

### Declaration of Beneficial Ownership in a Legal Entity Corporation and Personal Holding / Non-Operating Private Company

Identify and document Beneficial Owners with greater than 25% ownership interest

The information requested in this form is in compliance with regulatory requirements.

	Advisor code
Account Number	Account Number
Account Number	Account Number
Account Number	Account Number

A Account Information								
Legal Entity name (for account number above)								
Account type and classification (Information must m	atch what is	on applica	ation)					
Ocorporation (Not an Acceptable Institution / Acceptable	Counterpart	v on IIROC	listing)					
Is the Corporation an Active Entity or a Passive Ent Note: Where the Corporation is an Insurance Company, Trust of Foreign Bank, or a Qualified Intermediary, do NOT classi	Company, Cent	ral Credit U	Inion & Regional, Caisse				Bank, Pension Fund,	
O Personal Holding / Non-Operating Private Company Is the Company an O Active Entity or a Passive Entity	/ (see <b>Definiti</b>	on of Acti	ve and Passive Entity	on page 8)				
Is the entity a tax resident of the U.S.? ONO Yes If yes, also complete a W-9 Request for Taxpayer Identification	ation Number	and Certi	fication form.					
Is the entity a tax resident of a jurisdiction other than Canada o	r the United Sta	ates?						
No, Complete Section C - Entity Classification	Yes, give the e	ntities juris	dictions of tax residence	and taxpayer	identification	numbers (TIN) or function	al equivalent.	
If the entity does not have a TIN for a specific jurisdiction, give the Reason 1: The entity will apply or has applied for a TIN but has Reason 2: The entity's jurisdiction of residence does not issue The Reason 3: Other reason – Specify (TIN required within a year):	not yet receive	ed it.	ese choices:					
Country	TIN				No TIN Reason Code			
Country	TIN				No TIN Reaso	on Code		
Country	TIN	No TIN Reas		No TIN Reaso	son Code			
Does the legal entity have an association or connection with a P controlled by a PEP or is beneficially owned by a defined PEP?					peen formed l	oy a PEP, or for the benefit	of a PEP, or	
O Unable to determine Ultimate Beneficial Ownership ("UBO"	') or informatio	n regarding	g the entity's directors, m	nanaging partr	ners, trustees,	settlors, or beneficiaries.		
Document the following								
Does any natural person or entity have a greater than 25% directions.  1. If No, complete the Directors and/or Senior O 2. If Yes Ownership interests greater than 25% a Senior Officers section. For complex ownership interests.	fficers section are held by IN are held by IN mership struc	providing DIVIDUAL DIVIDUAL tures, atta	g their Name(s) and Oo S ONLY. Complete sect S and / or OTHER LEG ch a diagram if availal	ccupation(s) or tion C and th AL ENTITIES. ble.	e Directors a Complete se	ection C and/or D and th		
<b>Directors and/or Senior Officers (e.g., the to</b> (List all directors and/or senior officers. Append additional <b>SiT1</b>						er)		
Director and/or Senior Officer Name (Title, first name, middle initial and last name	)	Dir	ector and/or Senior O	fficer Occupa	ation	Are you If yes, please con		
						○ No	○ Yes	
Are you a tax resident or citizen of the U.S.? O NO Yes Are you a tax resident of a jurisdiction other than Canada or the	U.S.? O No	○ Yes	If yes, please complete	the SiT-CRS fo	rm.			
						○ No	○ Yes	
Are you a tax resident or citizen of the U.S.? ONO Yes Are you a tax resident of a jurisdiction other than Canada or the	U.S.? O No	○ Yes	If yes, please complete	the SiT-CRS fo	rm.			
						○ No	O Yes	
Are you a tax resident or citizen of the U.S.? ONO Yes Are you a tax resident of a jurisdiction other than Canada or the	U.S.? O No	○ Yes	If yes, please complete	the SiT-CRS fo	rm.			

