

Full address of institution receiving the funds: ___

☐ QROPS Institution ☐ UK Pension Scheme ☐ Neither

Name of the institution to where the funds are transferring: ____

Type of institution receiving the transfer funds: (tick one box as applicable)

Qualifying Recognized Overseas	
Pension Scheme (QROPS) Transfer or Payment Request F	orm

If funds are **transferring out** of the Scotia QROPS, please provide the following information:

HMRC QROPS reference number if a QROPS institution is receiving the transfer funds: __

	Account Number				
	Customer Name (Annuitant)				
m					
		Scotia Capital Inc. QROPS Registration Number (indicate the RSP or RIF QROPS number as applicable)			
		☐ RSP QROPS No. QROPS501320			
		☐ RIF QROPS No. QROPS501319			

Note: QROPS owners under the age of 55 are ineligible to withdraw funds, unless they meet the prescribed ill-health exception. A QROPS may still be transferred to another QROPS or UK Registered Pension Scheme regardless of the owner's age.

CERTIFICATION

TO:	Scotia Capital Inc. and The Bank of Nova Scotia Trust Company, and their respective affiliates and subsidiaries.	
FROM:		(Customer Name)

RE: Actual or deemed payment or transfer out of a Scotia Capital Inc. RSP/RIF QROPS

- 1. I hereby certify that I am a resident of Canada and I am taxable in Canada and that I am the beneficial owner of the income from the property described above registered in my name. I left the UK on _______.
- 2. UK Tax residency status: (tick one box only to confirm your status)
 - ☐ Based on UK law, I hereby certify that I HAVE NOT been a UK tax resident in the current UK tax year and the preceding 5 UK tax years (the "test period"). I agree to give you any further information or proof that you may need.
 - Based on UK law, I hereby certify that I HAVE been a UK tax resident in the current UK tax year or any of the preceding 5 UK tax years. I agree to give you any further information or proof that you may need.
 - (Note: a UK tax year runs from April 6 in one year to April 5 in the next year, both dates inclusive.)
- 3. You agree that we will not pay any funds out of your Scotia iTRADE QROPS before you turn age 55, unless you meet the prescribed ill-health condition. You agree to provide to us such additional information as we may require in connection with any request for payment or transfer or deemed payment or transfer into or out of the Scotia Capital Inc. QROPS.
- 4. I understand that when Scotia Capital Inc. makes or is treated as making a payment or transfer, in respect of me, while I was a UK tax resident in the test period or within 10 years of the relevant transfer fund coming into existence (collectively the "reporting period"), Scotia Capital Inc. must provide HM Revenue and Customs of the United Kingdom ("HMRC") and Canada Revenue Agency ("CRA") with such information as they may from time to time require including: a) my name and address; and b) the date, amount and nature of that actual or deemed payment or transfer.
- 5. I further understand that Scotia Capital Inc. has undertaken to inform HMRC, as a condition of its continued qualification of its RRSP/RRIF Plan as a qualifying recognized overseas pension scheme under UK pension legislation, of any payments or transfers made or deemed to be made to me in the reporting period. I understand that the tax residency information I provide will be used or disclosed by Scotia Capital Inc. for tax reporting purposes.
- 6. I also understand that I may have to self assess and pay to the UK tax authorities charges and/or surcharges for pension transfers or payments during the reporting period. I acknowledge and agree that I may be liable to HMRC or any other UK governmental authority for any charges and other sanctions which may be imposed upon me in relation to any actual or deemed payments or transfers from the Scotia Capital Inc. QROPS at any time during the reporting period.
- 7. I acknowledge that Scotia Capital Inc. has advised me to consult with third party UK and Canadian tax consultants to obtain tax advice in connection with the tax implications of any request which results in a payment or transfer or deemed payment or transfer out of the Scotia Capital Inc. QROPS.
- 8. I also acknowledge that I am solely responsible to verify whether any recipient scheme to which I direct Scotia Capital Inc. to transfer funds in the Plan is a qualifying recognized overseas pension scheme as defined by Finance Act 2004 (UK) as amended.
- 9. I hereby release and forever discharge Scotia Capital Inc. and The Bank of Nova Scotia Trust Company, their affiliates and subsidiaries and their respective present and former directors, officers, employees and agents and the respective heirs, executors, administrators, successors and assigns of each of them from all actions, suits, causes of action debts, claims and proceedings of any nature or kind whatsoever which Scotia Capital Inc. hereafter can, shall or may have for or by reason of or in any way arising out of or in any way connected with or relating to any adverse tax consequences I may incur or any actions taken against me by HMRC or CRA as a result of Scotia Capital Inc. 's compliance with my request to transfer or pay the funds out of the Scotia Capital Inc. QROPS.

Customer Signature		UK National Insurance Number (NINO) / Other HMRC Reference Number and reason why I am not entitled to a NINO.	
at	(city/town, province)	Date:	_
Witness name (please print)			
Witness signature:(Authorized S	cotia iTRADE Representative)		
at	(city/town, province)	Date:	

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