

The Bank of Nova Scotia ("Scotiabank") Scotia Capital Inc. ("ScotiaMcLeod"), ("ScotiaMcLeod Direct Investing (SMDI)") ("TradeFreedom") Scotia Securities Inc. The Bank of Nova Scotia Trust Company ("Scotiatrust")

# Transfer Authorization for Non-Registered Investments



**Please note:** The data entered on this form may be scanned and stored electronically. Please print neatly in the spaces provided to ensure completeness, accuracy and machine readability.

Client	Last Name(s) or Non-Personal Name	Firet N	lame(s)			Initial
Client	Last Name(s) of Non-Fersonal Name	FIISUN	idifie(s)			IIIIIIai
Identification	A.1.1	Lev		In :		
	Address	City		Province		Postal Code
	Social Insurance Number(s)	Home Telephone Num	her	Rusiness Ta	elephone Nu	Imber
	Social insurance (value) (5)	Trome relephone ream	DCI	business re	icprioric rea	mee
Receiving		Client Accou	int/Policy Number	<u>'</u>	Scotia	Capital Inc.
Institution	☐ Scotiabank (Domestic  ☐ Scotia Securities Inc.  ☐ Sealer #: 7689		<b>,</b>		1	tiaMcLeod
Information		Group Plan Ni	umber (if applicable)		1	King St. West, nsit 81398
ormation	Receiving Address: Transit					Box 4085, Station A,
	(Scotiabank, ScotiaMcLeod, Scotiatrust branches and Scotia	Agent Numbe	er (if applicable)			tia Plaza onto, ON, M5W 2X6
	Securities Inc.).					
		Advisor/Relati	onship Manager/MFR Na	me		tiaMcLeod Direct esting
					1	nsit 13938
	Contact Phone No.:	Rep. Code (if	applicable)			Box 603 onto, ON, M1K 5C5
						deFreedom
	☐ Scotiatrust	Dealer Accoun	nt Number (ScotiaMcLeod	d and SMDI)		r Scotia
	40 King St. West, Transit 81398 P.O. Box 4085, Station A,					2 Sherbrooke St. West, h Floor
	Scotia Plaza, Toronto, ON M5W 2X6					ntreal, QC, H3A 3L6
	FINS #: <b>T525</b> CUID #: <b>BNSC</b> DTC #: <b>4816</b> Intermediary code: <b>BNSG</b>					ler Code: <b>9155</b>
						AR STREAM #: <b>52065</b> 5 #: <b>T085</b>
	Assets for accounts managed by <b>Scotia Cassels Investment Counsel Limited</b> must be delivered/made payable to Scotiatrus:	t.				: #: <b>5011</b>
		•			Cuit	D #: SCOT
Client Direction	Relinquishing Institution			Contact		
to Relinquishing Institution	Address			Telephone Num	ber	
☐ GICs ☐ Mutual Funds ☐ Other	This is my authorization to deliver to the Receiving Insti- the account. This includes all securities long and short a of all securities short against payment. These instruction	ind debit or credit	t balances. Delivery ct to the Receiving	is to be mad	de by the	Receiving Institution
	Transfer: (check one box only)  (as is)  Cash balance only as at date of transfer by Relinquishing Institution  All in Kind All in Cash balance only as at date in All assets*, but mixed in cash and in check here of check here if list attached					
	*Please refer to statement in bold in Client Authorization s	ection below:				FOR USE BY RELIN- QUISHING INSTITUTION
	In Kind In Cash Investment Amount/Maturity Date		Symbol and/or Certificate	No. or Policy Nur	nber	DELAY DELIVERY UNTIL
	Shares/Unit Dollars Investment Description					
	In Kind In Cash Investment Amount/Maturity Date		Symbol and/or Certificate	No. or Policy Nur	nber	DELAY DELIVERY UNTIL
	Shares/Unit Dollars Investment Description					
	Investment Description					
Client	I hereby request the transfer of my account and its inve	stments as describ	oed above.			
Authorization	Please cancel all open orders (G.T.C./SWF/PAC/AWI					
Please note:	* Where I have requested a transfer in cash, I auth I agree to pay any applicable fees, charges or adju-	•	•	•		s, as indicated.
We require a copy	Upon completion of this form, forward to applicable	•				
of your most recent	I have read the disclosure on reverse and authorize trar		7		RE GUARAN	
statement.			The Rank	of Nova Scoti		Scotia Capital Inc.
	Signature of Account Holder	Date				The Bank of Nova
	J	•	Scotia Sec	urities inc.		Scotia Trust Company
	Signature of Account Holder (if Joint)	Date	PER:			
					-	