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Advisor code

Account Number	Account Number
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В	<b>Beneficial Owner</b>	from CA100A	/T Declaration	of Benefic	ial Ov	vnership in a L	egal Entity forn	n					
Leg	al Entity name (for account n	umber above)											
С	Identify the Bener Partnerships or Written Trus identify all partners and ben additional SiT100A Declar	ts that declare an own neficiaries. Attach or fo	nership interest on this orward evidence docu	form must also oments along with	complete								
	Select Beneficial Owner type (If a Corporation or Personal Holding / Non-Operating Private Company is selected, also complete section D)												
	○ Individual	<ul> <li>Partnership</li> </ul>	○ Written Trust	○ Corporati	on	O Personal Holding	/ Non-Operating Priva	te Compan	y 🔘 Estate				
	First Name and middle initial		Last Name				Entity Name						
	Address (number, street, apa	artment, rural route) (	P.O. Boxes only are no	t acceptable)	City		Province/Territory/State	Postal code	Country				
	Are you a tax resident or citi			t for Taxpayer l	dentifica	ation Number and Co	ertification form.						
	Canadian SIN			United States	s SSN/TIN	I		Date	e of Birth (mm-dd-yyyy)				
	Are you (individual or entity) If you do not have a TIN for Reason Code 1: I will apply Reason Code 2: My jurisdic Reason Code 3: Other - Spot 1	one of the below note or have applied for a ction of tax residence of tax required ways and the strength of th	ed jurisdictions, please TIN, but have not yet does not issue TINs to vithin a year) Rea	e indicate one of treceived it (TIN is its residents ason Code	the follow required Other - Other -	ving reason codes: within a year) specifyspecify							
	3	TIN	Rea	ason Code	Other -	specify							
Ownership Interest #1	4. In which jurisdictions In the controlling pers  The controlling pers  The controlling pers  If you have answere	erson obtained resident country?  erson hold resident at Country?  erson spent more that at Country?  has the controlling part of the controlling part	ency rights under a see rights in any other an 90 days in any juice person filed personal taxes in another juice of Country	r jurisdiction?  risdiction during	turns du	ent (CBI) or Residence evious year? ring the previous ye	e by Investment (RBI) o	offering for	this country?				
	Employer name					What is your curren	t position/occupation?						
	Are you a <b>deemed insider</b> (			f any public comp	oanies?								
	Are you in a <b>control positio</b> No  Yes If yes, ente			t) of any public co	ompanies	,?							
	Are you a <b>PEP</b> ? Please see se												
	ID type (Attach copy and for	entity, please provide	legal documents)	Reference nui	mber		Issuing jurisdiction an	nd/or country	Expiry date (mm-dd-yyyy)				
	Indicate class of shares or ot	her type of beneficial	ownership interest	_					Ownership interest	%			

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-	Select Beneficial Owner type	(If a Corporation or	Personal Holding / No	on-Operating Priva	te Compa	any is selected also s	omplete section D			
	Individual	(ii a Corporation of	○ Written Trust	Corporat		-	g / Non-Operating Priva	ate Comp	any (	) Estate
	First Name and middle initial	• .	Last Name			<u> </u>	Entity Name			<i>y</i> ======
	Address (number, street, apa	artment, rural route)	(P.O. Boxes only are r	ot acceptable)	City		Province/Territory/State	Postal co	de	Country
	Canadian SIN			United State	s SSN/TIN				ate of Birth	(mm-dd-yyyy)
	Are you (individual or entity) If you do not have a TIN for Reason Code 1: I will apply Reason Code 2: My jurisdic Reason Code 3: Other - Spe	one of the below not or have applied for a tion of tax residence ecify (TIN is required v	ed jurisdictions, pleas ITIN, but have not ye does not issue TINs to vithin a year)	se indicate one of t received it (TIN is o its residents	the follow required	ving reason codes: within a year)				
	1			eason Code						
	2									
	If the jurisdiction(s) of tax									
United Arab Emirates and Vanuatu  1. Has the controlling person obtained residency rights under a Citizenship by Investment (CBI) or Residence by Investment (RBI) offering for this country?  No Yes. What Country?  2. Does the controlling person hold residence rights in any other jurisdiction?  No Yes. What Country?  3. Has the controlling person spent more than 90 days in any jurisdiction during the previous year?  No Yes. What Country?  4. In which jurisdictions has the controlling person filed personal income tax returns during the previous year?  The controlling person has not filed personal taxes in another jurisdiction.  The controlling person has filed in. Name of Country										
	If you have answere	ed tes in this	section, please	verily that a	iii the r	-		been p	roviaea	•
	Employer name					vvnat is your currer	nt position/occupation?			
	Are you a <b>deemed insider</b> O No O Yes If yes, enter	•	,	of any public com	npanies?					
Are you in a <b>control position</b> (as defined in the Provincial Securities Act) of any public companies?  No Yes If yes, enter the company name(s):										
	Are you a <b>PEP</b> ? Please see se									
	○ No ○ Yes If yes, ple									
	ID type (Attach copy and for	entity, please provide	e legal documents)	Reference nu	mber		Issuing jurisdiction and/	or country	Expiry	date (mm-dd-yyyy)
	Indicate class of shares or ot	her type of beneficial	ownership interest						Owne	rship interest %
t #3	Select Beneficial Owner type	e (If a Corporation or	Personal Holding / No	on-Operating Priva	ite Compa	any is selected, also c	omplete section D)			
eres	○ Individual	<ul><li>Partnership</li></ul>	O Written Trust	○ Corporat	ion	O Personal Holding	g / Non-Operating Priva	ate Comp	any (	Estate
hip Inte	First Name and middle initial		Last Name	2			Entity Name			
Ownership Interest #3	Address (number, street, apa	artment, rural route)	(P.O. Boxes only are r	ot acceptable)	City		Province/Territory/State	Postal co	de	Country

