



The Bank of Nova Scotia ("Scotiabank")
 Scotia Capital Inc. ("Scotiabank"),
 ScotiaMcLeod Inc. ("Scotiabank"),
 ScotiaMcLeod Direct Investing (SMDI)
 Scotia Securities Inc.
 The Bank of Nova Scotia Trust Company ("Scotiabank")

Transfer Authorization for Registered Investments

(RSP, LIRA, LRSP, RIF, LRIF, LIF)

This form can be used for RSP to RSP transfers (except for transfers due to death), RSP to RIF transfers, RIF to RSP transfers and RIF to RIF transfers.

Please note: The data entered on this form may be scanned and stored electronically. Please print neatly in the spaces provided to ensure completeness, accuracy and machine readability.



CA63

Client Identification

Account/Policy Holder Last Name		First Name		Initial
Address		City	Province	Postal Code
Social Insurance Number		Home Telephone Number		Business Telephone Number

Receiving Institution Information

<input type="checkbox"/> Scotiabank (Domestic Retail) Branches Dealer #: 9629 Receiving Address: Transit (Scotiabank, ScotiaMcLeod and Scotiastrust branches) Contact Phone No.: MFR Code	<input type="checkbox"/> Scotia Securities Inc. Dealer #: 7689 Scotiastrust 40 King St. West, Transit 81398 P.O. Box 4085, Station A, Scotia Plaza, Toronto, ON M5W 2X6 FINS #: T525 CUID #: BNSC DTC #: 4816 Intermediary code: BNSG Assets for accounts managed by Scotia Cassels Investment Counsel Limited must be delivered/made payable to Scotiastrust.	Scotia Capital Inc. <input type="checkbox"/> ScotiaMcLeod 40 King St. West, Transit 81398 P.O. Box 4085, Station A, Scotia Plaza Toronto, ON M5W 2X6 <input type="checkbox"/> ScotiaMcLeod Direct Investing Transit 13938 P.O. Box 603 Toronto, ON M1K 5C5 Dealer Code: 9155 CLEAR STREAM #: 52065 FINS #: T085 DTC #: 5011 CUID #: SCOT	Client Account/Policy Number Group Plan Number (if applicable) IE/Relationship Manager Name Rep. Code Dealer Account Number (ScotiaMcLeod and SMDI) Registered Type: <input type="checkbox"/> RSP <input type="checkbox"/> RIF <input type="checkbox"/> Annuity <input type="checkbox"/> Spousal RSP <input type="checkbox"/> Spousal RIF <input type="checkbox"/> Other <input type="checkbox"/> LRSP <input type="checkbox"/> LIF <input type="checkbox"/> LIRA <input type="checkbox"/> LRIF
---	--	--	--

For Locked-in Plan use only

Locked-in Plan Transfer Acknowledgement

Scotiabank, Scotia Securities Inc., and Scotia Capital Inc. as agents for Scotiastrust, acknowledge that all locked-in funds from the registered plan noted in the Client Direction to Relinquishing Institution section below, will be transferred to the registered plan type noted and will continue to be administered in accordance with the governing pension legislation or contractual conditions of

Any subsequent transfer of these locked-in funds to another trustee or financial institution will be made only to another registered plan which must continue to be administered in accordance with legislation of the jurisdiction noted above. No transfer of locked-in funds will be permitted unless the receiving plan is appropriately registered and in compliance with the applicable pension legislation regulations and the Income Tax Act (Canada). Scotiastrust appears on the Superintendent's List of Financial Institutions authorized to administer funds in the Jurisdiction noted above.

Authorized Signature _____ DD MM YY

Governing Legislation (province or territory - specify) _____

Client Direction to Relinquishing Institution

- GICs
- Mutual Funds
- Other

Relinquishing Institution Name			
Address		City	Province
Postal Code			
Client Account/Policy Number		Group Plan Number (if applicable)	
Transfer: (check one box only) <input type="checkbox"/> All in Kind (as is) <input type="checkbox"/> All in cash* <input type="checkbox"/> All assets*, but mixed in cash and in kind (as is), see list below or attached list <input type="checkbox"/> Partial* - as listed below or on attached list			