The Bank of Nova Scotia ("Scotiabank") Scotia Capital Inc. ("ScotiaMcLeod"), ("ScotiaMcLeod Direct Investing (SMDI)") ("TradeFreedom") Scotia Securities Inc. The Bank of Nova Scotia Trust Company ("Scotiatrust")

# Transfer Authorization for Non-Registered Investments



**Please note:** The data entered on this form may be scanned and stored electronically. Please print neatly in the spaces provided to ensure completeness, accuracy and machine readability.

Client dentification	Last Name(s) or Non-Personal Name First Name(s)				Initial		
acitation.	Address	City		Province	Postal Code		
	Social Insurance Number(s)	Home Telephone Numb	ber	Business Telephone N	lumber		
Receiving nstitution nformation	Scotiabank (Domestic Retail) Branches Scotia Securities Inc. Dealer #: 7689  Receiving Address: Transit		nt/Policy Number	☐ Scc 40 Tra	a Capital Inc. otiaMcLeod King St. West, insit 81398 J. Box 4085, Station A,		
	(Scotiabank, ScotiaMcLeod, Scotiatrust branches and Scotia Securities Inc.).		Agent Number (if applicable)  Advisor/Relationship Manager/MFR Name		Scotia Plaza Toronto, ON, M5W 2X6  ScotiaMcLeod Direct Investing Transit 13938 P.O. Box 603		
	Contact Phone No.:  Scotiatrust 40 King St. West, Transit 81398 P.O. Box 4085, Station A,	Rep. Code (if a	applicable) nt Number (ScotiaMcLeod an	Tool Tra	r. Box 603 ronto, ON, M1K 5C5 ideFreedom insit 51524 01 McGill College, ite 1319 ontreal, QC, H3A 1G1		
	Scotia Plaza, Toronto, ON M5W 2X6 FINS #: T525 CUID #: BNSC DTC #: 4816 Intermediary code: BNSG  Assets for accounts managed by Scotia Cassels Investment Counsel Limited must be delivered/made payable to Scotiatrus	t.		De CLI FIN DT	aler Code: <b>9155</b> EAR STREAM #: <b>52065</b> S #: <b>T085</b> C #: <b>5011</b> ID #: <b>SCOT</b>		
Client Direction O Relinquishing nstitution	Relinquishing Institution  Address		Contact  Telephone Number				
GICs  Mutual Funds  Other	This is my authorization to deliver to the Receiving Institution, the account you hold for me and for the Receiving Institution to receive the account. This includes all securities long and short and debit or credit balances. Delivery is to be made by the Receiving Institution of all securities short against payment. These instructions are given subject to the Receiving Institution's approval of my account.  Account Number at Relinquishing Institution  All Cdn \$ only US \$ only Other						
	Transfer: (check  All in Kind  All in  Cash balance only as at date  All assets*, but mixed in cash and in  Partial*; see list below or check here  check here  if list attached						
	*Please refer to statement in bold in Client Authorization section below:  FOR USE BY RELIN- QUISHING INSTITUTION						
	In Kind In Cash Investment Amount/Maturity Date		Symbol and/or Certificate No	or Policy Number	DELAY DELIVERY UNTIL		
	Shares/Unit Dollars Investment Description						
	In Kind In Cash Investment Amount/Maturity Date		Symbol and/or Certificate No. or Policy Number		DELAY DELIVERY UNTIL		
	Shares/Unit Dollars Investment Description						
Client Authorization Please note: We require a copy of your most recent statement.	I hereby request the transfer of my account and its investments as described above.  Please cancel all open orders (G.T.C./SWF/PAC/AWD/SWP, etc.) for my account on your books.  * Where I have requested a transfer in cash, I authorize the liquidation of all or part of my investments, as indicated. I agree to pay any applicable fees, charges or adjustments as per disclosure related to this transfer.  Upon completion of this form, forward to applicable address in the receiving institution section above.						
	I have read the disclosure on reverse and authorize train	nsfer as above.	☐ The Bank of	SIGNATURE GUARAI  Nova Scotia	NTEED  Scotia Capital Inc.		
	Signature of Account Holder	Date	Scotia Securi		The Bank of Nova Scotia Trust Company		
	Signature of Account Holder (if Joint)	Date	PER:				
	Signature of Spouse (for locked in plans). I consent to the transfer of the	an account	1				



