



Scotia Self-Directed Plan No.

Advisor Code

## Scotia Self-Directed Registered Plan Application

In this application, the terms *you* and *your* refer to the customer and the terms *we*, *our* and *us* refer to The Bank of Nova Scotia Trust Company (Scotiabank).

### A Plan type and number (Complete a separate form for each plan)

This application is for a Scotia Self-Directed:

- ☐ Retirement Savings Plan (RSP)    ☐ Locked-in Retirement Account (LIRA)    ☐ Life Income Fund (LIF)    ☐ Manitoba Prescribed RRIF (PRRIF)  
☐ Spousal Retirement Savings Plan (RSP)    ☐ Retirement Income Fund (RIF)    ☐ Locked-in Retirement Income Fund (LRIF)    ☐ Federal Restricted Life Income Fund (RLIF)  
☐ Locked-in Retirement Savings Plan (LRSP)    ☐ Spousal Retirement Income Fund (RIF)    ☐ Saskatchewan Prescribed RRIF (PRRIF)    ☐ Federal Restricted Locked-in Savings Plan (RLSP)

### B Applicant information (Mandatory)

Title	First name and middle initial	Last name	Date of birth (mm-dd-yyyy)		
Home address (number, street, apartment, rural route) (P.O. boxes are <u>not</u> acceptable)			City	Province	Postal code
Home phone number		Business phone number	Ext.	Language <input type="radio"/> English <input type="radio"/> French	Canadian SIN

### C Spousal or common-law partner information\* (Complete if Spousal RSP or Spousal RIF selected; or if 'Yes' is selected for Section F)

Title	First name and middle initial	Last name	Canadian SIN		
Home address (number, street, apartment, rural route) (P.O. boxes are <u>not</u> acceptable) <input type="radio"/> same as applicant			City	Province	Postal code

### D Locked-in plan information (Complete if LRSP, LIRA, RLSP, LIF, LRIF, RLIF, or PRRIF selected)

Your marital status <input type="radio"/> Married/Common-law <input type="radio"/> Other	Spousal waiver <input type="radio"/> Yes <input type="radio"/> No	Consent of spouse/ cohabiting partner** <input type="radio"/> Yes <input type="radio"/> No	Pension plan proceeds calculated based on gender <input type="radio"/> Yes <input type="radio"/> No	This plan is governed by the laws of	Province	Age at which your pension plan allows you to receive a pension
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### E Payment Instructions (Complete if RIF, Spousal RIF, LIF, LRIF, RLIF, or PRRIF selected)

Payment option amount <input type="radio"/> Minimum <input type="radio"/> Maximum <input type="radio"/> Other \$	Payment frequency <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi-annually <input type="radio"/> Annually	First payment (mm-dd-yyyy) <input type="text"/> <input type="radio"/> 15th of month <input type="radio"/> Month-end	Payment method (select one) You elect to have any payments from this plan made to you by: <input type="radio"/> Direct deposit to account (please <b>attach void cheque</b> ) Institution no.    Transit number    Account number <input type="radio"/> Cheque sent to the address set out above.	Payment calculation You elect to use the age of your spouse or common-law partner* to determine the minimum payment amount under this plan and certify that the date of birth of your spouse or common-law partner is: Date of birth (mm-dd-yyyy)
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### F Election of spouse or common-law partner as successor annuitant\* (Complete if RIF, Spousal RIF, LIF, LRIF, RLIF or PRRIF selected) (not applicable if you are a resident of Quebec or a non-resident of Canada)



<input type="radio"/> Yes <input type="radio"/> No    If yes is selected, complete Section C.	In the event of your death, you elect that payments under your RIF continue to your spouse or common-law partner as successor annuitant, if he or she is alive and your spouse or common-law partner on the date of your death.
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### G Beneficiary information (Canada, excluding Quebec)

You name the following beneficiary to receive the proceeds of this plan after your death. In doing so, you revoke all previous designations of beneficiary you have named for this plan. Please note, the rights of the beneficiary may be restricted as set forth in the Declaration of Trust and Addendum, if any. CAUTION: Your designation of a beneficiary by means of a designation form will not be revoked or changed automatically by any future marriage or divorce. Should you wish to change your beneficiary in the event of a future marriage or divorce, you will have to do so by means of a new designation.	Name of beneficiary
	Relationship to you

### H Consent of spouse, common-law or cohabiting partner\*\* (for transfer of proceeds) (Ontario and Newfoundland & Labrador LIF and LRIF plans, and Nova Scotia LIF plans only)

By signing here, your spouse, common-law or cohabiting partner confirms his or her consent to transfer proceeds from a pension plan, LIRA or LRSP to this Scotia Self-Directed LIF or LRIF.

 Signature of spouse, common-law or cohabiting partner	Date (mm-dd-yyyy)
 Signature of witness	Name of witness (please print)
	Date (mm-dd-yyyy)

### I What you agree to when you sign this application (Signature required)

Your signature below confirms that the information on this application is accurate and complete. It also confirms that:

- you request us to act as trustee of this plan, as outlined in the Declaration of Trust and Addendum, if any, and agree to be bound by the terms described therein.
- you request us to apply for this plan to be registered, as applicable, as an RSP under section 146 of the *Income Tax Act* (Canada) or as a RIF under section 146.3 of the *Income Tax Act* (Canada).
- you have received the fee schedule and agree to be bound by its terms.
- if this is a spousal or common-law partner plan, you acknowledge and understand that the plan cannot be altered from a spousal or common-law partner plan.
- if you live in Quebec, you have requested that this application and all documents relating to this plan be in English. Au Québec, les parties conviennent et exigent expressément que ce contrat ainsi que tous documents et avis émis en vertu de celui-ci ou s'y rattachant soient rédigés en anglais.

 Signature of applicant	Date (mm-dd-yyyy)
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### J Acceptance of this application (Signature required)

This application has been accepted on behalf of Scotiabank by the representative noted here:

Signature of authorized advisor	Name of authorized advisor (please print)	Phone number	Ext.
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\* The terms "spouse" and "common-law partner" each have the meaning recognized in the *Income Tax Act* (Canada).

\*\*The terms "spouse" or "common-law" or "cohabiting partner" each have the meaning recognized in the applicable pension legislation.

Original - Branch    Copy - Client

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