*Please refer to statement in bold in Client Authorization section below:				FOR USE BY RELINQUISHING INSTITUTION	
In Kind	In Cash	Investment Amount/Maturity Date	Symbol and/or Certificate No. or Policy Number	DELAY DELIVERY UNTIL	
<input type="checkbox"/>	<input type="checkbox"/>	Shares/Unit	Dollars	Investment Description	
<input type="checkbox"/>	<input type="checkbox"/>				
In Kind	In Cash	Investment Amount/Maturity Date	Symbol and/or Certificate No. or Policy Number	DELAY DELIVERY UNTIL	
<input type="checkbox"/>	<input type="checkbox"/>	Shares/Unit	Dollars	Investment Description	
<input type="checkbox"/>	<input type="checkbox"/>				

Client Authorization and Agreement

Please note: We require a copy of your most recent statement.

I hereby request the transfer of my account and its investments as described above. **Please cancel all open orders (G.T.C./SWF/PAC/AWD/SWP, etc.) for my account on your books. * Where I have requested a transfer in cash, I authorize the liquidation of all or part of my investments, as indicated. I agree to pay any applicable fees, charges or adjustments as per disclosure related to this transfer. Upon completion of this form, forward to applicable address in the receiving institution section above.** I understand and agree that any beneficiary designation(s) under the plan(s) from which this transfer is made will not follow on this transfer, and that I am solely responsible for providing the Receiving Institution with any beneficiary designation(s) I may wish to make under the plan(s) that I hold with the Receiving Institution. I further understand and agree that the Receiving Institution denies any responsibility whatsoever for ensuring that I designate a beneficiary under the plan(s) to which this transfer is made. Without limiting the generality of the foregoing, I understand and agree that the provisions of this paragraph apply regardless of whether this transfer is between members of the Scotiabank group of companies.

I have read the disclosure on reverse and authorize transfer as above.

Signature of Account Holder _____ Date _____

Irrevocable Beneficiary: I consent to the transfer of the account.
 Signature of Irrevocable Beneficiary (if applicable) _____ Date _____

SIGNATURE GUARANTEED

The Bank of Nova Scotia Scotia Capital Inc.
 Scotia Securities Inc. The Bank of Nova Scotia Trust Company

PER: _____

For Use By Relinquishing Institution Only

- Tick if applicable
- New LIF Old LIF

Contact Name	Telephone Number	Fax Number
Registered Plan Type: <input type="checkbox"/> RSP <input type="checkbox"/> LIRA <input type="checkbox"/> LRSP <input type="checkbox"/> RIF: <input type="checkbox"/> Qualified <input type="checkbox"/> Non Qualified <input type="checkbox"/> LRIF <input type="checkbox"/> LIF <input type="checkbox"/> Pension Plan <input type="checkbox"/> Annuity <input type="checkbox"/> Other		
Spousal Plan: <input type="checkbox"/> No <input type="checkbox"/> Yes - if yes: Last Name _____ First Name _____ Social Insurance Number _____		
Status of Plan Holder: <input type="checkbox"/> Member/Annuitant <input type="checkbox"/> Spouse of Member <input type="checkbox"/> Former Spouse of Member		
Locked In: <input type="checkbox"/> No <input type="checkbox"/> Yes	Locked-In Funds \$ _____	Governing Legislation (province or territory - specify) _____
Original Pension Plan Name _____		
On what basis are the pension funds to be administered? <input type="checkbox"/> based on Gender <input type="checkbox"/> not based on Gender For funds transferred to a LIF/LRIF, have the appropriate spousal waiver and/or consent forms being signed? <input type="checkbox"/> Yes - attached <input type="checkbox"/> No - specify reason _____		
Authorized Signature	DD	MM YY



The Bank of Nova Scotia ("Scotiabank")
 Scotia Capital Inc. ("Scotiabank"),
 ScotiaMcLeod Inc. ("Scotiabank"),
 ScotiaMcLeod Direct Investing (SMDI)
 Scotia Securities Inc.
 The Bank of Nova Scotia Trust Company ("Scotiabank")

Transfer Authorization for Registered Investments

(RSP, LIRA, LRSP, RIF, LRIF, LIF)

This form can be used for RSP to RSP transfers (except for transfers due to death), RSP to RIF transfers, RIF to RSP transfers and RIF to RIF transfers.

