

Confidential Account Application

INDIVIDUALS

Understanding and completing this account application

Securities regulations require that we have thorough and accurate information from clients. Please read the enclosed brochure *ScotiaMcLeod Terms and Conditions*.

The *ScotiaMcLeod Terms and Conditions* brochure is incorporated into and forms part of the contract between ScotiaMcLeod and you and will govern operation of this account.



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ScotiaMcLeod is a division of Scotia Capital Inc. Scotia Capital Inc. is a member of the
Canadian Investor Protection Fund.



Regular account	<input type="checkbox"/> Individual ¹ <input type="checkbox"/> Joint <input type="checkbox"/> "In Trust For" (ITF) <input type="checkbox"/> Managed <input type="checkbox"/> Other Select one account type <u>only</u>	BRANCH	ACCOUNT				T	C	ADVISOR CODE	L
Registered Plan	<input type="checkbox"/> RSP ² <input type="checkbox"/> Spousal RSP ² <input type="checkbox"/> RESP ³ <input type="checkbox"/> RIF ² <input type="checkbox"/> Spousal RIF ² <input type="checkbox"/> LIF ² <input type="checkbox"/> LIRA ² <input type="checkbox"/> "Locked-in" RSP ² <input type="checkbox"/> LRIF ² <input type="checkbox"/> Prescribed SK RRIF ² <input type="checkbox"/> Prescribed MB RRIF ² <input type="checkbox"/> Federal Restricted LIF (RLIF) ² <input type="checkbox"/> Restricted Locked-in Savings Plan (RLSP) ² <input type="checkbox"/> TFSA ⁶ Select one plan type <u>only</u>	BRANCH	ACCOUNT				T	C	ADVISOR CODE	L
Group account	<input type="checkbox"/> Group Non-Registered Regular Account <input type="checkbox"/> Group Non-Registered Payroll Account <input type="checkbox"/> Group RSP ³ <input type="checkbox"/> Spousal Group RSP ³ <input type="checkbox"/> Group Locked-In RSP ³ <input type="checkbox"/> Group DPSP ⁴ <input type="checkbox"/> Group TFSA ⁶ Select one registered and/or non-registered account type <u>only</u>	BRANCH	ACCOUNT				T	C	ADVISOR CODE	L
		BRANCH	ACCOUNT				T	C	ADVISOR CODE	L
Special products	<input type="checkbox"/> i:Partner <input type="checkbox"/> Partnership Plus <input type="checkbox"/> The Pinnacle Program Separate program agreements are required									

Additional documents may be required ☐ BNS Referral Transit #

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¹ This application may be used for simultaneous opening of a Regular Individual and a Registered Plan account. (Where the Regular account does not have a co-applicant)
² The owner (annuitant) for these plan types must complete the Scotia Self-Directed Registered Plan Application.
³ The owner (annuitant) for these plan types must complete the Scotia Self-Directed Registered Plan Application for Group Accounts.
⁴ The owner (annuitant) must complete the Scotia Self-Directed DPSP Application.
⁵ The owner/subscriber must complete all RESP forms as required.
⁶ The owner (annuitant) must complete the Tax-Free Savings Account application or the Group Tax-Free Savings Account application.
Photocopy of one piece of acceptable identification for each applicant or trading authority: Driver's License, Passport, Provincial Health Insurance Card (except ON, MB, PEI, voluntary in QC), Canadian Citizenship Card, Permanent Residence Card, Certificate of Indian Status Card, Photo Identification Card (AB, BC, NL, NS, PEI Voluntary ID, and SK Mandatory Photo ID), Canadian Forces ID Card.

A - If you are applying for a Joint Account ▼

<input type="checkbox"/> Joint account with rights of survivorship (not applicable in Quebec)	<input type="checkbox"/> Tenants-in-common (in Quebec, co-owners) Total must equal 100% with ownership shared as	Applicant	%	Joint Applicant	%
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B - Information about the applicant, ITF trustee or primary contact in a joint regular account; planholder in a registered account. ▼

If you are applying for an "In Trust For" account, provide account holder name here: (Informal Trust Account Application CA15 is required)

Provide information about the ITF applicant / trustee below and information about the named beneficiary in section H.

Your title	Your first name and middle initial		Your last name	
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Your home address, street, apartment, Rural Route (P.O. Boxes only are <u>not</u> acceptable)				Your email address		<input type="checkbox"/> Home	<input type="checkbox"/> Business
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City	Prov.	Postal Code	Home Phone Number		Date of Birth (MM/DD/YY)	Language:	
						<input type="checkbox"/> English	<input type="checkbox"/> French

I am a citizen of: ☐ Canada ☐ USA ☐ Other Country - **A U.S. Person** (U.S. Citizen or U.S. Dual Citizen) must provide SSN and complete and sign Form CA W-9.