The Bank of Nova Scotia ("Scotiabank") Scotia Capital Inc. ("ScotiaMcLeod"), ("ScotiaMcLeod Direct Investing (SMDI)") ("TradeFreedom")
Scotia Securities Inc. The Bank of Nova Scotia Trust Company ("Scotiatrust")

### **Transfer Authorization for Non-Registered Investments**



Please note: The data entered on this form may be scanned and stored electronically. Please print neatly in the spaces provided to ensure completeness, accuracy and machine readability.

Client dentification	Last Name(s) or Non-Personal Name	First Nar	ne(s)		Initial		
	Address	City		Province	Postal Code		
	Social Insurance Number(s)	Home Telephone Number	r	Business Teleph	one Number		
Receiving Institution Information	Receiving Address: Transit (Scotiabank, ScotiaMcLeod, Scotiatrust branches and Scotia Securities Inc.).  Contact Phone No.:  Scotiatrust 40 King St. West, Transit 81398 P.O. Box 4085, Station A, Scotia Plaza, Toronto, ON M5W 2X6 FINS #: T525 CUID #: BNSC DTC #: 4816 Intermediary code: BNSG  Assets for accounts managed by Scotia Cassels Investment Counsel Limited must be delivered/made payable to Scotiatrus	Agent Number  Advisor/Relation  Rep. Code (if ag	ship Manager/MFR Name		cotia Capital Inc.  ScotiaMcLeod 40 King St. West, Transit 81398 P.O. Box 4085, Station A, Scotia Plaza Toronto, ON, M5W 2X6  ScotiaMcLeod Direct Investing Transit 13938 P.O. Box 603 Toronto, ON, M1K 5C5  TradeFreedom Transit 51524 2001 McGill College, Suite 1319 Montreal, QC, H3A 1G1 Dealer Code: 9155 CLEAR STREAM #: 52065 FINS #: T085 DTC #: 5011 CUID #: SCOT		
Client Direction to Relinquishing	uishing						
Institution  ☐ GICs ☐ Mutual Funds ☐ Other	one box only) (as is) Cash* of transfer b	and debit or credit It as are given subject  All Cdn \$ only U  ce only as at date by Relinquishing	palances. Delivery is to the Receiving Ins \$ \$ only Other	to be made bestitution's app	y the Receiving Institution		
	*Please refer to statement in bold in Client Authorization so	ection below:	if list attached	au Daliau Niveshau	FOR USE BY RELIN- QUISHING INSTITUTION DELAY DELIVERY UNTIL		
	In Kind In Cash Investment Amount/Maturity Date  Shares/Unit Dollars Investment Description	Symbol and/or Certificate No. or Policy Number  DELAY DELIVERY L					
	In Kind In Cash Shares/Unit Dollars Investment Amount/Maturity Date Shares/Unit Dollars Shares/Unit Dollars				DELAY DELIVERY UNTIL		
Client Authorization Please note: We require a copy of your most recent statement.	I hereby request the transfer of my account and its investments as described above.  Please cancel all open orders (G.T.C./SWF/PAC/AWD/SWP, etc.) for my account on your books.  * Where I have requested a transfer in cash, I authorize the liquidation of all or part of my investments, as indicated. I agree to pay any applicable fees, charges or adjustments as per disclosure related to this transfer.  Upon completion of this form, forward to applicable address in the receiving institution section above.						
	I have read the disclosure on reverse and authorize tran	nsfer as above.	☐ The Bank of		JARANTEED  Scotia Capital Inc.  The Bank of Nova Scotia Trust Company		
	Signature of Account Holder (if Joint)	Date	PER:				
	Signature of Spouse (for locked-in plans) I consent to the transfer of the	ie account					

#### **ACCOUNT TRANSFER CLIENT DISCLOSURE**

In our business we are dedicated to continually improving client service. This Client Disclosure document was developed to help you understand the account transfer process. It is important to read this document carefully before signing the section called CLIENT AUTHORIZATION on this Account Transfer form. Should you have any questions after reading this section, please be sure to address your inquiries to your Receiving Institution's Representative.