Please note: The data entered on this form may be scanned and stored electronically. Please print neatly in the spaces provided to ensure completeness, accuracy and machine readability.



CA63

Client Identification

Account/Policy Holder Last Name		First Name		Initial
Address		City	Province	Postal Code
Social Insurance Number		Home Telephone Number		Business Telephone Number

Receiving Institution Information

<input type="checkbox"/> Scotiabank (Domestic Retail) Branches Dealer #: 9629 Receiving Address: Transit (Scotiabank, ScotiaMcLeod and Scotiastrust branches) _____ _____ Contact Phone No.: _____ MFR Code _____	<input type="checkbox"/> Scotia Securities Inc. Dealer #: 7689 Scotiastrust 40 King St. West, Transit 81398 P.O. Box 4085, Station A, Scotia Plaza, Toronto, ON M5W 2X6 FINS #: T525 CUID #: BNSC DTC #: 4816 Intermediary code: BNSG Assets for accounts managed by Scotia Cassels Investment Counsel Limited must be delivered/made payable to Scotiastrust.	Scotia Capital Inc. <input type="checkbox"/> ScotiaMcLeod 40 King St. West, Transit 81398 P.O. Box 4085, Station A, Scotia Plaza Toronto, ON M5W 2X6 <input type="checkbox"/> ScotiaMcLeod Direct Investing Transit 13938 P.O. Box 603 Toronto, ON M1K 5C5 Dealer Code: 9155 CLEAR STREAM #: 52065 FINS #: T085 DTC #: 5011 CUID #: SCOT	Client Account/Policy Number Group Plan Number (if applicable) IE/Relationship Manager Name Rep. Code Dealer Account Number (ScotiaMcLeod and SMDI) Registered Type: <input type="checkbox"/> RSP <input type="checkbox"/> RIF <input type="checkbox"/> Annuity <input type="checkbox"/> Spousal RSP <input type="checkbox"/> Spousal RIF <input type="checkbox"/> Other <input type="checkbox"/> LRSP <input type="checkbox"/> LIF <input type="checkbox"/> LIRA <input type="checkbox"/> LRIF
---	--	--	--

For Locked-in Plan use only

Locked-in Plan Transfer Acknowledgement
 Scotiabank, Scotia Securities Inc., and Scotia Capital Inc. as agents for Scotiastrust, acknowledge that all locked-in funds from the registered plan noted in the Client Direction to Relinquishing Institution section below, will be transferred to the registered plan type noted and will continue to be administered in accordance with the governing pension legislation or contractual conditions of

Any subsequent transfer of these locked-in funds to another trustee or financial institution will be made only to another registered plan which must continue to be administered in accordance with legislation of the jurisdiction noted above. No transfer of locked-in funds will be permitted unless the receiving plan is appropriately registered and in compliance with the applicable pension legislation regulations and the Income Tax Act (Canada). Scotiastrust appears on the Superintendent's List of Financial Institutions authorized to administer funds in the Jurisdiction noted above.

_____	Authorized Signature	DD	MM	YY
-------	----------------------	----	----	----

Client Direction to Relinquishing Institution

- GICs
- Mutual Funds
- Other

Relinquishing Institution Name				
Address		City	Province	Postal Code
Client Account/Policy Number		Group Plan Number (if applicable)		

Transfer: (check one box only) All in Kind (as is) All in cash* All assets*, but mixed in cash and in kind (as is), see list below or attached list Partial* - as listed below or on attached list

*Please refer to statement in bold in Client Authorization section below:				FOR USE BY RELINQUISHING INSTITUTION
In Kind <input type="checkbox"/>	In Cash <input type="checkbox"/>	Investment Amount/Maturity Date	Symbol and/or Certificate No. or Policy Number	DELAY DELIVERY UNTIL
Shares/Unit <input type="checkbox"/>	Dollars <input type="checkbox"/>	Investment Description		
In Kind <input type="checkbox"/>	In Cash <input type="checkbox"/>	Investment Amount/Maturity Date	Symbol and/or Certificate No. or Policy Number	DELAY DELIVERY UNTIL
Shares/Unit <input type="checkbox"/>	Dollars <input type="checkbox"/>	Investment Description		

Client Authorization and Agreement

Please note: We require a copy of your most recent statement.

