



Confidential Account Agreement Legal Entity



BNS referral transit number	Advisor code
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Confidential Account Agreement – Legal Entity

Understanding and completing this account application

Securities regulations require that we have complete and accurate information from our clients.

The **ScotiaMcLeod Terms and Conditions and Relationship Disclosure Document** brochure is incorporated into and forms part of the contract between ScotiaMcLeod and you, and will govern the operation of this account. Please read the **ScotiaMcLeod Terms and Conditions and Relationship Disclosure Document** brochure.

A Account information

Account number and type (Mandatory)

Account number				Account type					Special products
See Account type legend below and enter the applicable code in column L				Summit and SMP accounts may select Cash and Income only Pinnacle accounts may select Cash only					See Special products legend below and enter the applicable code
Account number	T	C	L	Cash (Type 1)	Margin Long (Type 2)	Margin Short (Type 5)	Income (Type 3)	COD/ DAP (Type 9)	

Legal entity type (Indicate the Legal entity type and complete questions for the entity, as applicable.)

Additional forms may be required with this application. The **Additional form(s) requirements legend** on page 2 specifies forms corresponding to the legend number(s) next to the entity type and related question(s).

- Company/Corporation** (select one of the following)^{1, 3, 5}
 - Corporation Is the Corporation a U.S. Entity for tax purposes? Yes¹⁰ No (see **Definition of U.S. Person** on page 2)
 - Is the Corporation an **Active Entity** or a **Passive Entity** (see **Definition of Active and Passive Entity** on page 2)
 - Insurance Company Trust Company Central Credit Union & Regional Caisse Populaire
 - CDN Chartered Banks & QSB Pension Funds Foreign Bank
 - Note:** Where the Corporation is an Insurance Company, Trust Company, Central Credit Union & Regional, Caisse Populaire, Canadian Chartered Bank, Quebec Savings Bank, Pension Fund, Foreign Bank, or a Qualified Intermediary, do NOT classify as an Active or Passive Entity

- Partnership**^{2, 5, 9} Is the Partnership a Limited Partnership? Yes No
- Is the Partnership an **Active Entity** or a **Passive Entity** (see **Definition of Active and Passive Entity** on page 2)

- Company/Corporation (Acceptable Institution/Acceptable Counterparty)**⁵ (select one of the following)
 - Bank Corporation Crown Corporation Trust Company Insurance Pension Fund
 - Credit or Caisse Populaire Other
 - Acceptable Institution/Acceptable Counterparty name as it appears on <http://aiac.iiroc.ca/>: _____

- Personal Holding Company or Non-Operating Private Company**^{1, 3, 5}
- Is the Company an **Active Entity** or a **Passive Entity** (see **Definition of Active and Passive Entity** on page 2)

- Investment Counsellor (DAP)**^{7, 8} **Collective Investment Vehicle**⁵
- Is the Legal Entity considered a Qualified Intermediary (QI)? Yes⁹ No If yes, indicate Withholding type: Full Withholding or Non-Withholding
- If you have been issued a Global Intermediary Identification Number (GIIN) enter here: _____ (must be 19 characters in length)
- If you have applied for a GIIN and it has not yet been issued, leave blank.

- Is the Legal Entity eligible for waiver of a Personal Guarantee? Yes⁴ No (Margin or Options accounts are not permitted for waiver of a Personal Guarantee)
- Note:** Waiver of a Personal Guarantee is applicable only for *Company/Corporation and Personal Holding Company or Non-Operating Private Company*

- Investment Club**^{2, 5} **Public Trustee** **Government or International Organization**⁵
- Sole Proprietorship** **Committee**

- Written Trust**^{2, 6}
 - Grantor Trust⁹ Is the Grantor alive and a U.S. Person for tax purposes? Yes¹⁰ No (see **Definition of U.S. Person** on page 2)
 - Simple Trust⁹ Complex Trust Retirement Compensation Arrangement U.S. Trust¹⁰
- Is the Written Trust an **Active Entity** or a **Passive Entity** (see **Definition of Active and Passive Entity** on page 2 – **not applicable for U.S. Trust**)