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=	izen of the U.S.? ○ No ○ Ye ır SSN/TIN and also complete a		or Taynayor I	Idontificatio	on Number and (	Cortification form				
	aria and also complete a	vv-9 Request it			on Number and V	Lertification form.		D . (D:.		
Canadian SIN			United State	S 22IN/11IN				Date of Birt	h (mm-dd-yyyy)	
If you do not have a TIN for	a tax resident of a jurisdiction one of the below noted jurisd	lictions, please in	dicate one of	the followin	g reason codes:	ist up to three jurisdiction	s and the	e Tax Identifi	cation Number (	(TIN).
Reason Code 2: My jurisdic	y or have applied for a TIN, but ction of tax residence does not pecify (TIN is required within a	t issue TINs to its		s required wi	thin a year)					
	TIN	•	n Code	Other - spe	ecify					
•	TIN		·		,					
	TIN									
If the jurisdiction(s) of tax	x residency you listed above mas, Bahrain, Barbados, Cypru	e is one of the f	ollowing cou	untries plea	se answer the 4	questions below.				
1. Has the controlling pe	erson obtained residency rig	ghts under a Cit	izenship by I	Investment	(CBI) or Residen	ce by Investment (RBI)	offering	for this co	untry?	
○ No ○ Yes. Wh	at Country?									
2. Does the controlling p	person hold residence rights	s in any other ju	urisdiction?							
○ No ○ Yes. Wh	at Country?									
3. Has the controlling pe	erson spent more than 90 da	ays in any juriso	diction during	g the previo	ous year?					
○ No ○ Yes. Wh	at Country?									
4. In which jurisdictions	has the controlling person	filed personal ir	ncome tax re	turns durin	g the previous y	ear?				
The controlling per	son has not filed personal taxe	es in another juris	diction.							
The controlling per	son has filed in. Name of Cou	intry								
	ed "Yes" in this sectio		rify that a	II the rec	uired countr	ios and TINs have	hoon	_ providec	1	
Employer name	ed les ill tills sectio	ii, piease ve	illy tilat a		•	nt position/occupation?	Deen	provided	4.	
.mployer name					vviiat is your curre	int position/occupation?				
Are you a <b>deemed insider</b> O No O Yes If yes, enter	(as defined in the Provincial Se er the company name(s):	ecurities Act) of a	ny public com	npanies?						
Are you in a <b>control position</b> No  Yes  If yes, enter	<b>on</b> (as defined in the Provincia er the company name(s):	l Securities Act) c	of any public c	companies?						
*	ection E for definition of a PEF	).								
○ No ○ Yes <b>If yes, ple</b> ID type (Attach copy and for	r entity, please provide legal do	ocuments) [	Reference num	nber		Issuing jurisdiction and/	or countr	y Expiry	date (mm-dd-yy	ууу)
ndicate class of shares or ot	ther type of beneficial ownersh	nip interest						Owne	ership interest	%
	e (If a Corporation or Personal		perating Priva		· · · · · · · · · · · · · · · · · · ·					
○ Individual	O Partnership O W	ritten Trust	O Corporati	ion O	Personal Holdin	g / Non-Operating Priv	ate Com	pany	○ Estate	
First Name and middle initia	ıl	Last Name				Entity Name				
Address (number, street, ap	artment, rural route) (P.O. Box	es only are not a	cceptable)	City		Province/Territory/State	Postal o	code	Country	
	izen of the U.S.? ○ No ○ Your SSN/TIN and also complete a		or Taxpayer I	Identification	on Number and (	Certification form.				
Canadian SIN			United State	es SSN/TIN				Date of Birt	h (mm-dd-yyyy)	