Canadian SIN						USA SSN / TIN					Other Tax Number	
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I am a resident for tax purposes of the following country: Since what date? (MM/DD/YY) Name of employer (if retired, former employer) What kind of business is it?

U.S. Resident must complete and sign Form CA W-9

What is your current position/occupation?			How long?		Business phone #		

Your employer's address			City		Prov.	Postal Code

How many dependents do you have? You are: ☐ Widowed ☐ Divorced ☐ Single ☐ Married ☐ Living Common-Law

C - OnLine Access and Scotia eRecords Enrolment (ScotiaCard Required) ▼

Do you have a Cashstop Card or ScotiaCard?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", indicate your Cashstop Card/ScotiaCard number	Please provide 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 the set-up of eRecords you must accept the Terms for Electronic Document Delivery in Scotia OnLine, and select paperless as your preference.

D - Confirms and Statements ▼

You would like account information sent to: ☐ Home Address ☐ Employer's Address ☐ Other address shown below - complete and sign CA 18/19

Address	City	Prov.	Postal Code

Applicant only: Number of confirms required is 1 OR: Number of statements required is 1 OR:

For interested parties only: Number of confirms: Number of statements:

Interested Party Name and Address	City	Prov.	Postal Code

E - Financial information of applicant (Securities regulations require that we obtain this information) ▼

Bank Name, Branch and Address				Branch Transit Number		Account Number	

Your Annual Gross Income (from all sources)	1. Less than \$50k	2. \$51k to \$100k	3. \$101k to \$250k	4. \$251k to \$500k	5. Over \$500k	Code	
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Your Estimated Net Worth excluding principal residence	A Net Liquid Assets (Cash/securities less loans)	\$	+ B Net Fixed Assets (Fixed less liabilities)	\$	= Total Net Worth (A+B)	\$
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Mutual Funds	Fixed Income	Stocks	Investment Knowledge Margin	Options	Short Sales	Overall
<input type="checkbox"/> High	<input type="checkbox"/> High	<input type="checkbox"/> High	<input type="checkbox"/> High	<input type="checkbox"/> High	<input type="checkbox"/> High	<input type="checkbox"/> High
<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate
<input type="checkbox"/> Low / None	<input type="checkbox"/> Low / None	<input type="checkbox"/> Low / None	<input type="checkbox"/> Low / None	<input type="checkbox"/> Low / None	<input type="checkbox"/> Low / None	<input type="checkbox"/> Low / None

Insider Information: Are you, or your spouse, a **deemed insider** (as defined in the Provincial Securities Acts) of any public companies? ☐ No

☐ Yes - If yes, enter the company names here:

Are you, 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 names here:

Are you, 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 names here:

Trading authority over applicant: Does anyone other than the applicant have any **trading authority** over or any financial interest in the account? ☐ No

☐ Yes - If yes complete either: ☐ Full Authority - **please complete and sign CA3** OR ☐ Limited Authority - **please complete and sign CA2**

Do you own or have **trading authority** or an interest in another ScotiaMcLeod account? ☐ No

☐ Yes - If yes, enter Account Number(s) here:

Guarantee over applicant: Will any other person or persons **guarantee** this account? ☐ No ☐ Yes - if yes, Guarantor must sign CA5A or CA5B*

*In Alberta both CA5A and CA5B are required.

Do you guarantee other ScotiaMcLeod accounts? ☐ No ☐ Yes - If yes, enter Account Number(s) here:

If you are married or living common-law and your spouse is not the joint applicant, guarantor or trading authority named in section H below, please complete the following:

F - Spousal Information

☐ of Applicant

☐ of Guarantor

☐ of Trading Authority

Title of spouse

First name and middle initial

Your last name

Employer and type of business of Spouse

Position/occupation

G - Third Party Determination

Will this account be used to conduct business on behalf of someone other than the named applicant, joint applicant, trustee, or registered plan holder? ☐ No
☐ Yes – If Yes, complete and attach Third Party Determination Form CA33.

H - Information about

☐ Joint Applicant

☐ ITF Beneficiary

☐ Account Guarantor

☐ Trading Authority

Your title

Your first name and middle initial

Your last name

☐ You are the spouse of the applicant named on page 1, and you reside at the same address OR
Your home address, street, apartment, Rural Route (P.O. Boxes only are not acceptable)

Your email address

City

Prov.

Postal Code

Home Phone Number

Date of Birth (MM/DD/YY)

Language:
☐ English ☐ French

I am a citizen of: ☐ Canada ☐ USA ☐ Other Country - **A U.S. Person** (U.S. Citizen or U.S. Dual Citizen) must provide SSN and complete and sign Form CA W-9.