- Estate (Non-registered only)**⁶ Liquidated Maintained
- Was the Estate created by a will? Yes No
- Was the deceased a U.S. Person for tax purposes at the time of death? Yes¹⁰ No (see **Definition of U.S. Person** on page 2)

- Municipality**⁵ Population under 50,000 Population over 50,000 **Condominium Corporation**⁵

Is the Legal Entity tax exempt? Yes No If yes, indicate the charity's registration number with CRA: _____

Tax-Exempt Non-Profit organizations

- Private Foundation**⁵
 - Indicate Tax Identification Number: _____
 - Is the foundation taxable at 4% on U.S. income? Yes No
- School Board**⁵ Public Private
- Hospital**⁵ Public Private
- Religious Organization**⁵
- Registered Charity**⁵
- Non-Profit Organization/Association/Other**⁵

Non Tax-Exempt Non-Profit organizations

- Private Foundation**^{5, 11}
 - Indicate Tax Identification Number: _____
 - Is the foundation taxable at 4% on U.S. income? Yes No
- School Board**^{5, 11} Public Private
- Hospital**^{5, 11} Public Private
- Religious Organization**^{5, 11}
- Registered**^{5, 11}
- Non-Profit Organization/Association/Other**^{5, 11}

Does the **above** Non-Profit organization (Tax-Exempt or Non-Tax-Exempt) solicit charitable financial donations from the public? Yes No

Account type legend	Special products legend (Separate program agreements are required)
J Regular Cash Account K New Margin Account L Modify Account Add Margin Y Modify Information Z Change Advisor	IP i:Partner PI Pinnacle Program Managed Portfolio Program – MPP Advisor code to be included PP Partnership Plus RE Regular SU Summit Program ¹² SM ScotiaMcLeod Managed Portfolios ¹³



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Additional form(s) requirements legend

1 CA100A Declaration of Beneficial Ownership in a Legal Entity 2 CA100T Declaration of Beneficial Ownership in a Legal Entity 3 CA5A Guarantee (include CA5B Guarantee, as applicable) 4 CA4 Waiver of Personal Guarantee 5 CA9 Trading Authorization 6 CA15 Written Trust/Estate Account Application 7 COD/DAP Settlement Instruction (873 1063)	8 CA30B Registered Investment Counsellor Acknowledgement Letter 9 CAW-8IMY Certificate of Foreign Intermediary for U.S. Tax Withholding Reporting 10 CAW-9 Request for Taxpayer Identification Number and Certification 11 CAW-8BEN-E Certificate of Status of Beneficial Owner for United States Tax Withholding and Reporting (Entities) 12 SUMQ Summit Program Mandate & Questionnaire 13 SMPQ ScotiaMcLeod Managed Portfolio Mandate and Questionnaire
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Investment objectives & Risk factors

Investment objectives & Risk factors reflect your intended use for this account.

Please review *Understanding KYC Information* in the [ScotiaMcLeod Terms and Conditions and Relationship Disclosure Document](#) brochure.

Investment objectives (Must total 100%)			Risk factors (Must total 100%)		
% Income	% Long Term Capital Appreciation	% Short Term Capital Appreciation/ Speculative Trading	% Low	% Medium	% High

Definition of Active and Passive Entity

Active Entity

- The entity is Non-U.S. and is not a financial institution;
- Entities for which less than 50% of the gross income for the preceding calendar year was passive income **and** less than 50% of the assets held by the entity during the preceding calendar year were assets that produced passive income;
- Corporations with shares that regularly trade on an established securities market;
- Government or international organizations or agencies thereof and registered charities.

Passive Entity

A passive entity is any entity that is **neither** a financial institution **nor** an active entity.

Passive income is generally understood to include income from the mere holding of property, such as interest, dividends, rents and royalties.

Definition of U.S. Person

U.S. Persons include: U.S. citizens (including persons with dual citizenship), U.S. resident aliens, persons born in the U.S.A., U.S. lawful permanent residents (e.g. Green Card holders), entities incorporated or organized in the U.S.A. or persons who meet the Substantial Presence Test for U.S. Residency.

