Scotia iTRADE. Family Registered Education Saving Plan Schedule 'A' Form

The Bank of Nova Scotia Trust Company Trustee

Schedule "A"	Particulars of additional	Reneficiaries for you	r Family Scotia Self-	Account No.				
	directed Education Savi		Training Scotla Sch					
		5						
Designation of	The following person(s) is (The following person(s) is (are) designated as Beneficiary (Beneficiaries) entitled to receive educational assistance payments under this						
Beneficiaries	Plan. Subscribers have the			giving notice in the	e manner re	quired by the Trustee.		
	First Name	Initial	Surname					
Beneficiary						FOR CANADA		
Please indicate Beneficiary	Relationship to Subscriber	Social Insurance Number	Date of B	Birth (YYYYMMDD)	Gender	EDUCATION SAVINGS GRANT PURPOSES		
Number in box.						GRANT FORFOSES		
Beneficiaries must be	Street Address				Suite/Apt.	PLEASE CHECK ONE		
connected to the Subscriber(s)								
by blood relationship or								
adoption within the meaning of the applicable tax	City	Province	Postal Code	Phone		Yes No		
legislation.					_			
5	c/o Custodial Parent or Public Primary Caregiver Name							
Γ					Note: This Beneficiary must currently be a Canadian			
Complete only if different	Street Address	Street Address Suite/Apt.				resident in order to be		
from Subscriber and		Surer Address Surer Address Surer Address				added to an RESP account		
Beneficiary is under 18.						unless a transfer is being		
	City	Province	Postal Code	Phone		made from another existing		
				()	_	RESP for this Beneficiary.		
	First Name	Initial	Surname					
Beneficiary			Sumanie					
Please indicate Beneficiary Number in box.						FOR CANADA		
	Relationship to Subscriber	Social Insurance Number	Date of B	Birth (YYYYMMDD)	Gender	GRANT PURPOSES		
Beneficiaries must be connected to the Subscriber(s)								
	Street Address			1 1	Suite/Apt.			
by blood relationship or								
adoption within the meaning	City	City Province Postal Code Phone						
of the applicable tax legislation.						Yes No		
				()	-			
_	c/o Custodial Parent or Public Pi	c/o Custodial Parent or Public Primary Caregiver Name				Note: This Beneficiary must		
						currently be a Canadian		
Complete only if different from Subscriber and	Street Address	Street Address Suite/Apt.						
Beneficiary is under 18.						added to an RESP account		
-	City	City Province Postal Code Phone				unless a transfer is being made from another existing		
						RESP for this Beneficiary.		
l				()	-	Rest for this beneficiary.		
	First Name	Initial	Surname					
Beneficiary		Relationship to Subscriber Social Insurance Number Date of Birth (YYYYNIVIDD) Gender I				FOR CANADA		
Please indicate Beneficiary	L Relationship to Subscriber					EDUCATION SAVINGS		
Number in box.						GRANT PURPOSES		
Beneficiaries must be						PLEASE CHECK ONE		
connected to the Subscriber(s)	Street Address Suite/Apt.							
by blood relationship or						CANADIAN RESIDENT		
adoption within the meaning of the applicable tax	City Province Postal Code Phone					Yes No		
legislation.					_			
If there is insufficient space	c/o Custodial Parent or Public Primary Caregiver Name							
available for the number of Beneficiaries desired, please						Note: This Beneficiary must currently be a Canadian		
attach an additional Schedule								
"A".	Street Address	Street Address Suite/Apt.						
Complete only if different –					added to an RESP account unless a transfer is being			
from Subscriber and Beneficiary is under 18.	City	Province	Postal Code	Phone		made from another existing		
						RESP for this Beneficiary.		

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