# Scotia iTRADE.

#### NAME CHANGE REQUEST

From:			
	Old Name (PRINT)	Old Signature	
То:			
	New Name (PRINT)	New Signature	

#### \*\*\* Please sign even if your signature has not changed \*\*\*

Reason for Name change: (supporting documentation attached)

- Marital Status requires copy of marriage certificate or divorce decree, valid Identity Document with New name and completed \*Personal and Regulatory Information Update form (attached)
- Legal Name Change requires copy of official name change certificate
- Correcting spelling mistake requires copy of Valid Identity document

#### **List of Accounts**

Account Number	Account Number
Account Number	Account Number
Account Number	Account Number
Account Number	Account Number

#### Please select which box applies to your situation

- There has been no other change in my personal information or financial information.
- □ I have completed the "Personal and Regulatory Information Update Form"

New Signature

Date

Scotia iTRADE® (Order-Execution Only Accounts) is a division of Scotia Capital Inc. ("SCI"). SCI is a member of the Investment Industry Regulatory Organization of Canada and the Canadian Investor Protection Fund. Scotia iTRADE does not provide investment advice or recommendations and investors are responsible for their own investment decisions. @Registered trademark of The Bank of Nova Scotia. Used under license.

## Scotia iTRADE.

Account Number

ate of Birth (mm/dd/yyyy)       Country of Citizenship         colainsurance Number       SSN / TIN*         we you at weidem of a dition of the United States?       No       Yes.         yes, you must provide your SSV/TIN and abo complete a W-9 Request for Taxpayer Identification Number and Certification form.       Image: SSN / TIN*         we you find/ided your SSV/TIN and abo complete a W-9 Request for Taxpayer Identification Number and Certification form.       Image: SSN / TIN*         yesou find/ided your SSV/TIN and abo complete a W-9 Request for Taxpayer Identification Number and Certification form.       Image: SSN / TIN*         yesou find/ided your SSV/TIN and abo complete for a TIN, but have not yt received if (TIN is required within a year)       Image: SSN / TIN*         tesson Code 2: My juricificition of tax residence does not issue TINs to its residence       Reason Code       Other - specify          TIN       Reason Code       Other - specify       Image: SSN / TIN*          TIN       Reason Code       Other - specify       Image: SSN / TIN*          TIN       Reason Code       Other - specify       Image: SSN / TIN*          TIN       Reason Code       Other - specify       Image: SSN / TIN*          TIN       Reason Code       Other - specify       Image: SSN / TIN*       Image: SSN / TIN*          TIN			Account Number	Account Name	
Indicate your relationship to the account:       Prower Of Attorney / Corporate Trading Authority         Primary owner       Executor         Other:	Personal & Regulator	w Information			
Pinnary owner       Power Of Attorney / Corporate Trading Authority         Doint owner       Other:         NFORMATION ABOUT VOU     Contact Number (Required for online access)          You do not have a Sociatand, but access, please check box to have one issued.       Send Socialarand:       Yes   No     Net First Name  Initial Last Name  Country of Citizenship  Count		-			
Joint owner       Executor       Other:         NFORMATION ABOUT YOU         cotiacard Number (Required for online access)       Mother's Maiden Sumame (Required for online access)         fyou do not have a Scotlacard, but access, please check box to have one issued.       