

Information provided on this form will be used to comply with tax-related regulatory requirements. Failure to complete and return this form may result in your accounts being reportable to the relevant tax authorities.  If you represent a business other than a sole proprietorship or an oral/informal trust, please fill out and submit a Tax Residency Self-Certification for BUSINESSES form.	Rev. 12/2016  <b>Office Use Only – CID Number</b>
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## A. Account Holder Identification

Name of individual ( <i>first, middle, and last name</i> )	Birth date ( <i>MM/DD/YY</i> )	S.I.N.
Permanent residence address ( <i>number and street; apartment or suite number</i> ). Do not use P.O. box or in-care address		
City	Province/State	Postal code / ZIP code
Country ( <i>do not abbreviate</i> )		

## B. Account Holder Tax Residency – United States

**B.1** Are you required to file a tax return in the U.S.?

☐ Yes. Provide your U.S. Social Security Number (SSN): \_\_\_\_\_

☐ No.

Note: Persons who are required to file a tax return in the U.S. include, but are not limited to, U.S. citizens (including persons with dual citizenship) and persons with U.S. resident status.

## C. Account Holder Tax Residency – Other Foreign Countries

**C.1** Are you required to file a tax return in any country other than the U.S. or Canada?

☐ No.

☐ Yes. Provide the country/countries and Taxpayer Identification Number(s) (TIN) below. If you cannot provide your TIN today, indicate the reason with the appropriate No TIN Reason Code, choosing from the list below.

Country	TIN	No TIN Reason Code
_____	_____	_____
_____	_____	_____
_____	_____	_____

### No TIN Reason Codes

Code	No TIN Reason
<b>A</b>	I have applied or will apply for a TIN, but have not yet received it. I will provide it when I receive it.
<b>B</b>	The country of tax jurisdiction does not issue TINs

**If none of the “No TIN reason code” apply, please provide explanation:**

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## D. Certification and Undertaking

- I hereby certify that the information provided on this form is correct and complete.
- I authorize Scotiabank to provide, directly or indirectly, to any relevant tax authorities or any party authorized to audit or conduct a similar review of Scotiabank for tax purposes, the information contained in this form and/or a copy of this form and to disclose to such tax authorities or such party any additional information that Scotiabank may have in its possession that is relevant to my qualification claimed on the basis of this certification.
- I acknowledge that information contained in this form and information regarding my Scotiabank accounts (including information on account balances and payments received) may be reported to Canadian tax authorities, and that those tax authorities may provide the information to any additional country I have listed above as being a country in which I am a resident for tax purposes.
- I undertake to advise Scotiabank immediately of any change in circumstances that causes the information contained herein to become incorrect and to provide Scotiabank with an updated Tax Residency Self-Certification form within 30 days of such change in circumstances.
- I understand that it is my obligation to provide Scotiabank my TIN(s) at the time it is requested. I understand that my failure to provide my TIN(s) may result in my incurring regulatory fines, either directly or indirectly.

Signature	Print name of signatory
Date (dd/mm/yyyy)	Capacity in which signatory is acting ( <i>if signatory is not the account holder</i> )