

Tear across this line
Fold, moisten and seal

APPLICATION FOR SCOTIALINE PERSONAL LINE OF CREDIT FOR STUDENTS

You can complete this application and fax it to us at 1-800-403-7448;
or fold, seal and mail it to us; or simply drop it off at any Scotiabank branch.

Please fully complete all of the questions on this application and use dark ink when completing. If there are unanswered questions there may be a delay in processing your application.

Each borrower is entitled to receive separate agreements and cost of borrowing disclosure documents related to the account. By signing this application, you consent to all agreements and cost of borrowing disclosures related to the account being sent only once to the address of the primary borrower, rather than separate documents also being sent to you at your address that appears in our records. This includes the initial disclosure statement and credit agreement, as well as all subsequent periodic statements, agreements, disclosure or other notices related to the account. You acknowledge that you have been advised of your ability to receive separate disclosure and have declined. You agree that we may rely on this consent through all subsequent extensions, renewals and amendments related to the account, until such time as you give us notice in writing that you wish to change your disclosure preference. You may change your disclosure preference at any time in the future by contacting your Scotiabank branch.

Alternatively, if you do not consent to all documentation being provided only once to the address of the primary borrower, and wish to receive separate disclosure, please indicate by checking the box below.

I (Student Borrower - Secondary), wish to receive separate disclosure related to the ScotiaLine personal line of credit for students account, at the address I have provided on this application Yes

I (Student Borrower - Secondary), wish to receive separate disclosure related to the No-Fee Scotia Moneyback® VISA account, at the address I have provided on this application Yes

Student Borrower (Secondary) Signature _____

Date _____

I (Supporting Borrower - Co-Signor), wish to receive separate disclosure related to the ScotiaLine personal line of credit for students account, at the address I have provided on this application Yes

Supporting Borrower (Co-Signor) Signature _____

Date _____

I/We, the named account holder(s), have read and agree to the Terms and Conditions of applying for a ScotiaLine® personal line of credit for students attached to this application and the Application Disclosure Statement for the credit card (applicable if the credit card is selected below).

Parent/Spouse/Guardian Borrower (Primary) Signature _____

Date _____

Which Scotiabank branch would you prefer to deal with? _____ Transit # _____ You prefer to correspond in English French

Do you currently deal with Scotiabank? Yes No If Yes, what is your ScotiaCard Number? _____

Please indicate the amount you require over the duration of your education:

ScotiaLine® personal line of credit for students \$ _____ (eg. \$40,000 for a 4-year Bachelor's Degree program)

No-Fee Scotia Moneyback® VISA® card with up to 1% Moneyback reward (check appropriate credit limit) \$3,000 \$2,000 \$1,000

How did you hear about our ScotiaLine personal line of credit for students?

Parent Friend Studentawards.com Guidance Counselor Financial Aid Administrator Other

STUDENT BORROWER - SECONDARY

Last Name, First Name & Initial			<input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr		Date of Birth (YY/MM/DD)		Social Insurance # (optional)	
Street #	Street Name	Apt #	Postal Code	City	Prov.	Years at residence	Home phone # ()	
Current Employer			Employer's full address				Business Phone # ()	
Current Occupation			<input type="checkbox"/> Full-time <input type="checkbox"/> Self-employed <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal		Gross Monthly Income \$		Mother's Maiden Name	
Monthly housing costs (rent/mortgage, condo fees, heat, property taxes) \$		Other monthly obligations (eg. spousal, child support)			Have you declared bankruptcy in the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you either a Canadian Citizen or Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	

TELL US ABOUT YOUR STUDIES

Name of post-secondary institution			Program name (eg. BA, BAH, MBA, MA, MSC, etc.)			How long is your program? (years, months)		
Expected graduation date (year, month)		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Are you enrolled in a graduate program?		Is this school located in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you are currently in your 2nd or later year of study, have you received any government student loans (federal or provincial) in the previous years? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, what is the total amount of government loan(s) that you have received (excluding any non repayable government bursaries)? \$				
Have you been approved for a government student loan (federal or provincial) in this academic year <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, what is the total amount of government student loan(s) approved for this academic year (excluding any non-repayable government bursaries)? \$				

PARENT / SPOUSE / GUARDIAN BORROWER - PRIMARY

Last Name, First Name & Initial			<input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr		Date of Birth (YY/MM/DD)		Social Insurance # (optional)	
Street #	Street Name	Apt #	Postal Code	City	Prov.	Years at residence	Home phone # ()	
Current Employer			Employer's full address				Business Phone # ()	
Current Occupation			<input type="checkbox"/> Full-time <input type="checkbox"/> Self-employed <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal		Gross Monthly Income \$		Mother's Maiden Name	
Monthly housing costs (rent/mortgage, condo fees, heat, property taxes) \$		Other monthly obligations (eg. spousal, child support)			Have you declared bankruptcy in the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			

SUPPORTING BORROWER (CO-SIGNOR) - IF REQUIRED TO SUPPORT THE APPLICATION

Spouse/supporting Borrower Last Name, First Name & Initial			<input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr		Date of Birth (YY/MM/DD)		Social Insurance # (optional)		Address same as Parent/Guardian Borrower above? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no: Street #	Street Name	Apt #	Postal Code	City	Prov.	Years at residence	Home phone # ()			
Current Employer			Employer's full address				Business Phone # ()			
Current Occupation			<input type="checkbox"/> Full-time <input type="checkbox"/> Self-employed <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal		Gross Monthly Income \$		Mother's Maiden Name		Are you either a Canadian Citizen or Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Monthly housing costs (rent/mortgage, condo fees, heat, property taxes) \$		Other monthly obligations (eg. spousal, child support)			Have you declared bankruptcy in the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Will you be using this ScotiaLine personal line of credit for students on behalf of anyone other than the named account holder(s)? Yes No
(You should answer "no" to this question if the account will only be used by the Student Borrower, Parent/Spouse/Guardian Borrower, or Supporting Borrower.)

Yes, I am/We are under 56 and want to apply for Disability, Loss of Life and Health Crisis Protection. Single coverage Joint coverage (both applicants must be under age 56)****

To mail, fold in half along yellow dotted line, moisten glue and seal. →

← To mail, fold in half along yellow dotted line, moisten glue and seal.

← To mail, fold in half along yellow dotted line, moisten glue and seal.

To mail, fold in half along yellow dotted line, moisten glue and seal. →

← To mail, fold in half along yellow dotted line, moisten glue and seal.

← To mail, fold in half along yellow dotted line, moisten glue and seal.



1000012712-M9A4X5-BR01

THE BANK OF NOVA SCOTIA
PO BOX 53305 STN BRM B
TORONTO ON M7Y 8X1