Canadian SIN

USA SSN / TIN

Other Tax Number

I am a resident for tax purposes of the following country:
U.S. resident must sign Form CA W-9

Since what date? (MM/DD/YY)

Name of employer (if retired, former employer)

What kind of business is it?

What is your current position/occupation?

How long?

Business phone #

Your employer's address

City

Prov.

Postal Code

You would like account information sent to: ☐ Home Address ☐ Employer's Address ☐ Other address shown below - complete and sign CA 18/19

Address

City

Prov.

Postal Code

How many dependents do you have?

You are: ☐ Widowed ☐ Divorced ☐ Single ☐ Married ☐ Living Common-Law

I - OnLine Access and Scotia eRecords Enrolment (ScotiaCard Required)

Do you have a Cashstop Card or ScotiaCard?

☐ Yes

☐ No

If "Yes", indicate your Cashstop Card/ScotiaCard number

Please provide 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 the set-up of eRecords you must accept the Terms for Electronic Document Delivery in Scotia OnLine, and select paperless as your preference.

J - Financial Information

☐ Joint Applicant

☐ ITF Beneficiary

☐ Account Guarantor

☐ Trading Authority

Bank Name, Branch and Address

Branch Transit Number

Account Number

Your Annual Gross Income (from all sources)

1. Less than \$50k

2. \$51k to \$100k

3. \$101k to \$250k

4. \$251k to \$500k

5. Over \$500k

Code

Your Estimated Net Worth excluding principal residence

A Net Liquid Assets (Cash/securities less loans) \$

+ B Net Fixed Assets (Fixed less liabilities) \$

= Total Net Worth (A+B) \$

Mutual Funds

☐ High
☐ Moderate
☐ Low / None

Fixed Income

☐ High
☐ Moderate
☐ Low / None

Stocks

☐ High
☐ Moderate
☐ Low / None

Investment Knowledge
Margin

☐ High
☐ Moderate
☐ Low / None

Options

☐ High
☐ Moderate
☐ Low / None

Short Sales

☐ High
☐ Moderate
☐ Low / None

Overall

☐ High
☐ Moderate
☐ Low / None

Insider information: Are you, or your spouse, a **deemed insider** (as defined in the Provincial Securities Acts) of any public companies? ☐ No
☐ Yes - If yes, enter the company names here:

Are you, 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 names here:

Are you, 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 names here:

Do you own or have **trading authority** or an interest in another ScotiaMcLeod account? ☐ No
☐ Yes - If yes, enter Account Number(s) here:

Do you **guarantee** other ScotiaMcLeod accounts? ☐ No
☐ Yes - if yes, enter Account Number(s) here:

K - Shareholder Communication Instructions - Please read the Shareholder Communication section in the ScotiaMcLeod Terms and Conditions 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. 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.

2. ☐ I OBJECT

☐ I WISH
☐ I DO NOT WISH

To disclose my email address to security issuers, for the electronic delivery of securityholder materials to me. My email address will be as I have indicated in section B on page 1 or:

☐ Home
☐ Business

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 (English/French) will be as I have indicated in Section B, page 1.
I understand that the materials I receive will be in my preferred language of communication if the materials are available in that language.

COPY 1 - HEAD OFFICE NAME & ADDRESS

COPY 2 - CLIENT

COPY 3 - BRANCH

L - Type of Regular Account you are applying for

Please read Types of Accounts in the ScotiaMcLeod Terms and Conditions brochure

☐ Cash 1

☐ Margin Long 2

☐ Margin Short 5

☐ COD 9 Please complete Form 873 1063

☐ Income Account

Your Investment Objectives and Risk Factors that Reflect your Intended use for this Account.

Please review Guidelines for Investment Objectives and Related Account Risk Factors in the ScotiaMcLeod Terms and Conditions brochure

Investment Objectives for your Regular account
(Total must = 100%)

Income

Long Term Capital Appreciation

Short Term Capital Appreciation / Speculative Trading

Account Risk Factors for your Regular account
(Total must = 100%)

Low Risk Tolerance

Medium Risk Tolerance

High Risk Tolerance

Investment Objectives for your Registered account
(Total must = 100%)

Income

Long Term Capital Appreciation

Short Term Capital Appreciation / Speculative Trading

Account Risk Factors for your Registered account
(Total must = 100%)

Low Risk Tolerance

Medium Risk Tolerance

High Risk Tolerance

M - If you are applying for an Option Account, by completing this section you confirm that:

You have or will complete and sign an Options Trading Agreement CA17 (Quebec residents only) or CA17A form and you understand the risks defined in the Options Disclosure Statement attached to the CA17 (Quebec residents only) or the CA17A form. Option Account applicant must sign the margin agreement in section N below. Please complete this section with your ScotiaMcLeod Wealth Advisor. Advisor may FAX this application to D.R.O.P. for temporary approval. Approval must be granted before first trade. If approved, an email will be sent to you confirming Head Office D.R.O.P. approval. Do not trade until receipt of this approval.

