



Systematic Withdrawal Plan For Nominee Accounts

Do Not Attach a VOID Cheque

| | |
|----------------|--------------|
| Account Number | Advisor Code |
| Account Name | |

Fund Company Information

| | | | | |
|----------------------------|---------------------|-----------|----------------------|--|
| Fund Company Name | | | Social Insurance No. | |
| Dealer Code 9155 | Representative Name | Rep. Code | Fund Account No. | |

SWP ACCOUNTS Plan Information

| | | | | |
|---------|-----------|------------------|--------|-----|
| Fund No | Fund Name | \$ | Amount | CUR |
| Fund No | Fund Name | \$ | Amount | CUR |
| Fund No | Fund Name | \$ | Amount | CUR |
| Fund No | Fund Name | \$ | Amount | CUR |
| Fund No | Fund Name | \$ | Amount | CUR |
| Fund No | Fund Name | \$ | Amount | CUR |
| Fund No | Fund Name | \$ | Amount | CUR |
| Fund No | Fund Name | \$ | Amount | CUR |
| Fund No | Fund Name | \$ | Amount | CUR |
| Fund No | Fund Name | \$ | Amount | CUR |
| | | Total SWP Amount | \$ | |

Start Date

| | | |
|-------|------|-----|
| Month | Year | Day |
|-------|------|-----|

Frequency (choose one) Monthly Quarterly Semi-annually Annually
 Redemptions will be processed in your Account according to the above schedule.

To: Scotia Capital Inc. ("Scotia Capital")

I warrant that all persons whose signatures are required to sign on the above-mentioned account have signed this agreement below.
 I will notify Scotia Capital and the Mutual Fund Manager in writing of any changes in the account information or termination of this authorization prior to the next due date of the pre-authorized transaction contemplated above.
 For accepting and complying with this authorization and direction, I hereby waive notification of the aforementioned transactions and hereby ratify any and all such transactions heretofore and hereafter made. Scotia Capital and the Mutual Fund Manager shall have no liability or responsibility for any loss or damage suffered or incurred by me in connection with the debits contemplated by this authorization and direction including, without limitation, any loss of interest, penalty under the Income Tax Act (Canada) or other losses or damages caused by, or resulting from complying with or any delay in complying with this authorization and direction. I agree to indemnify and hold Scotia Capital and the Mutual Fund Manager harmless against, and will pay Scotia Capital and the Mutual Fund Manager promptly on

demand for, any loss, liability and expense, including legal costs, suffered or incurred by Scotia Capital and the Mutual Fund Manager arising out of compliance with this authorization and direction.
 This authorization and direction and the indemnity herein contained is a continuing one and shall remain in full force and effect unless revoked by me by prior written notice addressed and delivered to Scotia Capital and the Mutual Fund Manager; but such revocation shall not affect any liability resulting from, or the waiver of liability and indemnity relating to, transactions initiated prior to such revocation. Revocation of this authorization and direction will not alter any other agreement existing between us.
 This authorization and direction is not effective until accepted by Scotia Capital and the Mutual Fund Manager.
The Client has expressly requested that this agreement and all deeds, documents or notices relating thereto be in the English language; le client a expressément exigé que cette convention et tout autre contrat, document ou avis afférent soient en langue anglaise.

| | | | | |
|-------------------------------|---------------------------|-----------|-----|----------------|
| Date (MM/DD/YYYY) | Signature of Applicant(s) | | | |
| Requested By: Admin Associate | Branch | Telephone | Fax | Date Submitted |

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