I hereby request the transfer of my account and its investments as described above. **Please cancel all open orders (G.T.C./SWF/PAC/AWD/SWP, etc.) for my account on your books. * Where I have requested a transfer in cash, I authorize the liquidation of all or part of my investments, as indicated. I agree to pay any applicable fees, charges or adjustments as per disclosure related to this transfer. Upon completion of this form, forward to applicable address in the receiving institution section above.** I understand and agree that any beneficiary designation(s) under the plan(s) from which this transfer is made will not follow on this transfer, and that I am solely responsible for providing the Receiving Institution with any beneficiary designation(s) I may wish to make under the plan(s) that I hold with the Receiving Institution. I further understand and agree that the Receiving Institution denies any responsibility whatsoever for ensuring that I designate a beneficiary under the plan(s) to which this transfer is made. Without limiting the generality of the foregoing, I understand and agree that the provisions of this paragraph apply regardless of whether this transfer is between members of the Scotiabank group of companies.

I have read the disclosure on reverse and authorize transfer as above.		SIGNATURE GUARANTEED	
Signature of Account Holder _____	Date _____	<input type="checkbox"/> The Bank of Nova Scotia	<input type="checkbox"/> Scotia Capital Inc.
		<input type="checkbox"/> Scotia Securities Inc.	<input type="checkbox"/> The Bank of Nova Scotia Trust Company
Irrevocable Beneficiary: I consent to the transfer of the account.		PER: _____	
Signature of Irrevocable Beneficiary (if applicable) _____	Date _____		

For Use By Relinquishing Institution Only

Tick if applicable
 New LIF Old LIF

Contact Name	Telephone Number () -	Fax Number () -
Registered Plan Type: <input type="checkbox"/> RSP <input type="checkbox"/> LIRA <input type="checkbox"/> LRSP <input type="checkbox"/> RIF: <input type="checkbox"/> Qualified <input type="checkbox"/> Non Qualified <input type="checkbox"/> LRIF <input type="checkbox"/> LIF <input type="checkbox"/> Pension Plan <input type="checkbox"/> Annuity <input type="checkbox"/> Other		
Spousal Plan: <input type="checkbox"/> No <input type="checkbox"/> Yes - if yes: Last Name _____ First Name _____ Social Insurance Number _____		
Status of Plan Holder: <input type="checkbox"/> Member/Annuitant <input type="checkbox"/> Spouse of Member <input type="checkbox"/> Former Spouse of Member		
Locked In: <input type="checkbox"/> No <input type="checkbox"/> Yes	Locked-In Funds \$ _____	Governing Legislation (province or territory - specify) _____
	Original Pension Plan Name _____	
On what basis are the pension funds to be administered? <input type="checkbox"/> based on Gender <input type="checkbox"/> not based on Gender		
For funds transferred to a LIF/LRIF, have the appropriate spousal waiver and/or consent forms being signed? <input type="checkbox"/> Yes - attached <input type="checkbox"/> No - specify reason _____		
Authorized Signature	DD	MM YY



The Bank of Nova Scotia ("Scotiabank")
 Scotia Capital Inc. ("Scotiabank"),
 ScotiaMcLeod Inc. ("Scotiabank"),
 ScotiaMcLeod Direct Investing (SMDI)
 Scotia Securities Inc.
 The Bank of Nova Scotia Trust Company ("Scotiabank")

Transfer Authorization for Registered Investments

(RSP, LIRA, LRSP, RIF, LRIF, LIF)

This form can be used for RSP to RSP transfers (except for transfers due to death), RSP to RIF transfers, RIF to RSP transfers and RIF to RIF transfers.

Please note: The data entered on this form may be scanned and stored electronically. Please print neatly in the spaces provided to ensure completeness, accuracy and machine readability.