	Advisor code
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Account Number	Account Number
Account Number	Account Number

		ada or the U.S.?		-	up to three jurisdictions	and the Tax	Identifica	ation Number (TIN).
If you do not have a TIN for one of the below noted jurisdic <b>Reason Code 1:</b> I will apply or have applied for a TIN, but h			_					
<b>Reason Code 1:</b> I will apply or have applied for a first, but r			required within a year	()				
Reason Code 3: Other - Specify (TIN is required within a ye		C - d -	Other					
1 TIN	Reas	on Code	Other - specify					
2 TIN 3 TIN	Reas	on Code	Other specify					
If the jurisdiction(s) of tax residency you listed above								
Antigua and Barbuda, Bahamas, Bahrain, Barbados, Cyprus United Arab Emirates and Vanuatu		•	•		•	elles, Turks a	and Caico	os Islands,
1. Has the controlling person obtained residency righ	ts under a C	itizenship by II	vestment (CBI) or F	Residenc	e by Investment (RBI) o	ffering fo	r this co	untry?
No Yes. What Country?								
2. Does the controlling person hold residence rights	n any other	jurisdiction?						
No Yes. What Country?	•	•						
3. Has the controlling person spent more than 90 day	s in any juri	sdiction during	the previous year?	)				
No Yes. What Country?	,,	_						
4. In which jurisdictions has the controlling person fi	ed personal	income tax ret	urns during the pre	vious ve	ear?			
The controlling person has not filed personal taxes	•		· .					
The controlling person has filed in. Name of Coun	-							
If you have answered "Yes" in this section		orify that a	I the required a	ountri	os and TINs have	hoon pr	ovidod	l
ii you have answered tes in this section	, piease v	erity tilat a	i tile required t	.ountri	es and mis mave	been pr	ovided	•
Employer name			What is y	our curre	nt position/occupation?			
Are you a <b>deemed insider</b> (as defined in the Provincial Secu	rities Act) of	any public comp	anies?					
○ No ○ Yes If yes, enter the company name(s):								
Are you in a <b>control position</b> (as defined in the Provincial S	ecurities Act)	of any public co	mpanies?					
○ No ○ Yes If yes, enter the company name(s):								
Are you a <b>PEP</b> ? Please see section E for definition of a PEP.								
○ No ○ Yes If yes, please complete section E.								
ID type (Attach copy and for entity, please provide legal doc	uments)	Reference num	nber		Issuing jurisdiction and/	or country	Expiry	date (mm-dd-yyyy)
Indicate class of shares or other type of beneficial ownershi	interest				ı		Owne	ership interest
								%
Complete this section if you have ide	ntified th	at a Corpo	oration or Pers	sonal	Holding / Non-C	peratir	ng Priv	ate Company
holds an ownership interest in section	ı C							
Indicate the corresponding number for the Beneficial Own Where there are more beneficial owners, append add						g with a co	py of the	completed form.
Where there are more penential owners, abneon and			or beneficial Own	ersnip in	a Legal Entity Torins.			
			r to 100 0					
Ownership Interest Number		Beneficial Owne	71					
wnership Interest Number Relation to entity identified in Section C)	O Indiv	_	71		Entity Name			
Ownership Interest Number Relation to entity identified in Section C)		_	71		Entity Name			