B Legal entity information

Legal entity name		Attention to				
Address (number, street, suite, rural route) (P.O. Boxes only are not acceptable)			City	Province/Territory	Postal code	Country
Business phone number	Ext.	Mobile phone number	Email address (for trade notifications and alerts)		Number of employees	Language <input type="radio"/> English <input type="radio"/> French
Principal business or occupation		Business number (BN) or Trust number (TN) on tax return		In which jurisdiction was the entity incorporated/established?		

Banking information

Bank name and address	Branch transit number	Account number
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Approximate annual gross income/revenue and net worth

Approx. annual gross income \$	A Net liquid assets (cash/securities less loans) \$	+ B Net fixed assets (fixed less liabilities) \$	= C Total net worth (A + B) \$
Year of incorporation	Shareholder's equity \$	Controlling shareholder(s)	

U.S. entities and each partner, trustee or club member who is a U.S. Person (see Definition of U.S. Person on page 2)

Is the entity incorporated or organized in the U.S.A.?	<input type="radio"/> No <input type="radio"/> Yes
Are any of the partners in the partnership a U.S. Person?	<input type="radio"/> No <input type="radio"/> Yes
Is the trustee for the estate or written trust a U.S. Person?	<input type="radio"/> No <input type="radio"/> Yes
Is the club member for the investment club a U.S. Person?	<input type="radio"/> No <input type="radio"/> Yes

If yes is selected for any of the above questions, also complete a **CAW-9 Request for Taxpayer Identification Number and Certification** form.



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Relationship disclosures

Is the entity a **deemed insider** (as defined in the Provincial Securities Act) of any public companies?
 No Yes If yes, enter the company name(s):

Is the entity in a **control position** (as defined in the Provincial Securities Act) of any public companies?
 No Yes If yes, enter the company name(s):

Is the entity considered a **public corporation**?
 No Yes

If yes, is the entity listed on the Toronto Stock Exchange trading over \$5.00 per share? No Yes

Is the entity considered a **private corporation** for which the financial statements indicate a net worth (shareholder equity) of at least \$25 million CDN?
 No Yes

Does anyone else other than the entity and its owners have a **financial interest** in this account?
 No Yes If yes, enter the name(s):

C Third party determination

Will this account be used to conduct business on behalf of someone other than the named entity?
 No Yes If yes, also complete a **CA33 Third Party Determination** form.

D Authorized person(s) (Authorized to act for this account on behalf of the legal entity. Where necessary, add an appendix page to list all authorized persons.)

Authorized person 1 name Position within organization

Is this person authorized to trade on behalf of the legal entity?
 No Yes If yes, also complete a **CA9 Trading Authorization** form.

Authorized person 2 name Position within organization

Is this person authorized to trade on behalf of the legal entity?
 No Yes If yes, also complete a **CA9 Trading Authorization** form.

Note: Only 1 **CA9 Trading Authorization** form is to be completed for all authorized persons

E Authorized person 1 (As indicated in section D)

Title First name and middle initial Last name Date of birth (mm-dd-yyyy)

Address (number, street, apartment, rural route) (P.O. boxes only are not acceptable) City Province/Territory Postal code Country

You are: single married common-law divorced widowed legally separated Number of dependants Language English French Home phone number Mobile phone number

You are a citizen of: Canada U.S.A. Other country (specify): Are you a U.S. Person for tax purposes? No Yes (see **Definition of U.S. Person** on page 2)
If yes, you must provide your SSN and also complete a **CAW-9 Request for Taxpayer Identification Number and Certification** form.

Canadian SIN U.S. SSN/TIN Other country tax number (specify country)

Name of employer (if retired, former employer) What kind of business is it?

Employer's address City Province/Territory Postal code Country

What is your current position/occupation? How long? Business phone number Ext. Email address (**required for online access**) home business

Online access and Scotia eRecords enrolment

If online access is required for the corporate account, the ScotiaCard must be issued to an individual and cannot belong to the corporation. You must also ensure this client has Trading Authority over the corporate account.

Do you have a ScotiaCard? No Yes If yes, indicate your ScotiaCard number If no, indicate your preference (as applicable) Request new ScotiaCard Request replacement ScotiaCard Indicate your mother's maiden surname

You may elect to receive statements, annual trading summaries, trade confirmations and regulatory materials (prospectuses) via Scotia OnLine instead of a printed version by enrolling in Scotia eRecords. To complete set-up of eRecords you must accept the *Terms for Electronic Document Delivery* in Scotia OnLine and select paperless as your preference.