CA63

Client Identification

Account/Policy Holder Last Name		First Name		Initial
Address		City	Province	Postal Code
Social Insurance Number		Home Telephone Number		Business Telephone Number

Receiving Institution Information

<input type="checkbox"/> Scotiabank (Domestic Retail) Branches Dealer #: 9629 Receiving Address: Transit (Scotiabank, ScotiaMcLeod and Scotiastrust branches) _____ _____ Contact Phone No.: _____ MFR Code _____	<input type="checkbox"/> Scotia Securities Inc. Dealer #: 7689 Receiving Address: Transit (Scotiabank, ScotiaMcLeod and Scotiastrust branches) _____ _____ Contact Phone No.: _____ MFR Code _____	Scotia Capital Inc. <input type="checkbox"/> ScotiaMcLeod 40 King St. West, Transit 81398 P.O. Box 4085, Station A, Scotia Plaza Toronto, ON M5W 2X6 <input type="checkbox"/> ScotiaMcLeod Direct Investing Transit 13938 P.O. Box 603 Toronto, ON M1K 5C5 Dealer Code: 9155 CLEAR STREAM #: 52065 FINS #: T085 DTC #: 5011 CUID #: SCOT	Client Account/Policy Number Group Plan Number (if applicable) IE/Relationship Manager Name Rep. Code Dealer Account Number (ScotiaMcLeod and SMDI) Registered Type: <input type="checkbox"/> RSP <input type="checkbox"/> RIF <input type="checkbox"/> Annuity <input type="checkbox"/> Spousal RSP <input type="checkbox"/> Spousal RIF <input type="checkbox"/> Other <input type="checkbox"/> LRSP <input type="checkbox"/> LIF <input type="checkbox"/> LIRA <input type="checkbox"/> LRIF
---	--	--	--

For Locked-in Plan use only

Locked-in Plan Transfer Acknowledgement
 Scotiabank, Scotia Securities Inc., and Scotia Capital Inc. as agents for Scotiastrust, acknowledge that all locked-in funds from the registered plan noted in the Client Direction to Relinquishing Institution section below, will be transferred to the registered plan type noted and will continue to be administered in accordance with the governing pension legislation or contractual conditions of

Any subsequent transfer of these locked-in funds to another trustee or financial institution will be made only to another registered plan which must continue to be administered in accordance with legislation of the jurisdiction noted above. No transfer of locked-in funds will be permitted unless the receiving plan is appropriately registered and in compliance with the applicable pension legislation regulations and the Income Tax Act (Canada). Scotiastrust appears on the Superintendent's List of Financial Institutions authorized to administer funds in the Jurisdiction noted above.

_____	Authorized Signature	DD	MM	YY
-------	----------------------	----	----	----

Client Direction to Relinquishing Institution

- GICs
- Mutual Funds
- Other

Relinquishing Institution Name				
Address		City	Province	Postal Code
Client Account/Policy Number		Group Plan Number (if applicable)		

Transfer: (check one box only) All in Kind (as is) All in cash* All assets*, but mixed in cash and in kind (as is), see list below or attached list Partial* - as listed below or on attached list

*Please refer to statement in bold in Client Authorization section below:				FOR USE BY RELINQUISHING INSTITUTION
In Kind <input type="checkbox"/>	In Cash <input type="checkbox"/>	Investment Amount/Maturity Date	Symbol and/or Certificate No. or Policy Number	DELAY DELIVERY UNTIL
Shares/Unit <input type="checkbox"/>	Dollars <input type="checkbox"/>	Investment Description		
In Kind <input type="checkbox"/>	In Cash <input type="checkbox"/>	Investment Amount/Maturity Date	Symbol and/or Certificate No. or Policy Number	DELAY DELIVERY UNTIL
Shares/Unit <input type="checkbox"/>	Dollars <input type="checkbox"/>	Investment Description		

Client Authorization and Agreement

Please note: We require a copy of your most recent statement.

I hereby request the transfer of my account and its investments as described above. **Please cancel all open orders (G.T.C./SWF/PAC/AWD/SWP, etc.) for my account on your books. * Where I have requested a transfer in cash, I authorize the liquidation of all or part of my investments, as indicated. I agree to pay any applicable fees, charges or adjustments as per disclosure related to this transfer. Upon completion of this form, forward to applicable address in the receiving institution section above.** I understand and agree that any beneficiary designation(s) under the plan(s) from which this transfer is made will not follow on this transfer, and that I am solely responsible for providing the Receiving Institution with any beneficiary designation(s) I may wish to make under the plan(s) that I hold with the Receiving Institution. I further understand and agree that the Receiving Institution denies any responsibility whatsoever for ensuring that I designate a beneficiary under the plan(s) to which this transfer is made. Without limiting the generality of the foregoing, I understand and agree that the provisions of this paragraph apply regardless of whether this transfer is between members of the Scotiabank group of companies.

