

Account Number	Account Name
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Personal & Regulatory Information

Indicate your relationship to the account:

- ☐ Primary owner ☐ Power Of Attorney / Corporate Trading Authority
☐ Joint owner ☐ Executor ☐ Other: _____

INFORMATION ABOUT YOU

Scotiocard Number (Required for online access)

Mother's Maiden Surname (Required for online access)

If you do not have a Scotiocard, but access, please check box to have one issued.

Send Scotiocard: ☐ Yes ☐ No

Title	First Name	Initial	Last Name
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Date of Birth (mm/dd/yyyy)	Country of Citizenship
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Social Insurance Number	SSN / TIN*
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Are you a tax resident or a citizen of the United States? ☐ No ☐ Yes

If yes, you must provide your SSN/TIN and also complete a **W-9 Request for Taxpayer Identification Number and Certification** form.

Are you (*individual or entity*) a tax resident of a jurisdiction other than Canada or the U.S.? ☐ No ☐ Yes If yes, list up to three jurisdictions and the Tax Identification Number (TIN).

If you do not have a TIN for one of the below noted jurisdictions, please indicate one of the following reason codes:

Reason Code 1: I will apply or have applied for a TIN, but have not yet received it (TIN is required within a year)

Reason Code 2: My jurisdiction of tax residence does not issue TINs to its residents

Reason Code 3: Other - Specify (TIN is required within a year)

- | | | | |
|----------|-----------|-------------------|-----------------------|
| 1. _____ | TIN _____ | Reason Code _____ | Other - specify _____ |
| 2. _____ | TIN _____ | Reason Code _____ | Other - specify _____ |
| 3. _____ | TIN _____ | Reason Code _____ | Other - specify _____ |

If the jurisdiction(s) of tax residency you listed above is one of the following countries please answer the 4 questions below.

Antigua and Barbuda, Bahamas, Bahrain, Barbados, Cyprus, Dominica, Grenada, Malta, Panama, Qatar, Saint Kitts and Nevis, Saint Lucia, Seychelles, Turks and Caicos Islands, United Arab Emirates and Vanuatu.

1. Have you obtained residency rights under a Citizenship by Investment (CBI) or Residence by Investment (RBI) offering for this country?

☐ No ☐ Yes. What Country? _____

2. Do you hold residence rights in any other jurisdiction?

☐ No ☐ Yes. What Country? _____

3. Have you spent more than 90 days in any jurisdiction during the previous year?

☐ No ☐ Yes. What Country? _____

4. In which jurisdictions have you filed personal income tax returns during the previous year?

☐ I have not filed personal taxes in another jurisdiction.

☐ I have filed in. Name of Country _____

If you have answered "Yes" in this section, please verify that all the required countries and TINs have been provided.

RESIDENTIAL ADDRESS

Street Address / Legal Address (Address cannot be a post office box)	Apt/Suite No.
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Additional Address Information

City	Province	Postal Code
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Home Phone Number	Business Phone Number	Ext.
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Cell Phone Number	Primary Email Address <input type="checkbox"/> Home <input type="checkbox"/> Business
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Which number would you prefer we use to contact you during market hours? ☐ Home ☐ Business ☐ Cell



Account Number

Account Name

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EMPLOYMENT INFORMATION

Employment Status

☐ Employed
 ☐ Retired*
 ☐ Student
 ☐ Self-Employed
 ☐ Homemaker
 ☐ Not Working
 ☐ Other

* If Retired, we require previous employment information

Employer

Industry

Position / Occupation

Years with this Employer

Employer's Address

City

Province

Postal Code

Are you employed by the Scotiabank Group?

☐ Yes ☐ No

If yes, specify: _____

Are you an Insider of Scotiabank or have you been advised that you are a Designated Person by Scotiabank's Compliance Department?

☐ Yes ☐ No

Are you or members of your household employed by an IIROC (Investment Industry Regulatory Organization of Canada) Member firm (Pro)? ☐ Yes ☐ No

Note: Certain conditions may apply to accounts for employees of firms in the securities industry and accounts over which such persons have trading authority.

Annual Income

☐ Under \$25,000
 ☐ \$25,000 to \$50,999
 ☐ \$51,000 to \$74,999
 ☐ \$75,000 to \$99,999
 ☐ \$100,000 to \$149,999
 ☐ \$150,000 to \$200,000
 ☐ Over \$200,000, Specify _____

Net Worth

Net Liquid Assets _____ A (Cash/securities less current liabilities)

Fixed Assets _____ B (Fixed assets less loans against fixed assets)

Total Net Worth _____ (A + B)

Intended Use/Purpose of Account

Select one of the following to indicate Intended Use / Purpose of the Account:

☐ Short Term Investment
 ☐ Savings (Registered and Non-Registered)
 ☐ Long Term Investment
 ☐ Retirement Planning, Estate / Tax Planning
 ☐ Income Generation
 ☐ Leverage, Hedging, Capital Preservation, Trusts, Protection of Assets
 ☐ Custody of Securities
 ☐ Other (Detailed description is mandatory): _____

Have you Owned or Traded?

Select your level of knowledge.