Send Scotlacard   Yes   No         itie       First Name       Initial       Last Name         acte of Birth (mm/dd/yyyy)       Country of Citizenship       Country of Citizenship         acta in surreliate to a class of the United States/   No   Ys   ys us not redited to a pair skitch on the Hund States/   No   Ys   ys us unstrondist or a class of a pair skitch on the Hund States/   No   Ys   ys us unstrondist or a class of a pair skitch on the Hund States/   No   Ys   ys us on the or eatily a base applied for a tit, have not get received (100 is required with a yead)         issues Code 2: No Hages applied for a tit, have not get received (100 is required with a yead)       Tites, issue to the substituation of the united states applied for a tit, have not get received (100 is required with a yead)         issues Code 2: No Hages (Adae applied for a tit, have not get received (100 is required with a yead)       Tites (100 is required with a yead)         issues Code 2: No Hages (Adae applied for a tit, have not get received (100 is required with a yead)       Tites (100 is required with a yead)         issues Code 2: No Hages (Adae applied for a tit, have not get received (100 is required with a yead)       Tites (100 is required with a yead)         issues Code 2: No Hages (100 is required with a yead)			Attorney / Cornorate Trac	ing Authority	
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colai issues       SSN / TN*         very out tax resident or a citizen of the United States?       No       vers         very, out must provide your SSNUTN and also complete a W-9 Request for Taxpayer Identification Number and Certification form.       very out forking and an accouncipte a W-9 Request for Taxpayer Identification Number and Certification form.         very out forking and arrowide your SSNUTN and also complete a W-9 Request for Taxpayer Identification Number of Yes. If yes, istrup to three jurisdictions and the Tax Identification Number of Yes if yes, istrup to three jurisdictions and the Tax Identification Number of Yes if yes, istrup to three jurisdictions and the Tax Identification Number of Yes if yes, istrup to three jurisdictions and the Tax Identification Number of Yes if yes, istrup to three jurisdictions Number of Yes if yes, istrup to three jurisdictions Number of Yes if yes, istrup to three jurisdictions Number of Yes if yes, istrup to three jurisdiction Number of Yes if yes, istrup to three jurisdiction Number of Yes if yes, istrup to three jurisdiction Number of Yes if yes, istrup to three jurisdiction Number of Yes if yes, istrup to three jurisdiction Number of Yes if yes, istrup to three jurisdiction Number of Yes if Yes if Yes istrup to three jurisdiction Number of Yes istrup to the Adverse to Yes istrup to three jurisdiction Number of Yes istrup to three jurisdiction Number of Yes istrup to three jurisdiction Number of Yes istrup to three jurisdisticins hase yes istrup to three jurisdiction of Yes	Title First Name		Initial Last Name		
we you at a resident or a citizen of the United States? No Yes, You must provide your SSNTIN and also complete a W9 Request for Taxpayer identification Number and Certification form.   we you induitibular or entity a tax resident of a jurisdiction, please indicate one of the following reason codes. No Yes, If yes, I	Date of Birth (mm/dd/yyyy)		Country of Citizenshi	p	
tys. you must provide your SSN/TN and also complete a W-9 Request for Taxpayer Identification Number and Certification form.   twe you (adhidual or entity) a tax resident of a jurisdiction other than Canada or the U.S.2 Image: Type Stress of Code 1: Unit and the Tax Identification Number (Type Stress of Code 1: Unit) appears of Code 2: Wind profession of the stress resident of a profession of the stress of Code 2: Wind profession of the stress of Code 2: Wind profession of the stress of Code 2: Wind resident of a Stress of Code 2: Wind resident of a Stress of Code 2: Wind resident of a Stress of Code 2: Wind resident of Stress of Code 2: Wind Country?   1. Have you obtained residency rights under a Citizenship by Investment (CBI) or Residence of Stress of Code 2: Wind Country?   2. Do you hold residence rights in any other jurisdiction?   1. Mave you spent more than 90 days in any jurisdiction.   1. Invici furth stress of Legal Address (Address cannot be a post office bos)   Apt/Suite No. <td>Social Insurance Number</td> <td></td> <td>SSN / TIN*</td> <td></td> <td></td>	Social Insurance Number		SSN / TIN*		
