

SiTCRS

CRS - Controlling Persons Information for Directors and/or Senior Officers

Account number	Rep code		

Provide the information on all controlling persons (use additional sheets if there are more than 3).

A Account Information							
Legal Entity Name (for account number a	bove)						
Director and/or Senior Off	icer 1						
Full name, including middle initial		Date of birth (mm-dd-yyyy)	Social Insurance	Number (S.I.N.)	Controlling person type		
Address (number, street, apartment, rura	route) (P.O. boxes only are not acceptable)						
City	Province	Postal Code Country (do not abbreviate)			t abbreviate)		
If you do not have a TIN for one of the be Reason Code 1: I will apply or have appl Reason Code 2: My jurisdiction of tax re Reason Code 3: Other - Specify (TIN is re 1	Reason Code _	of the following reason codes: N is required within a year) Other - specify					
2 TIN	Reason Code _	Other - specify					
3 TIN	Reason Code _	Other - specify					
If the jurisdiction(s) of tax residency you listed above in Section is one of the following countries please answer the 4 questions below. Antiqua 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? Tick (✓) the option that applies to you. No Yes. What Country? 2. Do you hold residence rights in any other jurisdiction? Tick (✓) the option that applies to you. No Yes. What Country? 3. Have you spent more than 90 days in any jurisdiction during the previous year? Tick (✓) the option that applies to you. No Yes. What Country? 4. In which jurisdictions have you filed personal income tax returns during the previous year? Tick (✓) the option that applies to you. 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.							
Director and/or Senior Off	icer 2						
Full name, including middle initial	Date of birth (mm-dd-yyyy)	Social Insurance	Number (S.I.N.)	Controlling person type			
Address (number street anartment rura	I route) (P.O. boxes only are not acceptable)						
Addiess (Hullibel, street, apartificiti, fuld	route, (i.o. boxes only are not acceptable)						
City	Province	Postal Code		Country (do no	t abbreviate)		



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Are you (individual or entity) a tax residen If you do not have a TIN for one of the be Reason Code 1: I will apply or have appl Reason Code 2: My jurisdiction of tax re- Reason Code 3: Other - Specify (TIN is re	elow noted jurisdictions, please ied for a TIN, but have not yet sidence does not issue TINs to	e indicate one o received it (TIN	f the following reason codes:	ist up to three juris	sdictions and the	Tax Identification Number (TIN).
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 in Section 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?						
Tick (\checkmark) the option that applies to yo \bigcirc No	 2. Do you hold residence rights in any other jurisdiction? Tick (✓) the option that applies to you.					
3. Have you spent more than 90 days						
Tick (\checkmark) the option that applies to yo	ou.					
☐ No						
Yes. What Country?						
4. In which jurisdictions have you fil	ed personal income tax ret	urns during th	e previous year?			
Tick (\checkmark) the option that applies to yo	ou.					
I have not filed personal taxes in	another jurisdiction.					
I have filed in. Name of Country						
If you have answered "Yes" in thi	is section please verify the	hat all the rec	nuired countries and TINs	have been pro	vided	
-	· · · · · ·	iat all tile rec	funca countries and mis	nave been pro	· · · · · · · · · · · · · · · · · · ·	
Director and/or Senior Off	icer 3			1		
Full name, including middle initial			Date of birth (mm-dd-yyyy)	Social Insurance Number (S.I.N.) Controlling person type		Controlling person type
Address (number, street, apartment, rural route) (P.O. boxes only are not acceptable)						
City	Province		Postal Code		Country (do not	abbreviate)
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						
3 TIN		Reason Code	Other - specify			
If the jurisdiction(s) of tax residency you listed above in Section 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? Tick (✓) the option that applies to you. No Yes. What Country?						
2. Do you hold residence rights in any other jurisdiction? Tick (✓) the option that applies to you. No Yes. What Country?						

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3.	Have you spent more than 90 days in any jurisdiction dur	ing the previous year?				
	Tick (\checkmark) the option that applies to you.					
	No					
	Yes. What Country?					
4.	In which jurisdictions have you filed personal income tax	returns during the pre	vious year?			
	Tick (\checkmark) the option that applies to you.					
	I have not filed personal taxes in another jurisdiction.					
	I have filed in. Name of Country					
If	If you have answered "Yes" in this section please verify that all the required countries and TINs have been provided.					
В	Certification and Undertaking					
As	a representative authorized to sign on behalf of the lega	l entity, I:				
	Certify that the information provided on this form is correct and complete;					
	 Authorize Scotia iTRADE to provide, directly or indirectly, to any relevant tax authorities or any party authorized to audit or conduct a similar review of Scotia iTRADE 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 Scotia iTRADE may have in its possession that is relevant to my qualification claimed on the basis of this certification; 					
	 Acknowledge that information contained in this form and information regarding my Scotia iTRADE 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 (or another party to the account is) a resident for tax purposes; and 					
	Undertake to advise Scotia iTRADE immediately of any change in circumstances that causes the information contained herein to become incorrect and to provide Scotia iTRADE with a suitably updated Tax Residency Self-Certification form within 30 days of such change in circumstances.					
	• Understand that it is my obligation to provide Scotia iTRADE any applicable TINs at the time they are requested. I understand that my failure to provide the applicable TIN(s) may result in my incurring regulatory fines, either directly or indirectly.					
Si	Signing Authority for the Legal Entity					
5	Signature	Title	Print name	Date (mm-dd-yyyy)		

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