Investment knowledge (Regulatory requirement)

Mutual funds	Fixed income	Stocks	Margin	Options	Short sales	Overall
<input type="radio"/> High	<input type="radio"/> High	<input type="radio"/> High	<input type="radio"/> High	<input type="radio"/> High	<input type="radio"/> High	<input type="radio"/> High
<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate
<input type="radio"/> Low / None	<input type="radio"/> Low / None	<input type="radio"/> Low / None	<input type="radio"/> Low / None	<input type="radio"/> Low / None	<input type="radio"/> Low / None	<input type="radio"/> Low / None



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Relationship disclosures (Regulatory requirement)

Are you as an authorized person or your spouse, a **deemed insider** (as defined in the Provincial Securities Acts) of any public companies?
 No Yes If yes, enter the company name(s):

Are you as an authorized person or your spouse, singularly, or as part of a group, **in a control position** (as defined in the Provincial Securities Acts) of any public companies?
 No Yes If yes, enter the company name(s):

Are you as an authorized person or your spouse, **an employee, director, partner or officer** of a member of any stock exchange, IIROC member, or of a stock exchange itself?
 No Yes If yes, enter the company name(s):

Do you as an authorized person have **trading authority** or an interest in another ScotiaMcLeod account?
 No Yes If yes, indicate the account number(s):

Do you **guarantee** other ScotiaMcLeod account(s)?
 No Yes If yes, enter account number(s):

Spousal information (Complete only if you are married or living common-law, and your spouse is not an authorized person for this account)

Title	First name and middle initial	Last name
Employer and type of business		Position/occupation

F Authorized person 2 (as indicated in section D)

Title	First name and middle initial	Last name	Date of birth (mm-dd-yyyy)
Home address (number, street, apartment, rural route) (P.O. boxes only are not acceptable)		City	Province/Territory Postal code Country
You are:	<input type="radio"/> single <input type="radio"/> married <input type="radio"/> common-law <input type="radio"/> divorced <input type="radio"/> widowed <input type="radio"/> legally separated	Number of dependants	Language <input type="radio"/> English <input type="radio"/> French Home phone number Mobile phone number
You are a citizen of: <input type="radio"/> Canada <input type="radio"/> U.S.A. <input type="radio"/> Other country (specify):	Are you a U.S. Person for tax purposes? <input type="radio"/> No <input type="radio"/> Yes (see Definition of U.S. Person on page 2) If yes, you must provide your SSN and also complete a CAW-9 Request for Taxpayer Identification Number and Certification form.		
Canadian SIN	U.S. SSN/TIN	Other country tax number (specify country)	
Name of employer (if retired, former employer)		What kind of business is it?	
Employer's address		City	Province/Territory Postal code Country
What is your current position/occupation?	How long?	Business phone number Ext.	Email address (required for online access) <input type="radio"/> home <input type="radio"/> business

Online access and Scotia eRecords enrolment

If online access is required for the corporate account, the ScotiaCard must be issued to an individual and cannot belong to the corporation. You must also ensure this client has Trading Authority over the corporate account.

Do you have a ScotiaCard? <input type="radio"/> No <input type="radio"/> Yes	If yes, indicate your ScotiaCard number	If no, indicate your preference (as applicable) <input type="radio"/> Request new ScotiaCard <input type="radio"/> Request replacement ScotiaCard	Indicate your mother's maiden surname
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You may elect to receive statements, annual trading summaries, trade confirmations and regulatory materials (prospectuses) via Scotia OnLine instead of a printed version by enrolling in Scotia eRecords. To complete set-up of eRecords you must accept the *Terms for Electronic Document Delivery* in Scotia OnLine and select paperless as your preference.

