common-law Partn	er	Date of E	Birth (YYYYMMD	D)				
Election of spouse or common-law partner	In the event of your death, you if he or she is alive and your spo	ouse or common-la				ise or comn	non-law partnei	as successo	or annuitant
as successor annuitant <sup>†</sup> (RIF plans only)	Name of Spouse/Common-law Partn Address	er							
			1 6:11						
Your beneficiary information (not applicable in the Province of Quebec)	You name the following benefici- plan after your death. In doing st designations of beneficiary you h Please note, the rights of the ber forth in the Declaration of Trust a Name of Beneficiary	o, you revoke all pro lave named for this neficiary may be res	evious s plan. stricted as set	design any fut benefic to do s	ation form ture marriage ciary in the	will not be r ge or divorce	f a beneficiary to evoked or chan e. Should you w uture marriage of lesignation.	ged automat rish to chang	tically by e your
What you agree to when you sign this application	Your signature below confirm Application is accurate and confirm Application is accurate and confirm application of Irust and to be bound by the terms of you request us to apply for applicable, as an RSP unde Act (Canada) or as a RIF ur Income Tax Act (Canada).  • you have received the fees a Customer Signature	complete. It also oustee of this plan dedendum, if described therein this plan to be resection 146 of order section 146.	confirms that, as outlined any, and agrant.  registered, as the <i>Income</i> 3.3 of the	t: • if th in ackr ee alter if yo App Tax Engl expr avis und rédig	nowledge red from a ou live in C lication ar lish. Au Qu ressément	and under spousal o puebec, yo id all docu uébec, les que ce co ertu de cel	nmon-law par stand that the r common-law u have reques ments relating parties convie ntrat ainsi que ui-ci ou s'y ra	e plan cann v partner p ted that th g to this pla nnent et ex e tous docu	lot be lan. lis an be in kigent iments et

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

†† The terms "spouse" and "cohabiting partner" each have the meaning recognized in the applicable pension legislation. In Ontario and Nova Scotia, there is no definition for the term "cohabiting partner". Instead, the terms "same-sex partner" and "common-law partner" are respectively used and, therefore, reference should be made to the definition of those terms when determining whether consent is required.

#### PERSONAL TRADING AUTHORIZATION

Authorization may not be witnessed by the Agent or Agent's spouse or partner, the Grantor's spouse or partner, a child of the Grantor or a person whom the Grantor has demonstrated a settled intention to treat as his or her child, a person whose property is under guardianship or who is a guardian of the person or a person who is less than eighteen years old.

# IN CONNECTION WITH ACCOUNT NUMBER

WHICH I MAINTAIN WITH SCOTIAMCLEOD DIRECT INVESTING (THE "ACCOUNT"), I HEREBY APPOINT

(the "Agent") as my agent with full power and authority to do on my behalf and for my risk and in my name anything that I may lawfully do by an agent, including but not limited to buying, selling or trading stocks, bonds, options, commodities, debentures, bills of exchange and other securities of whatsoever nature or kind on margin or otherwise, including providing settlement instructions and otherwise dealing with the maintenance and operation of the Account. This power and authority further includes, but is not limited to receiving and acquiescing to the correctness of any and all notices of transactions, statements of account and other communications from ScotiaMcLeod Direct Investing, and settling, compromising adjusting and executing releases with respect to any and all claims, demands, disputes or controversies, and receiving requests and demands for payment or securities due, notices of intention to sell or purchase and other notices and demands in accordance with the terms and conditions applicable to the operation of the Account as they may be amended from time to time, subject to the following restrictions;

- a) my Agent may not make, draw, sign, or endorse my name on any stock certificate, bond, debenture or other evidence of any interest in any securities on my behalf, and
- b) my Agent may not instruct you to transfer, convey or otherwise distribute from the Account, assets of any sort to any party, save for purposes of settlement of trades executed for the Account.
- 1. I hereby ratify and confirm any and all trades, instructions, transactions and other acts heretofore and hereafter made by my Agent. I hereby agree to indemnify and hold ScotiaMcLeod Direct Investing, its directors, officers, employees and agents, harmless against, and will pay promptly on demand for, any loss, liability and expense including legal costs arising out of same, if ScotiaMcLeod Direct Investing is made a party to any action between or by either of the undersigned or to which either of the undersigned is a party which relates in any way to the appointment of the Agent hereby. The powers hereby granted to the Agent shall continue in full force and effect until your receipt of written notice of the termination of this Trading Authorization, such notice to be delivered to ScotiaMcLeod Direct Investing, Compliance Department at its Head Office.
- 2. The provisions of this Trading Authorization shall enure to the benefit of and be binding on ScotiaMcLeod Direct Investing's successors and assigns. This Trading Authorization and indemnity is in addition to (and in no manner limits or restricts) any rights which you may have under any other agreement or agreements between us.
- 3. I declare that this Trading Authorization may be exercised during any subsequent legal incapacity on my part and comes into force and effect on the date set out below.
- 4. If my Agent is my spouse I have been advised to seek independent legal advice before executing this Trading Authorization and, by execution of this Trading Authorization,

I either acknowledge having received independent legal advice or acknowledge being urged to seek independent legal advice although I have declined to do so.

5. I acknowledge that I have read and understand all of the provisions contained in this Trading Authorization.

The undersigned have expressly requested that this Agreement and all deeds, documents or notices relating thereto be in the English language; les soussignés ont expressément exigé que cette convention et toute autre contrat, document ou avis afférent soient en langue anglaise.

#### STATEMENT OF WITNESSES:

We have no reason to believe that the person granting this Trading Authorization is incapable of granting it or making decisions in respect of which instructions are contained in this Trading Authorization. We have signed this Trading Authorization in the presence of the Customer and in the presence of each other.

NOTE: This Trading Authorization may not be witnessed by the Agent or Agent's spouse or partner, the Grantor's spouse or partner, a child of the Grantor or a person whom the Grantor has demonstrated a settled intention to treat as his or her child, a person whose property is under guardianship or who is a guardian of the person or a person who is less than eighteen years old.

SIGNATURE OF WITNESS	DATE (MM/DD/YYYY)
NAME OF WITNESS (PLEASE PRINT)	
SIGNATURE OF WITNESS	DATE (MM/DD/YYYY)
NAME OF WITNESS (PLEASE PRINT)	
SIGNATURE OF CUSTOMER (SEAL)	DATE (MM/DD/YYYY)
NAME OF CUSTOMER	
SIGNATURE OF CUSTOMER (SEAL)	DATE (MM/DD/YYYY)
NAME OF CUSTOMER	

#### STATEMENT OF AGENT:

I accept the appointment as Agent, and have informed myself of the investment objectives of the Customer and agree to adhere to the same.

SIGNATURE OF AGENT	DATE (MM/DD/YYYY)
NAME OF AGENT (PLEASE PRINT)	
ADDRESS OF AGENT	
EMPLOYMENT/OCCUPATION OF AGENT	

# **Direct Investing**