☐ Mutual Funds
 ☐ Low
 ☐ Moderate
 ☐ High
 ☐ Fixed Income (Other Than CSBs)
 ☐ Low
 ☐ Moderate
 ☐ High
 ☐ Stocks
 ☐ Low
 ☐ Moderate
 ☐ High
 ☐ Margin
 ☐ Low
 ☐ Moderate
 ☐ High
 ☐ Options
 ☐ Low
 ☐ Moderate
 ☐ High
 ☐ Short Sales
 ☐ Low
 ☐ Moderate
 ☐ High
 ☐ Overall Investment Experience
 ☐ Low
 ☐ Moderate
 ☐ High



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Personal & Regulatory Information

INFORMATION REQUIRED BY SECURITIES REGULATORS AND COMPLIANCE

Are you or your spouse considered to be an Insider (as defined in a Provincial Securities Act) of any public companies?

☐ Yes ☐ No If yes, what is the name of the company(ies)? _____

Are you, or your spouse, singularly, or as part of a group, in a Control Position (as defined in a Provincial Securities Act) of any public companies?

☐ Yes ☐ No If yes, what is the name of the company(ies)? _____

Are you, or your spouse an employee, Director, Partner or Officer of a member of any Stock Exchange, IIROC Member firm or of a Stock Exchange itself?

☐ Yes ☐ No If yes, what is the name of the company(ies)? _____

Do you own, or have trading authority or an interest in another Scotia iTRADE Account?

☐ Yes ☐ No If yes, what is the account number(s)? _____

Do you own, or have trading authority over any other accounts with another securities firm?

☐ Yes ☐ No If yes, what is the Name Of The Securities Firm(s)? _____

Are you in a control position in a Marijuana related business?

☐ Yes ☐ No

Do you or any members of your family or any close associates, currently hold or have held one of the following offices or positions? If yes, choose the office or position below:

☐ No ☐ Yes If yes, choose the office or position below:

☐ Head of Institute

☐ Mayor of a Canadian Municipality

☐ Member of a ruling family

☐ Head of a government agency

☐ Member of an executive council of government

☐ President of a state-owned company or bank

☐ Deputy Minister (or equivalent)

☐ Head of an international organization established by the governments of states

☐ Military rank of general or equivalent (or higher rank)

☐ Leader or president of a political party in a legislature

☐ Judge of a supreme court

☐ Head of a charity

☐ Ambassador

☐ Head of State

☐ Counselor of an ambassador

☐ Head of Government

☐ Judge of an appellate court or local equivalent

☐ Attaché

☐ Member of a legislature

TITLE	FIRST NAME	MIDDLE INITIAL	LAST NAME
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RELATION TO YOU

☐ SELF ☐ CHILD ☐ CLOSE ASSOCIATE ☐ PARENT(S) ☐ SIBLING(S) ☐ SPOUSE OR COMMON LAW PARTNER

☐ SPOUSE OR COMMON LAW PARTNER'S PARENT(S)

DATE(S) OF POSITION HELD (FROM MM-DD-YYYY TO MM-DD-YYYY)

COUNTRY WHERE POSITION HELD

DESCRIPTION OF OFFICIAL DUTIES

Account Number

Account Name

Personal & Regulatory Information

MARITAL STATUS

☐ Single
 ☐ Married
 ☐ Common Law
 ☐ Divorced
 ☐ Legally Separated
 ☐ Widowed

INFORMATION ABOUT YOUR SPOUSE

Title	First Name	Initial	Last Name
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EMPLOYMENT STATUS OF YOUR SPOUSE

☐ Employed
 ☐ Retired
 ☐ Student
 ☐ Self-Employed
 ☐ Homemaker
 ☐ Not Working
 ☐ Other

Employer	Industry
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Position / Occupation

IDENTIFICATION REQUIREMENTS

Type of Identification Document (select one)

☐ Driver's licence
 ☐ Prov. Health Insurance Card (Except ON, MB, NS, PEI)
 ☐ Canadian Citizenship Card
☐ Age of Majority Card
 ☐ Passport

Identification Document Number

Please include photo identification and a completed Identity Verification (SiT200) form when submitting this form to Scotia iTRADE.

TRUSTED CONTACT

Do you wish to appoint a Trusted Contact Person?

If yes, please complete below.

Please note: This appointment authorizes Scotia iTRADE to contact this individual to assist us in protecting your financial interests and assets in the following circumstances:

- If we notice signs of financial exploitation or if you exhibit signs of diminished mental capacity which we believe may affect your ability to make financial decisions relating to your account(s);
- To confirm your contact information if we are unsuccessful in contacting you after repeated attempts, particularly if our failure to contact you is unusual; or
- To confirm the name and contact information of a legal guardian, executor, trustee or any other personal or legal representative such as an attorney under a power of attorney.

This appointment of a Trusted Contact Person can be revoked at any time by contacting Scotia iTRADE.

Trusted Contact Person – Provide information about the Trusted Contact

Title	First Name, Middle Initial	Last Name
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Home address	City
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Province	Postal Code	Country	Nature of relationship
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Phone number	Email
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Client Signature

Date