Ownership Interest Number Relation to entity identified in Section C) irst Name and middle initial address (number, street, apartment, rural route) (P.O. Boxes on	O Indiv	idual 🔾 Entit	71		Entity Name Province/Territory/State	Postal code	e	Country
Ownership Interest Number Relation to entity identified in Section C) irst Name and middle initial	O Indiv	idual 🔾 Entit	y			Postal code	e	Country
Ownership Interest Number Relation to entity identified in Section C) irst Name and middle initial address (number, street, apartment, rural route) (P.O. Boxes on	O Indiv	idual 🔾 Entit	y			Postal code	e	Country
Ownership Interest Number Relation to entity identified in Section C) irst Name and middle initial address (number, street, apartment, rural route) (P.O. Boxes on	C Indiv Last Name	idual O Entit	City	nd Certif	Province/Territory/State	Postal code	9	Country
Ownership Interest Number Relation to entity identified in Section C) irst Name and middle initial  address (number, street, apartment, rural route) (P.O. Boxes on the you a tax resident or citizen of the U.S.?   No Yes i yes, you must provide your SSN/TIN and also complete a W-9	Last Name	idual O Entit	City cification Number a	nd Certif	Province/Territory/State			Country
Dwnership Interest Number Relation to entity identified in Section C) irst Name and middle initial  Address (number, street, apartment, rural route) (P.O. Boxes on Are you a tax resident or citizen of the U.S.?   No Yes if yes, you must provide your SSN/TIN and also complete a W-9 Canadian SIN  Are you (individual or entity) a tax resident of a jurisdiction other you do not have a TIN for one of the below noted jurisdiction leason Code 1: I will apply or have applied for a TIN, but have leason Code 2: My jurisdiction of tax residence does not issue	Last Name  y are not acc  Request for  than Canada 5, please indic not yet receiv	Taxpayer Ident United States or the U.S.? ate one of the feed it (TIN is required)	City  Cification Number at SSN/TIN  O No O Yes If ye lollowing reason codes ired within a year)	es, list up s:	Province/Territory/State	Da the Tax Idei	te of Birtl	n (mm-dd-yyyy) n Number (TIN).
Dwnership Interest Number Relation to entity identified in Section C) irst Name and middle initial  Address (number, street, apartment, rural route) (P.O. Boxes on the your a tax resident or citizen of the U.S.? No Yes fayes, you must provide your SSN/TIN and also complete a W-9 canadian SIN  Are you (individual or entity) a tax resident of a jurisdiction other you do not have a TIN for one of the below noted jurisdiction teason Code 1: I will apply or have applied for a TIN, but have teason Code 2: My jurisdiction of tax residence does not issue teason Code 3: Other - Specify (TIN is required within a year)	Last Name  y are not acc  Request for  than Canada 5, please indic not yet receiv TINs to its res Reason 0	eptable)  Taxpayer Ident United States or the U.S.? ate one of the fored it (TIN is requidents  Code Oth	City  cification Number and SSN/TIN  O No O Yes If ye ollowing reason codes ired within a year)  er - specify	es, list up s:	Province/Territory/State  iication form.  to three jurisdictions and	Da the Tax Ide	te of Birtl	n (mm-dd-yyyy) n Number (TIN).

