



ScotiaMcLeod Direct Investing
ScotiaMcLeod

Account Number	Advisor Code
Account Name	

Pre-authorized Contribution Agreement

For Scotia Self-Directed Education Savings Plans

New Change Cancel

To: ScotiaMcLeod or ScotiaMcLeod Direct Investing, as indicated above (each a division of Scotia Capital Inc.) ("Scotia Capital")

Please accept this letter as my authorization and direction to you to debit my bank account for credit to the above noted Scotia Self-Directed Education Savings Plan as follows:

Amount: \$ _____ (per month)

Distributed as follows:

Beneficiary 01 _____ % of amount

Beneficiary 02 _____ % of amount

Beneficiary 03 _____ % of amount

(add an appendix page if more than three beneficiaries)

Bank Information

Bank Name		
Bank Address		
Bank Institution Number 0	Bank Transit Number	Bank Account Number
Type of Account: (choose one) <input type="checkbox"/> Chequing OR <input type="checkbox"/> Savings		Signature(s) of Joint Bank Account Holder(s)

I warrant that all persons whose signatures are required to sign on this bank account have signed this agreement above.

I acknowledge that delivery of this authorization to Scotia Capital constitutes delivery by me to the financial institution listed above.

The branch of the financial institution at which I maintain the bank account is not required to verify that the payments are drawn in accordance with this authorization or that the purpose for which it has been given has been fulfilled.

I will notify Scotia Capital in writing of any changes in the bank account information or termination of this authorization prior to the next due date of the pre-authorized debit.

I understand that the debits from my bank account will be made on or about the last business day of each month. I hereby acknowledge and agree that I will be fully liable for any charges incurred if the debits cannot be made due to insufficient funds or any other reason for which I may be held accountable, and that this direction may be rendered null and void at Scotia Capital's discretion without notice.

I acknowledge that amounts debited pursuant to this agreement will be reimbursed only where notification is given by me to the branch of the financial institution at which I maintain the bank account listed above within 90 days of the debit and only under the following conditions:

- (a) I never provided an authorization and direction to Scotia Capital; or
- (b) The pre-authorized debit was not drawn in accordance with this authorization and direction; or
- (c) My authorization and direction was revoked; or
- (d) The debit was posted to the wrong bank account due to invalid/ incorrect bank account information supplied by Scotia Capital

I understand that a written declaration setting out the grounds for reimbursement must be given to my financial institution.

I acknowledge that I have no immediate entitlement to reimbursement on any debit 90 days after the debit is made. After 90 days has elapsed, all disputes with respect to debits will be resolved solely between myself and Scotia Capital.

For accepting and complying with this authorization and direction, I hereby waive notification of the aforementioned transactions and hereby ratify any and all such transactions heretofore and hereafter made. I assume full responsibility for ensuring contributions made do not cause me to exceed my annual education savings plan limit as defined in the Income Tax Act (Canada) and in the Human Resources Development Canada Regulations. Scotia Capital shall have no liability or responsibility for any loss or damage suffered or incurred by me in connection with the debits contemplated by this authorization and direction including, without limitation, any loss of interest, penalty under the Income Tax Act (Canada) or other losses or damages caused by, or resulting from complying with or any delay in complying with this authorization and direction. I agree to indemnify and hold Scotia Capital harmless against, and will pay Scotia Capital promptly on demand for, any loss, liability and expense, including legal costs, suffered or incurred by Scotia Capital arising out of compliance with this authorization and direction.

This authorization and direction and the indemnity herein contained is a continuing one and shall remain in full force and effect unless revoked by me by prior written notice addressed and delivered to Scotia Capital, but such revocation shall not affect any liability resulting from, or the waiver of liability and indemnity relating to, transactions initiated prior to such revocation. Revocation of this authorization and direction will not alter any other agreement existing between us.

This authorization and direction is not effective until accepted by Scotia Capital head office.

Signature

Signature of Subscriber	Signature of Subscriber	Date
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PLEASE NOTE: Void Cheque Must be Attached

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