Investment knowledge (Regulatory requirement)

Mutual funds	Fixed income	Stocks	Margin	Options	Short sales	Overall
<input type="radio"/> High <input type="radio"/> Moderate <input type="radio"/> Low / None	<input type="radio"/> High <input type="radio"/> Moderate <input type="radio"/> Low / None	<input type="radio"/> High <input type="radio"/> Moderate <input type="radio"/> Low / None	<input type="radio"/> High <input type="radio"/> Moderate <input type="radio"/> Low / None	<input type="radio"/> High <input type="radio"/> Moderate <input type="radio"/> Low / None	<input type="radio"/> High <input type="radio"/> Moderate <input type="radio"/> Low / None	<input type="radio"/> High <input type="radio"/> Moderate <input type="radio"/> Low / None



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Relationship disclosures (Regulatory requirement)

Are you as an authorized person or your spouse, a **deemed insider** (as defined in the Provincial Securities Acts) of any public companies?
 No Yes If yes, enter the company name(s):

Are you as an authorized person or your spouse, singularly, or as part of a group, **in a control position** (as defined in the Provincial Securities Acts) of any public companies?
 No Yes If yes, enter the company name(s):

Are you as an authorized person or your spouse, **an employee, director, partner or officer** of a member of any stock exchange, IIROC member, or of a stock exchange itself?
 No Yes If yes, enter the company name(s):

Do you as an authorized person have **trading authority** or an interest in another ScotiaMcLeod account?
 No Yes If yes, indicate the account number(s):

Do you **guarantee** other ScotiaMcLeod account(s)?
 No Yes If yes, enter account number(s):

Spousal information (Complete only if you are married or living common-law, and your spouse is not an authorized person for this account)

Title	First name and middle initial	Last name	
Employer and type of business		Position/occupation	

G Consent to receiving electronic communications (e-Communications)

ScotiaMcLeod is required to obtain your consent in order for you to receive electronic communications from us.
 Yes I **do consent** to Receipt of e-Communications No I **do not consent** to Receipt of e-Communications
If yes is selected, also complete a **CA160 Electronic Communications (e-Communications) Consent** form.

H Guarantor information

Will any other person(s) guarantee this account?
 No Yes If yes, guarantor to complete **CA5A Guarantee** form (In Alberta, both **CA5A** and **CA5B Guarantee** forms are required).

Title	First name and middle initial	Last name			
Home address (number, street, apartment, rural route) (P.O. boxes only are not acceptable)		City	Province/Territory	Postal code	Country
Existing margin account number (as applicable)		Other guaranteed ScotiaMcLeod account numbers (as applicable)			

I Confirms and statements

Number of confirms required <input type="radio"/> 1 or <input type="text"/>	Number of statements required <input type="radio"/> 1 or <input type="text"/>	Send account information to: <input type="radio"/> Legal entity address, or <input type="radio"/> other address (also complete a CA18/19 Direction to Deliver Correspondence to an Alternate Mailing Address form)
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Interested party(ies) only (as applicable)

Number of confirms required <input type="radio"/> 1 or <input type="text"/>	Number of statements required <input type="radio"/> 1 or <input type="text"/>	Interested party name			
Address (number, street, apartment, rural route)		City	Province/Territory	Postal code	Country

Interested party(ies) only (as applicable)

Number of confirms required <input type="radio"/> 1 or <input type="text"/>	Number of statements required <input type="radio"/> 1 or <input type="text"/>	Interested party name			
Address (number, street, apartment, rural route)		City	Province/Territory	Postal code	Country

J Shareholder communication instructions (Mandatory)

Please read the *Shareholder Communication* section in the **ScotiaMcLeod Terms and Conditions and Relationship Disclosure Document** brochure.

Part 1 – Disclosure of beneficial ownership information

- 1. I **DO NOT OBJECT** to the disclosure of my name, address, 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.
- 2. I **OBJECT** to the disclosure of my name, address, electronic mail address, securities holdings and preferred language of communication 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.



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Part 2 – Receiving securityholder materials

- 3. I WANT to receive ALL securityholder materials sent to beneficial owners of securities.
- 4. 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.)
- 5. 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 will be as I have indicated in Section B of this agreement. I understand that the materials I receive will be in my preferred language of communication if the materials are available in that language.