Advisor code

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

An	the jurisdiction(s) of tax residency you listed above is one tigua and Barbuda, Bahamas, Bahrain, Barbados, Cyprus, Dom irates and Vanuatu		-	-	-		, Turks ar	nd Caicos Isl	ands, United Arab		
1.	Has the controlling person obtained residency rights un	ider a Cit	tizenship by Inves	tment (CB	I) or Residence I	y Investment (RBI) offe	ring for	this countr	ry?		
	No Yes. What Country?										
2.	Does the controlling person hold residence rights in any other jurisdiction?										
	No Yes. What Country?										
3.	Has the controlling person spent more than 90 days in any jurisdiction during the previous year?										
	No Yes. What Country?										
4.	In which jurisdictions has the controlling person filed personal income tax returns during the previous year?										
	The controlling person has not filed personal taxes in another jurisdiction.										
	The controlling person has filed in. Name of Country										
If	you have answered "Yes" in this section, ple	ease ve	rify that all th	ne requi	red countries	and TINs have be	en pro	vided.			
-	ployer name					ent position/occupation?	J p. J				
	e you a <b>deemed insider</b> (as defined in the Provincial Securities No O Yes If yes, enter the company name(s):	Act) of a	ny public companie	es?							
_	e you in a <b>control position</b> (as defined in the Provincial Securi	ties Act) c	of any public compa	nies?							
0	No O Yes If yes, enter the company name(s):										
	e you a <b>PEP</b> ? Please see section E for definition of a PEP.										
_	No O Yes If yes, please complete section E.		la (						/ 11 )		
ID.	type (Attach copy and for entity, please provide legal documen	its)	Reference numbe	r		Issuing jurisdiction and/or	country	Expiry date	e (mm-dd-yyyy)		
Ind	licate class of shares or other type of beneficial ownership inte	rest						Ownershi	ip interest		
									%		
	vnership Interest Number		ate Beneficial Owne								
	elation to entity identified in Section C)		dividual O Entity	У		Fath Name					
Firs	tt Name and middle initial	Last Nan	ne			Entity Name					
Ad	dress (number, street, apartment, rural route) (P.O. Boxes only	are not a	acceptable)	City		Province/Territory/State	Postal co	ode	Country		
	e you a tax resident or citizen of the U.S.?  No Yes ves, you must provide your SSN/TIN and also complete a W-9 R	equest f	or Taxpayer Ident	ification N	lumber and Cert	tification form.					
Ca	nadian SIN		United States	SSN/TIN				Date of Birth	h (mm-dd-yyyy)		
If y Re Re Re 1	e you ( <i>individual or entity</i> ) a tax resident of a jurisdiction other to you do not have a TIN for one of the below noted jurisdictions, ason Code 1: I will apply or have applied for a TIN, but have r ason Code 2: My jurisdiction of tax residence does not issue T ason Code 3: Other - Specify (TIN is required within a year)	please in not yet red TNs to its Reaso	idicate one of the foceived it (TIN is requiresidents  on Code Oth	ollowing re uired within ner - specify	ason codes: a year)						
	TIN										
_	TIN										
An Em	the jurisdiction(s) of tax residency you listed above is one tigua and Barbuda, Bahamas, Bahrain, Barbados, Cyprus, Domirates and Vanuatu  Has the controlling person obtained residency rights un	ninica, Gre	enada, Malta, Panai	ma, Qatar,	Saint Kitts and Ne	vis, Saint Lucia, Seychelles					
	No Yes. What Country?	aci a cii	accionip by inves	anent (CD	., or residence i	ay investment (RDI) one	9 101	ans count	J.		
,	Does the controlling person hold residence rights in any	, other !	urisdiction?								
۷.		y ouner Ji	urisulction?								
	No Yes. What Country?										
٦.	Has the controlling person spent more than 90 days in a No Yes. What Country?	any juriso	diction during the	previous	year?						

		Advisor code
Account Number	Account Numbe	er
Account Number	Account Numbe	r
Account Number	Account Numbe	er