revolusion       revolusion <td>-</td> <td></td> <td>avaavar Identification Number a</td> <td>ad Cautification form</td> <td></td>	-		avaavar Identification Number a	ad Cautification form	
Image:	Are you ( <i>individual or entity</i> ) a tax resident of a If you do not have a TIN for one of the below <b>Reason Code 1:</b> I will apply or have applied <b>Reason Code 2:</b> My jurisdiction of tax reside	a jurisdiction other than Canada o v noted jurisdictions, please indica for a TIN, but have not yet receive nce does not issue TINs to its resi	r the U.S.? No Yes If y the one of the following reason code ed it (TIN is required within a year)	es, list up to three jurisdictions and the Tax Identification	Number (TIN
Image:					
If the jurisdiction(s) of tax residency you listed above is one of the following countries please answer the 4 questions below.   Antigue and Barbuda, Bahamas, Bahraina, Barbados, Cyprus, Dominica, Grenada, Malta, Panama, Qatar, Saint Kitts and Nevis, Saint Lucia,   I Have you obtained residency rights under a Citizenship by Investment (CBI) or Residence by Investment (RBI) offering for this country?   I Have you obtained residence rights in any other jurisdiction?   No Yes. What Country?   2. Do you hold residence rights in any other jurisdiction during the previous year?   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 ave not filed personal taxes in another jurisdiction.   I have not filed personal taxes in another jurisdiction.   I have not filed personal taxes in another jurisdiction.   I have not filed personal taxes in another jurisdiction.   I have not filed personal taxes in another jurisdiction.   I have not filed personal taxes in another jurisdiction.   I have not filed personal taxes in another jurisdiction.   I have filed in. Name of Country   f you have answered "Yes" in this section, please verify that all the required countries and TINs have been provided.   RESIDENTIAL ADDRESS   ttreet Address / Legal Address (Address cannot be a post office box)   Apt/Suite No.   citty   Province   Business Phone Number					
Antiguia and Barbuida, Bahamas, Bahrain, Barbados, Cyprus, Dominica, Grenada, Malta, Panama, Qatar, Saint Kitts and Nevis, Saint Lucia,   ieychelles, Turks and Caicos Islands, United Arab Emirates and Vanuatu.   I. Have you obtained residency rights under a Citizenship by Investment (CBI) or Residence by Investment (RBI) offering for this country?	3 TIN	Reason	Code Other - specify		
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?   3. Have you spent more than 90 days in any jurisdiction during the previous year?   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   f you have answered "Yes" in this section, please verify that all the required countries and TINs have been provided. <b>RESIDENTIAL ADDRESS</b> itreet Address / Legal Address (Address cannot be a post office box)   Apt/Suite No.   Additional Address Information    Province Pone Number Ext.	Antigua and Barbuda, Bahamas, Bahrain, E	Barbados, Cyprus, Dominica, Gr			
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RESIDENTIAL ADDRESS   itreet Address / Legal Address (Address cannot be a post office box)   Additional Address Information   City   Nome Phone Number   Business Phone Number   Ext.	I have filed in. Name of Country				
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Additional Address Information City Province Postal Code Home Phone Number Ext.	RESIDENTIAL ADDRESS				
Province     Postal Code       Home Phone Number     Business Phone Number     Ext.	Street Address / Legal Address (Address ca	annot be a post office box)		Apt/Suite N	No.
Home Phone Number Ext.	Additional Address Information				
	City		Province	Postal Code	e
Primary Email Address     Home     Business	Home Phone Number		Business Phone Num	ber Ext.	
	Cell Phone Number		Primary Email Addre	ss 🗌 Home 🗌 Business	