K Options account application

You have or will complete an **Options Trading Agreement** form and you understand the risks defined in the **Options Disclosure Statement**. The Options account applicant must sign the Margin account application in Section L when choosing Options transaction types Code 3, Code 4 and/or Code 5. Please complete this section with your ScotiaMcLeod Wealth Advisor. The advisor may submit this application to D.R.O.P. for temporary approval. **Approval must be granted before the first trade.** If approved, the advisor will be contacted by Head Office confirming D.R.O.P. approval. **Do not trade until receipt of this approval.**

Note: Options trading is not permitted for *Pinnacle*, *Summit* and *SMP* accounts

Options transaction types

- Code 1** - Purchasing Puts & Calls **Code 2** - Covered Writing **Code 3** - Spreads **Code 4** - Naked Puts **Code 5** - Naked Writing

L Margin account application

The use of leverage may not be suitable for all investors. Using borrowed money, whether through a margin account or any other method of borrowing, to finance the purchase of securities, involves greater risk than using cash resources only. If you borrow money to purchase securities, your responsibility to repay the loan, pay interest and meet margin calls as required by the margin terms remains the same even if the value of the securities purchased declines. Please read the *Types of Accounts* section in the **ScotiaMcLeod Terms and Conditions and Relationship Disclosure Document brochure.**

By signing here, I/we confirm that:

1. I/we are applying for a margin account and have read, understood and agreed to the *Margin Terms* contained within the *General Terms and Conditions Applicable to All Accounts* section in the **ScotiaMcLeod Terms and Conditions and Relationship Disclosure Document** brochure.
2. I/we are aware of the risks involved in trading on margin and are willing to take those risks.

Note: Margin trading is not permitted for *Pinnacle*, *Summit* and *SMP* accounts

Where there are more than two persons authorized to give instructions in respect of the account, add an appendix page to cover all signatures.

 Signature of Authorized Person 1	Date (mm-dd-yyyy)
 Signature of Authorized Person 2	Date (mm-dd-yyyy)

M What you agree to when you sign this agreement (Signature(s) required)

In this agreement the terms I, me, we, my, and our refer to the owner(s) and/or authorized person(s) of a ScotiaMcLeod account whose signature(s) appear(s) below and confirm that:

1. All of the information in this application is complete and accurate and I have read, understood and agreed to all of the terms and conditions relating to this account in the relevant sections of the **ScotiaMcLeod Terms and Conditions and Relationship Disclosure Document** brochure.
2. I understand that the terms and conditions of this application and that the **ScotiaMcLeod Terms and Conditions and Relationship Disclosure Document** brochure are incorporated into and form part of the contract between ScotiaMcLeod and me, and govern operation of this account. They may be supplemented by written agreement but not replaced by the terms of other specific agreements between ScotiaMcLeod and me as the nature of the account may require.
3. I have been provided with, read and understand the *Shareholder Communication – National Instrument 54-101 Communication with Beneficial Owners of Securities of a Reporting Issuer* section in within the **ScotiaMcLeod Terms and Conditions and Relationship Disclosure Document** brochure, and as my securities held with you are registered in your name or the name of your agent, I request that the above arrangements be made as indicated. I understand that these elections apply to all securities held in my account with you that are not registered in my name, unless I have given other instructions regarding securities in another account. I understand that these instructions may be changed at any time in writing, and that you will use reasonable efforts to act upon changes in instructions where advice is received between the record date and meeting date.
4. My Wealth Advisor does not have a direct or indirect ownership interest in this account.
5. If I have indicated in this application form that I am a resident of a province or territory of Canada, this agreement shall be governed by and construed in accordance with the laws of that jurisdiction. Otherwise, this agreement shall be governed by and construed in accordance with the laws of the province of Ontario and the laws of Canada applicable therein.
6. **Canada Revenue Agency Certification for Non-Residents of Canada**
I hereby confirm and certify that, the entity listed above is a resident of a country other than Canada for tax purposes ("Tax Residency"), that I am the beneficial owner of and, to the best of my knowledge, am entitled to the benefits of the tax treaty between Canada and my Tax Residency on all of this account's income. I agree to immediately notify ScotiaMcLeod of any changes to my Tax Residency, and I further agree to fully reimburse and indemnify ScotiaMcLeod for any liability that ScotiaMcLeod may incur in connection with under-withholding of tax based on the instructions of the undersigned.
7. **United States Withholding Tax – Limitation on Benefits Treaty Statement ("Treaty"):** I/we meet all provisions of the Treaty that are necessary to claim a reduced rate of withholding, including any limitation on benefits provisions, and I/we derive the US source income within the meaning of section 894 of the Code, and the regulations thereunder, as the beneficial owner(s). Please read the *Explanation of the Limitation on Benefits Article and Treaty Statement* section in the **ScotiaMcLeod Terms and Conditions and Relationship Disclosure Document** brochure.
8. 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.