4. In which jurisdictions has the controlling person filed p	ersonal	income tax r	eturns d	luring t	he previous year	?			
The controlling person has not filed personal taxes in another jurisdiction.									
The controlling person has filed in. Name of Country									
If you have answered "Yes" in this section, plo	ease v	erify that	all the	requi	ired countries	and TINs have be	en pro	vided.	
Employer name					What is your curre	ent position/occupation?			
Are you a <b>deemed insider</b> (as defined in the Provincial Securitie:	s Act) of	any public cor	npanies?	>					
○ No ○ Yes If yes, enter the company name(s):									
Are you in a control position (as defined in the Provincial Securi	ities Act)	of any public	compani	es?					
○ No ○ Yes If yes, enter the company name(s):									
Are you a <b>PEP</b> ? Please see section E for definition of a PEP.									
No Yes If yes, please complete section E.	a+a\	Deference	una la au			lesuing invisaliation and/o		Evoin dot	o (2000 old 1000)
ID type (Attach copy and for entity, please provide legal documer	nts)	Reference n	umber			Issuing jurisdiction and/o	country	Expiry date	e (mm-aa-yyyy)
Indicate class of shares or other type of beneficial ownership inte	rest							Ownersh	ip interest
									%
Ownership Interest Number	Indic	ate Beneficial	Owner t	ype					,,,
(Relation to entity identified in Section C)		ndividual C		,,					
First Name and middle initial	Last Na	me				Entity Name			
Address (number, street, apartment, rural route) (P.O. Boxes only	are not	acceptable)	C	ity		Province/Territory/State	Postal co	ode	Country
Are you a tax resident or citizen of the U.S.?   No Yes									
If yes, you must provide your SSN/TIN and also complete a W-9 F	Request	for Taxpayer	Identifi	cation l	Number and Cert	ification form.			
Canadian SIN		United	States SS	SN/TIN				Date of Birth	n (mm-dd-yyyy)
Are you (individual or entity) a tax resident of a jurisdiction other t						to three jurisdictions and	the Tax I	dentification	Number (TIN).
If you do not have a TIN for one of the below noted jurisdictions, <b>Reason Code 1:</b> I will apply or have applied for a TIN, but have r									
Reason Code 2: My jurisdiction of tax residence does not issue T			3 require	.a witiiii	ra year,				
Reason Code 3: Other - Specify (TIN is required within a year)	Desc	an Cada	Othor	an a sife					
1 TIN 2 TIN									
3 TIN									
If the jurisdiction(s) of tax residency you listed above is on Antiqua and Barbuda, Bahamas, Bahrain, Barbados, Cyprus, Don							. Turks ar	nd Caicos Isla	ands. United Arab
Emirates and Vanuatu									
1. Has the controlling person obtained residency rights ur	nder a C	itizenship by	Investn	nent (Cl	BI) or Residence b	y Investment (RBI) offe	ring for	this countr	y?
No Yes. What Country?									
2. Does the controlling person hold residence rights in an	y other	jurisdiction?							
○ No ○ Yes. What Country?									
3. Has the controlling person spent more than 90 days in any jurisdiction during the previous year?									
No Yes. What Country?									
4. In which jurisdictions has the controlling person filed personal income tax returns during the previous year?									
The controlling person has not filed personal taxes in another jurisdiction.									
The controlling person has 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.									
Employer name		<i>y</i>		1		ent position/occupation?	15.5		
					<u> </u>	· 			
Are you a <b>deemed insider</b> (as defined in the Provincial Securities	s Act) of	any public cor	npanies?	)					
○ No ○ Yes If yes, enter the company name(s):									

Advisor code

### **Declaration of Beneficial Ownership in a Legal Entity**

Corporation and Personal Holding / Non-Operating Private Company

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

	you in a <b>control position</b> (as defined in the Provincial Securities A: No $\bigcirc$ Yes $\bigcirc$ If yes, enter the company name(s):	ct) of any public compani	es?						
	you a <b>PEP</b> ? Please see section E for definition of a PEP.								
	No ○ Yes If yes, please complete section E.								
	ype (Attach copy and for entity, please provide legal documents)	Reference number Issuing		Issuing	jurisdiction and/or coun	ountry Expiry date (mm-dd-yyyy)			
Indi	cate class of shares or other type of beneficial ownership interest						(	Ownership interest	%
De	finition of Active and Passive Entity								
• 1 • E	ive Entity The entity is Non-U.S. and is not a financial institution; Entities for which less than 50% of the gross income for the preceding assive income and less than 50% of the assets held by the entity dual to the case of the assets held by the entity dual endar year were assets that produced passive income; Corporations with shares that regularly trade on an established secus Government or international organizations or agencies thereof and response to the end of the entity of the e	uring the preceding	<ul><li>A pa entit</li><li>Passi</li></ul>	y. ve income is gene	rally und		me fi	cial institution <b>nor</b> an active	e
E Complete this section for all identified Politically Exposed Persons ("PEP")  Where there are more beneficial owners, append additional SiT100A Declaration of Beneficial Ownership in a Legal Entity forms.									
	First Name and middle initial	me and middle initial Last Name Relationship to client							
PEP #1	ature of the PEP's position or office * Dates (span of years) position held				ountry where position is/was held		eld		
Description of the PEP's official duties									
	First Name and middle initial	Last Name Relationship to client							
PEP #2	Nature of the PEP's position or office *	Dates (span of years) position held			ountr	untry where position is/was held			
Description of the PEP's official duties									
	First Name and middle initial Last Name Relationship to				Relationship to client	client			
PEP #3	Nature of the PEP's position or office *		Dates (span of years) position held		ition held Co	ountr	y where position is/was he	eld	
	Description of the PEP's official duties			-		'			

#### **Definition of a PEP**

A PEP is considered an individual or close associate of an individual who holds any of the below positions.

