



## INFORMATION ABOUT THE TRADING AUTHORITY

SCOTIACARD NUMBER		MOTHER'S MAIDEN SURNAME	
453			
TITLE	FIRST NAME	INITIAL	LAST NAME
DATE OF BIRTH (MM/DD/YYYY)		COUNTRY OF CITIZENSHIP	
SOCIAL INSURANCE NUMBER		SSN / TIN*	

Please provide ScotiaCard number if you have one and Mother's Maiden Surname for Trading Authorities only.

\*If U.S. citizens or U.S. dual citizen Social Security Number (SSN) required for Co-Applicant only. A W9 form is also required.

## RESIDENTIAL ADDRESS

STREET ADDRESS/LEGAL ADDRESS (ADDRESS CANNOT BE A POST OFFICE BOX)			APT/SUITE NO.

### ADDITIONAL ADDRESS INFORMATION

CITY	PROVINCE	POSTAL CODE	
HOME PHONE NUMBER	BUSINESS PHONE NUMBER	EXT.	
CELL PHONE NUMBER	PAGER NUMBER		
FAX NUMBER	PRIMARY EMAIL ADDRESS	<input type="checkbox"/> HOME	<input type="checkbox"/> BUSINESS

Which number would you prefer we use to contact you during market hours?

BUSINESS  HOME  CELL

## EMPLOYMENT INFORMATION

EMPLOYMENT STATUS						
<input type="checkbox"/> EMPLOYED	<input type="checkbox"/> RETIRED	<input type="checkbox"/> STUDENT	<input type="checkbox"/> SELF-EMPLOYED	<input type="checkbox"/> HOMEMAKER	<input type="checkbox"/> NOT WORKING	<input type="checkbox"/> OTHER

If retired, we require previous employment information.

EMPLOYER		
POSITION	YEARS WITH THIS EMPLOYER	
EMPLOYER'S ADDRESS		
CITY	PROVINCE	POSTAL CODE

Are you employed by the Scotiabank Group?  YES  NO

IF YES, SPECIFY: \_\_\_\_\_

Are you an Insider of Scotiabank or have you been advised that you are a Designated Person by Scotiabank's Compliance Department?  YES  NO

Are you or members of your household employed by an IDA (Investment Dealers Association) Member firm (Pro)?  YES  NO

*Note: Certain conditions may apply to accounts for employees of firms in the securities industry and accounts over which such persons have trading authority.*



**HAVE YOU OWNED OR TRADED?** Select your level of knowledge.

<input type="checkbox"/> MUTUAL FUNDS	<input type="checkbox"/> LOW	<input type="checkbox"/> MODERATE	<input type="checkbox"/> HIGH
<input type="checkbox"/> FIXED INCOME (OTHER THAN CSBs)	<input type="checkbox"/> LOW	<input type="checkbox"/> MODERATE	<input type="checkbox"/> HIGH
<input type="checkbox"/> STOCKS	<input type="checkbox"/> LOW	<input type="checkbox"/> MODERATE	<input type="checkbox"/> HIGH
<input type="checkbox"/> MARGIN	<input type="checkbox"/> LOW	<input type="checkbox"/> MODERATE	<input type="checkbox"/> HIGH
<input type="checkbox"/> OPTIONS	<input type="checkbox"/> LOW	<input type="checkbox"/> MODERATE	<input type="checkbox"/> HIGH
<input type="checkbox"/> SHORT SALES	<input type="checkbox"/> LOW	<input type="checkbox"/> MODERATE	<input type="checkbox"/> HIGH
<input type="checkbox"/> OVERALL INVESTMENT EXPERIENCE	<input type="checkbox"/> LOW	<input type="checkbox"/> MODERATE	<input type="checkbox"/> HIGH

**INFORMATION REQUIRED BY SECURITIES REGULATORS AND COMPLIANCE**

Are you or your spouse considered to be an Insider (as defined in a Provincial Securities Act) of any public companies?  YES  NO

IF YES, WHAT IS THE NAME OF THE COMPANY(IES)? \_\_\_\_\_

Are you, or your spouse, singularly, or as part of a group, in a Control Position (as defined in a Provincial Securities Act) of any public companies?  YES  NO

IF YES, WHAT IS THE NAME OF THE COMPANY(IES)? \_\_\_\_\_

Are you, or your spouse an employee, Director, Partner or Officer of a member of any Stock Exchange, IDA Member firm or of a Stock Exchange itself?  YES  NO

IF YES, WHAT IS THE NAME OF THE COMPANY(IES)? \_\_\_\_\_

Do you own, or have trading authority or an interest in another ScotiaMcLeod Direct Investing Account?  YES  NO

IF YES, WHAT IS THE ACCOUNT NUMBER(S)? \_\_\_\_\_

Do you own, or have trading authority over any other accounts with another securities firm?  YES  NO

IF YES, WHAT IS THE NAME OF THE SECURITIES FIRM(S)? \_\_\_\_\_

**MARITAL STATUS**

SINGLE  MARRIED  COMMON LAW  DIVORCED  LEGALLY SEPARATED  WIDOWED

**INFORMATION ABOUT YOUR SPOUSE**

TITLE	FIRST NAME	INITIAL	LAST NAME

**EMPLOYMENT STATUS**

EMPLOYED  RETIRED  STUDENT  SELF-EMPLOYED  HOMEMAKER  NOT WORKING  OTHER

**EMPLOYER**

**POSITION**

**IDENTIFICATION REQUIREMENTS (MANDATORY FOR NON-REGISTERED ACCOUNTS)**

**TYPE OF IDENTIFICATION DOCUMENT**

DRIVER'S LICENCE  PROV. HEALTH INSURANCE CARD (EXCEPT ON, MB, PEI)  CANADIAN CITIZENSHIP CARD  BIRTH CERTIFICATE (IF UNDER AGE 21)  AGE OF MAJORITY CARD  PASSPORT

**IDENTIFICATION DOCUMENT NUMBER**