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- 9. ScotiaMcLeod shares office space with our wholly owned insurance agency subsidiary, ScotiaMcLeod Financial Services Inc., which is a separate legal entity from ScotiaMcLeod/Scotia Capital Inc.
- 10. I understand that my account information is shared within the Scotiabank Group to help provide me with better service across our entire relationship. My consent to share affords me greater opportunity to access the many resources of this organization whether they are with my advisor, at a bank branch, or on the internet. By signing below, I consent to you sharing my information in accordance with the Scotiabank Group Privacy Agreement. The Scotiabank Group is committed to maintaining the privacy of my information and strictly adheres to the measures outlined in the agreement to accomplish this.

My consent is not a condition of doing business with ScotiaMcLeod and I may withdraw it at any time by contacting my ScotiaMcLeod Wealth Advisor.

I consent I do not consent

Please read the **Scotiabank Group Privacy Agreement** section in the **ScotiaMcLeod Terms and Conditions and Relationship Disclosure Document** brochure.

Accounts of ScotiaMcLeod clients are covered by The Canadian Investor Protection Fund (within prescribed limits).

Where there are more than two persons are authorized to give instructions in respect of this account, add an appendix page to cover all signatures.

X Signature of Authorized Person 1	Date (mm-dd-yyyy)
X Signature of Authorized Person 2	Date (mm-dd-yyyy)

N For internal use only (To be completed by your ScotiaMcLeod Wealth Advisor and Branch Manager)

Payment of income (payments in U.S. funds are made by cheque only)

monthly electronic semi-monthly electronic (also complete **Electronic Funds Transfer Agreement** form)

hold in account

Settlement currency

CDN\$ (trades will settle in CDN currency) US\$ (trades will settle in US currency) All (trades settle in currency of executing market)

Note: For *MPP*, *Summit* and *SMP* accounts, select **All** for settlement currency.

Payment for purchases

cheque direct debit (complete **CA41 Account Debit Agreement** form) MAPS

Account classification <input type="radio"/> PRO <input type="radio"/> BNS designated	Investment counsellor (as applicable) ▶
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Initial order

buy sell solicited unsolicited

Quantity	Security description	Value \$
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Initial deposit amount \$ **OR** Account transfer asset value (If over \$5 million in the first 120 days of account opening, also complete a **CA93** form)

Have you met the client face-to-face?

No Yes If no, provide a copy of the identity document and a cheque in the amount of \$1.00. A credit bureau check must also be conducted.

CA199 Legal Entity Verification Documents form – attach copy(ies) of Articles of Incorporation/Association, Trust agreement, Partnership registration, Will, etc.

CA200 Evidence Documents form – attach acceptable evidence documents for each authorized person, trading authority, member or beneficiary.

How long have you known this client? Since (mm/yyyy):

Referral by advertising lead personal contact phone-in walk-in

Partnership Plus <input type="radio"/> CA45	i:Partner <input type="radio"/> CA21	AMO <input type="text"/>	Pinnacle <input type="radio"/> CA34 <input type="radio"/> CA34B	Managed Portfolio Program <input type="radio"/> CA141 <input type="radio"/> CA45F	Summit Program <input type="radio"/> CA67 <input type="radio"/> SUMQ	ScotiaMcLeod Managed Portfolios <input type="radio"/> CA68 <input type="radio"/> SMPQ
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Does the client have accounts with other brokerage firms?

No Yes If yes, specify firm(s) and account type(s):

Does the client have any other accounts or control the trading in other accounts?

No Yes If yes, identify the account(s):

Is advisor registered in the province in which the client resides?

No Yes If no, refer to the out-of-province licensing policy.

Have copies of all documentation been provided to the client?

No Yes If no, explain:

Other comments

Signature of Advisor(s)	Date (mm-dd-yyyy)
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Branch manager approval	Regional manager approval	Date (mm-dd-yyyy)
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