

	Ele	ectronic Funds	Transfe	er (EFT)	Requ	est Forn	
In this form, I, me and my refer to each Scotia iTRADE Account Holder who signs below.	Complete this form to set up electronic funds transfers between your Scotia iTRADE® account(s) and your bank account.						
node: wile signs below.	Note: Debits from your bank account to Scotia iTRADE shall be treated as Personal Pre-Authorized Debits (Personal PADs), as defined by Payments Canada (www.payments.ca).						
	1. Scotia iTRADE account holder information						
				RADE ACCOUN	DE ACCOUNT #(S)		
	CO-ACCOUNT HOLDER NAME						
	ADDRESS (CANNOT BE P.O. BOX)	CIT	ΓΥ	F	PROVINCE	POSTAL CODE	
	2. Banking information						
	Type of Account: ☐ Savings ☐ Chequing ☐ Joint account Currency: ☐ Canadian Dollar ☐ U.S. Dollar						
	BANK ACCOUNT HOLDER NAME		BANK AC	COUNT HOLDE	R (S) NAME	IF JOINT	
Please attach a personalized void cheque or a letter from your bank.	FINANCIAL INSTITUTION NAME						
We will not transfer funds electronically to or from third parties.	INSTITUTION CODE TRAN	NSIT NUMBER	ACCOUNT NUI	MBER			
For joint-account holders, both account holders must sign this form.	3. What kind of transfers would you like to make? Check all that apply.						
For corporate accounts, proof of signing authority must be provided.	Sporadic Transfers I want to transfer money between my bank account and my Scotia iTRADE account(s) occasionally, and not at a set interval. Not available for RRIF accounts.  Systematic Transfers						
	□ Pre-authorized contribution (PAC) Note: For RESP accounts, please use the form Pre-authorized Contribution Agreement for Scotia Self-Directed Education Savings Plans (CA27). Please check one:						
	☐ New ☐ Change to existing instructions ☐ Cancel existing instructions  We require at least 15 [business] days to set up, change or cancel an existing plan.						
Each systematic transfer must be	er a fixed dollar amo	I dollar amount from my bank account to my Scotia as indicated below. Not available for RRIF accounts.					
for at least \$100.	Please select Interval:  1) Weekly, every Wednesday 2) each month on the 1st 3) each month, at month end 4) twice a month on the 15th AND month end 5) quarterly on the 1st (Mar, Jun, Sept, Dec) 6) quarterly, at month end (Mar, Jun, Sept, Dec) Note: If the 15th or month end falls on a weekend, transaction will occur on the next business day						
	If the account is an RRSP account:						
	□ Regular Contribution □ Spousal Contribution						
	Amount	Interval Select from #1 - #6 above		Effective	Date		

\$



## **EASY TRANSFER™ AUTHORIZATION**

☐ Electronic payment service (EPS)						
Please check one:						
□ New □ Change to €	existing instructions $\Box$ Ca	ancel existing instructions				
We require at least 15 [business] days to set up, change or cancel an existing plan.						
I want to automatically transfer a fixed dollar amount from my Scotia iTRADE account to my						
bank account at regular interv	als as indicated below. (Not for	r use for Registered Accounts)				
Please select Interval:						
1) Weekly, every Wednesday 2) each month on the 15th 3) each month, at month end 4) twice a month on the 1st AND the 15th						
5) quarterly on the 15th (Mar, Jun, Se	,	end (Mar, Jun, Sept, Dec)				
Note: If the 15th or month end falls of	on a weekend, transaction will occur o	n the next business day.				
Amount	Interval	Effective Date				
Amount	Select from #1 - #6 above	Lifective Date				
\$						
\$						
4. Please sign here						
_						
	vithdraw money from my Scoti					
	account indicated in Section 2					
	tia iTRADE to withdraw money					
	ey into my Scotia iTRADE accou					
	nowledge that all electronic fu understand and agree to, the t					
		f which are incorporated herein				
	Scotia iTRADE Relationship Disc					
	such brochure may be amended					
	ne by Scotia iTRADE and which					
www.scotiaitrade.com.	-					
I hereby waive my right to	receive pre-notification of th	ne amount of the electronic				
	at I do not require advance					
electronic funds transfer before the debit is processed. I hereby waive my right to						
receive a copy of this agreement at least 10 calendar days before the scheduled date						
of the first electronic funds	transfer.					
DANK ACCOUNT HOLDER SIGNATURE		DATE				
BANK ACCOUNT HOLDER SIGNATURE		DATE				
BANK ACCOUNT HOLDER SIGNATURE		DATE				
Please print this form, and ma	il to: Scotia iTRADE					
P.O. Box 4002 Station A						
	Toronto, ON M5W 0G4					

8214212 (12/23) Page 2 of 2