Which number would you prefer we use to contact you during market hours? 🗌 Home 🗐 Business 🗋 Cell

# Scotia iTRADE.

Account Number	Account Name

### Personal & Regulatory Information

EMPLOYMENT INFORMATIO	NC	
Employment Status         Employed       Retired*       Stud         * If Retired, we require previous employed	ent Self-Employed Homemaker Not Working Other	
Employer	Industry	
Position / Occupation	Years with this Employer	
Employer's Address		
City	Province Po	stal Code
Are you employed by the Scotiabank If yes, specify		Yes No
Are you an Insider of Scotiabank or I	nave you been advised that you are a Designated Person by Scotiabank's Compliance Department?	□Yes □No
	old employed by an IIROC (Investment Industry Regulatory Organization of Canada) Member firm (F to accounts for employees of firms in the securities industry and accounts over which such persons have	
Annual Income           Under \$25,000         \$25,0           \$150,000 to \$200,000         Over		000 to \$149,999
	A (Cash/securities less current liabilities) B (Fixed assets less loans against fixed assets) (A + B)	
Select one of the following to indicat Short Term Investment Long Term Investment Income Generation Custody of Securities	te Intended Use / Purpose of the Account: Savings (Registered and Non-Registered) Retirement Planning, Estate / Tax Planning Leverage, Hedging, Capital Preservation, Trusts, Protection of Assets Other (Detailed description is mandatory):	
Have you Owned or Traded?  Mutual Funds Fixed Income (Other Than CSBs) Stocks Margin Options Short Sales Overall Investment Experience	Select your level of knowledge.         Low       Moderate         High         Low       Moderate	

### SiT300

# Scotia iTRADE.

Account Number

Account Name

### Personal & Regulatory Information

INFORMATION REQUIRED BY SECURITIES REGULATORS AND COMPLIANCE			
Are you or your spouse considered to be an Insider (as defined in Yes No If yes, what is the name of the company(ies)?	a Provincial Securities Act) of any public companies?		
Are you, or your spouse, singularily, or as part of a group, in a Control Position (as defined in a Provincial Securities Act) of any public companies?			
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?			
Do you own, or have trading authority or an interest in another Scotia iTRADE Account?			
Do you own, or have trading authority over any other accounts w Yes No If yes, what is the Name Of The Securities Firm(	ith another securities firm? s)?		
Are you in a control position in a Marijuana related business?			
<ul> <li>Yes No</li> <li>Do you or any members of your family or any close associates, or or position below:</li> <li>No Yes If yes, choose the office or position below:</li> </ul>	currently hold or have held one of the following offices or positions? If yes, choose the office		
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)	$\square$ 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	MI	IIDDLE INITIAL LAST NAME	
SELF	CHILD CLOSE ASSOCIATE PARENT(	5) SIBLING(S)	SPOUSE OR COMMON LAW PARTNER	
DATE(S)	OF POSITION HELD (FROM MM-DD-YYYY TO	MM-DD-YYYY)	COUNTRY WHERE POSITION HELD	
DESCRI	PTION OF OFFICIAL DUTIES			

Account Name

### **Personal & Regulatory Information**

Scotia iTRADE.

MARITAL STATUS		
Single Married Common Law	Divorced Legally Separated Widowed	
INFORMATION ABOUT YOUR SPOUS	SE	
Title First Name	Initial Last Name	
EMPLOYMENT STATUS OF YOUR SP	OUSE	
Employed Retired Student Sel	lf-Employed Homemaker Not Working C	Other
Employer	Industry	
Position / Occupation		
Type of Identification Document (select one)		
<ul> <li>Driver's licence</li> <li>Age of Majority Card</li> </ul>	Prov. Health Insurance Card (Except ON, MB, NS, PE Passport	I) Canadian Citizenship Card
Identification Document Number		
Please include photo identification and a con TRUSTED CONTACT	npleted Identity Verification (SiT200) form when su	bmitting this form to Scotia iTRADE.
Do you wish to appoint a Trusted Contact Person?		
If yes, please complete below.		
<ul> <li>following circumstances:</li> <li>If we notice signs of financial exploitation or if financial decisions relating to your account(s);</li> <li>To confirm your contact information if we are unusual; or</li> <li>To confirm the name and contact information under a power of attorney.</li> </ul>	TRADE to contact this individual to assist us in protecting you exhibit signs of diminished mental capacity which w unsuccessful in contacting you after repeated attempts, of a legal guardian, executor, trustee or any other person n be revoked at any time by contacting Scotia iTRADE.	ve believe may affect your ability to make particularly if our failure to contact you is
Title First Name, Middle Initial	Last Name	
Home address		City
Province Postal Code Countr	y Nature of relationship	
Phone number	Email	
Client Signature		Date

Account Number