## What is the difference between "IN CASH" and "IN KIND"?

"IN CASH" means that all your assets which are not currently held as cash are to be liquidated, sold, redeemed, etc. in order that your account can be transferred to the Receiving Institution in the form of cash.

IT IS IMPORTANT TO NOTE THAT IF YOU HAVE INDICATED AN "IN CASH" TRANSFER OF YOUR ACCOUNT, ALL TRADES WILL BE EXECUTED AT MARKET. ALL TRADES WILL BE PLACED ON A BEST EFFORTS BASIS SUBSEQUENT TO THE RECEIPT OF THE TRANSFER FORM AND ARE SUBJECT TO NORMAL COMMISSION CHARGES. IN ORDER TO AVOID DELAYS, YOU MAY PLACE TRADES YOURSELF WITH THE RELINQUISHING INSTITUTION AT THE TIME OF SIGNING THIS TRANSFER FORM.

"IN KIND" means that you want the assets in the account transferred, as is. If you hold investments and a cash balance, then the investments will be transferred as well as the cash balance in their current state, if the assets can be transferred.

#### How long will my transfer take?

The time required to transfer the account will depend on the type of asset you are transferring. Please note that all your assets may not be transferred at the same time.

## **Types of Investment Products**

#### For Stocks and Bonds

Under current IDA guidelines, this type of transfer generally takes between 10 - 25 business days from the time of receipt by the Relinquishing Institution, subject to the exceptions below. Non-IDA member institutions may or may not observe similar guidelines.

#### For Mutual Funds:

Mutual Funds from other financial institutions (ATON) take 5 - 10 business days from the time all necessary documentation is received by the Receiving Institution.

#### For Guaranteed Income Certificates (GICs):

Often a Guaranteed Investment Certificate (including Term Deposits) is not transferable "IN KIND" (as is) prior to its maturity. Most GICs can be transferred in cash on their maturity. There are some exceptions, please check the terms and conditions with the Institution which issued your GIC.

**Please note:** Most Scotiabank Group issued GICs are readily transferrable "IN KIND" within the Group.

#### Other Investments:

There are many other investments which may be non-transferable, non-redeemable or delay the transfer of your account. These investments include mortgages, foreign securities and non-transferable bonds.

#### **Rejected Transfers:**

An account transfer request may be rejected by the Relinquishing Institution for a number of reasons, such as, insufficient cash to cover fees, account not in good standing, (i.e. under-margin, outstanding short position). If your transfer has been rejected for any reason by the Relinquishing Institution, they may return the transfer to the Receiving Institution unprocessed. When the reason for a rejection has been rectified, the transfer process will begin again and the Relinquishing Institution may then have 10 - 25 business days, from the date of receipt of the transfer documents to process the transfer.

## How much will it cost to transfer my account? Transfer Fees:

Many relinquishing institutions charge a fee, the cost of which may vary.

#### **Glossary:**

FINs = Financial Institution Number

DTC = Depository Trust Company

PAC = Pre-Authorized Chequing

**SWF** = Systematic Withdrawal Funds

G.T.C. = Good Till Cancelled

**CUID** = Customer Unit Identifier

**IDA** = Investment Dealers Association

SWP = Systematic Withdrawal Plan

AWD = Automatic Withdrawal Plan

### **Contact the following for Customer Service**

ScotiaMcLeod	Contact your Investment Advisor			
ScotiaMcLeod Direct Investing	Contact Telephone Number 1 800 263-3430			
TradeFreedom	Contact Telephone Number 1 866 837-3336			
Scotiatrust	Contact your local Scotiatrust office			
Scotiabank/Scotia Securities Inc.	Contact your local Scotiabank branch			