#### \* List of PEP occupations

- Head of an Institute
- Member of a ruling family
- Member of an executive council of government
- Deputy Minister (or equivalent)
- Judge of a supreme court
- Ambassador
- Military rank of general or equivalent (or higher rank)
- Mayor of a Canadian municipality
- Head of a government agency
- President of a state-owned company or bank
- Head of an international organization established by the governments
- Leader or president of a political party in a legislature
- Head of a charity

- Counselor of an ambassador
- Judge of an appellate court or local equivalent
- Member of a legislature
- Head of State
- Head of Government
- Attaché

#### PEPs Relationship To Client: Close Associates

- What about their close associates? Are they considered a PEP?
  - Parties closely associated with PEPs (i.e., members of the immediate family or close associates of a PEP) must also be classified as PEPs.
- Family members of PEPs (who must also be flagged and treated as a PEP) consist of the:
  - Mother or father of a PEP; Child of a PEP; Spouse or common-law partner of a PEP; Mother or father of the spouse or common-law partner of a PEP; and Brother, sister, half-brother or half-sister of the PEP (that is, any other child of the individual's mother or father).
- Parties closely associated with PEPs (who must also be flagged and treated as a PEP) include any person who is a widely and publicly known close business colleague or personal advisor to a PEP, in particular financial advisors or persons acting in a financial fiduciary capacity, or is otherwise widely and publicly known to maintain an unusually close relationship with a PEP. That said, if the Business Line has actual knowledge of a close association to a PEP, they should consider the close associate to be a PEP, even if such association is not widely known.

Advisor code

### **Declaration of Beneficial Ownership in a Legal Entity**

Corporation and Personal Holding / Non-Operating Private Company

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

#### **F** Certification (Signature(s) required)

The undersigned authorized person certifies and agrees that:

- The above is a full and complete disclosure of information with respect to the above account holder and to all natural persons, entities and directors holding a greater than 25% ownership interest (direct or indirect) in the above named account;
- We will maintain accurate up-to-date information respecting all beneficial owners by notifying Scotia Capital Inc. of material changes and provide confirmation and up-to-date information about beneficial owners as requested under the Proceeds of Crime (Money Laundering) and Terrorist Financing Act, Qualified Intermediary, Canadian Tax Regulations related to the Foreign Account Tax Compliance Act and Investment Industry Regulatory Organization of Canada regulations, or by an external auditor of Scotia Capital Inc. At the time of an external audit examination, we understand that we may be contacted by Scotia Capital Inc. and requested to provide to their auditors information on the current beneficial owners to validate that the current file at Scotia Capital Inc. is up-to-date and accurate, or to provide new information about beneficial owners as required, and agree to do
- The income to which this form relates is: (a) not effectively connected with the conduct of a trade or business in the United States, (b) effectively connected but is not subject to tax under an income tax treaty, or (c) the partner's share of a partnership's effectively connected income, and for broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions;
- We acknowledge that information contained in this form and information regarding my Scotia iTRADE Inc. account(s) (including information on account balances and payments received) may be reported to the Canada Revenue Agency (CRA), and that the CRA may provide the information to any additional country I have listed above as being a country in which I am a resident for tax purposes;
- The authorized person below has the capacity to sign this form for the beneficial owner(s) named on this form; and

within 30 days of such change in circumstances if any certification on this form becomes incorrect as required under current legislation and regulations.							
X Signature of authorized person		Date (mm-dd-yyyy)					
Name of authorized person	ry, Trustee, etc)						
X Signature of authorized person		Date (mm-dd-yyyy)					
Name of authorized person	Position within organization (CEO, President, Secretary, Trustee, etc)						