Anticipated type(s) of option transactions:

☐ CODE 1 Purchasing Puts & Calls

☐ CODE 2 Covered Writing

☐ CODE 3 Spreading

☐ CODE 4 Naked Puts

☐ CODE 5 Naked Writing

Registered Plan Accounts:

☐ CODE 1 Purchasing Puts & Calls

☐ CODE 2 Covered Writing

N - If you are applying for a Margin Account please sign this section

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.
By signing here I/we confirm that: (Please read Types of Accounts in the ScotiaMcLeod Terms and Conditions brochure.)
1. I/We are applying for a Margin Account and have read, understood and agreed to the Margin Terms and Conditions within the General Terms and Conditions Applicable to All Accounts contained in the ScotiaMcLeod Terms and Conditions brochure.)
2. I/We are aware of the risks involved in trading on margin and are willing to take those risks.
Where there is more than one joint applicant indicated for this account, add an appendix page(s) to cover the signature(s) of all joint applicants.

Applicant signature

Date

Joint applicant signature

Date

O - What you agree to when you sign this application

In this agreement the terms I, we, my, and our refer to the owner and/or joint owner of a ScotiaMcLeod account whose signature(s) appears below and I confirm that:
(Tick agreement 4 for a Joint account, tick agreement 5 for a Resident of Quebec account, or tick agreement 6 for a Trading Authority)
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 brochure and to the Declaration of Trust, if applicable.
2. I understand that the terms and conditions of this application and of the ScotiaMcLeod Terms and Conditions 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 - explanatory statement within the ScotiaMcLeod Terms and Conditions 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 record date and meeting date.
4. We are applying for a Joint Account, and we have read, understood and agreed to the terms and conditions in the Joint Account Agreement contained within ScotiaMcLeod Terms and Conditions brochure.
5. 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.
6. As a trading authority, I have read, understood and agreed to the terms contained within the ScotiaMcLeod Terms and Conditions brochure.
7. My Wealth Advisor does not have a direct or indirect ownership interest in this account.
8. 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. Or/
Canada Revenue Agency Certification for Non-Residents of Canada
I hereby confirm and certify that, I am 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.
9. 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.
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 or Scotiabank branch.
I consent I do not consent Please read the Scotiabank Group Privacy Agreement contained in the ScotiaMcLeod Terms and Conditions brochure.

Accounts of ScotiaMcLeod clients are covered by The Canadian Investor Protection Fund (within prescribed limits).
Where there is more than one joint applicant indicated for this account, add an appendix page(s) to cover the signature(s) of all joint applicants.

Applicant/annuitant signature

Date

Joint applicant signature

Date

P - This comments section will be completed by your Wealth Advisor and Branch Manager

Monthly Payment of Income (Complete electronic Direct Funds Transfer CA50)

☐ Pay Monthly Electronic

☐ Pay semi-monthly electronic

☐ Hold

Note: Payments in US Funds are made by cheque only.

Settlement currency

☐ CDN\$ trades will settle in CDN currency

☐ US\$ trades will settle in US currency

☐ ALL trades settle in currency of executing market

Payment for your purchases

☐ Cheque

☐ Direct Debit - please complete and sign CA41

☐ MAPS - please order MAPS deposit card

Customer type

Account Class

Investment Counsellor, if applicable

☐ PRO

☐ BNS Designated

☐ Initial Order

☐ Buy

☐ Sell

☐ Solicited

☐ Unsolicited

Quantity

Description

Value

\$

Initial deposit amount

\$

OR,

Account Transfer Asset Value

\$

If over \$5 million, must complete CA93

Have you met the client face to face?

☐ Yes

☐ No

If No, required from client copy of acceptable Identity Document, cheque for \$1.00, and credit bureau check must be conducted.

How long have you known the client?

(MM/YYYY)

AMO

Referral By

☐ Advertising lead

☐ Personal contact

☐ Phone in

☐ Walk in

i:PARTNER

☐ CA21

Partnership Plus

☐ CA45

Pinnacle

☐ CA34

☐ CA34B

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

☐ Yes

☐ No

If Yes, identify accounts

Does the client have accounts with other brokerage firms?

☐ Yes

☐ No

If Yes, specify firms and type of accounts

Other comments

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

☐ Yes

☐ No

Refer to out of province licensing policy.

Documentation below has been forwarded to client

☐ by mail, return mail envelope OR

☐ by courier, return courier envelope

Indicate CA Form Number and/or agreement description

☐ CA200 Evidence Documents - attach acceptable evidence documents for beneficial owners and trading authorities.

MM/DD/YY

Advisor(s) Signature

Date

B.M. approval

R.M. approval

Date