I have read the disclosure on reverse and authorize transfer as above.		SIGNATURE GUARANTEED	
Signature of Account Holder _____	Date _____	<input type="checkbox"/> The Bank of Nova Scotia	<input type="checkbox"/> Scotia Capital Inc.
Irrevocable Beneficiary: I consent to the transfer of the account.		<input type="checkbox"/> Scotia Securities Inc.	<input type="checkbox"/> The Bank of Nova Scotia Trust Company
Signature of Irrevocable Beneficiary (if applicable) _____		PER: _____	
Date _____			

For Use By Relinquishing Institution Only

Tick if applicable
 New LIF Old LIF

Contact Name	Telephone Number () -	Fax Number () -
Registered Plan Type: <input type="checkbox"/> RSP <input type="checkbox"/> LIRA <input type="checkbox"/> LRSP <input type="checkbox"/> RIF: <input type="checkbox"/> Qualified <input type="checkbox"/> Non Qualified <input type="checkbox"/> LRIF <input type="checkbox"/> LIF <input type="checkbox"/> Pension Plan <input type="checkbox"/> Annuity <input type="checkbox"/> Other		
Spousal Plan: <input type="checkbox"/> No <input type="checkbox"/> Yes - if yes: Last Name _____ First Name _____ Social Insurance Number _____		
Status of Plan Holder: <input type="checkbox"/> Member/Annuitant <input type="checkbox"/> Spouse of Member <input type="checkbox"/> Former Spouse of Member		
Locked In: <input type="checkbox"/> No <input type="checkbox"/> Yes	Locked-In Funds \$ _____	Governing Legislation (province or territory - specify) _____
Original Pension Plan Name _____		
On what basis are the pension funds to be administered? <input type="checkbox"/> based on Gender <input type="checkbox"/> not based on Gender		
For funds transferred to a LIF/LRIF, have the appropriate spousal waiver and/or consent forms being signed? <input type="checkbox"/> Yes - attached <input type="checkbox"/> No - specify reason _____		
Authorized Signature	DD	MM YY



The Bank of Nova Scotia ("Scotiabank")
 Scotia Capital Inc. ("Scotiabank"),
 ScotiaMcLeod Inc. ("Scotiabank"),
 ScotiaMcLeod Direct Investing (SMDI)
 Scotia Securities Inc.
 The Bank of Nova Scotia Trust Company ("Scotiabank")

Transfer Authorization for Registered Investments

(RSP, LIRA, LRSP, RIF, LRIF, LIF)

This form can be used for RSP to RSP transfers (except for transfers due to death), RSP to RIF transfers, RIF to RSP transfers and RIF to RIF transfers.

Please note: The data entered on this form may be scanned and stored electronically. Please print neatly in the spaces provided to ensure completeness, accuracy and machine readability.



CA63

Client Identification

Account/Policy Holder Last Name		First Name		Initial
Address		City	Province	Postal Code
Social Insurance Number		Home Telephone Number		Business Telephone Number

Receiving Institution Information

<input type="checkbox"/> Scotiabank (Domestic Retail) Branches Dealer #: 9629 Receiving Address: Transit (Scotiabank, ScotiaMcLeod and Scotiastrust branches) _____ _____ Contact Phone No.: _____ MFR Code _____	<input type="checkbox"/> Scotia Securities Inc. Dealer #: 7689 Scotiastrust 40 King St. West, Transit 81398 P.O. Box 4085, Station A, Scotia Plaza, Toronto, ON M5W 2X6 FINS #: T525 CUID #: BNSC DTC #: 4816 Intermediary code: BNSG Assets for accounts managed by Scotia Cassels Investment Counsel Limited must be delivered/made payable to Scotiastrust.	Scotia Capital Inc. <input type="checkbox"/> ScotiaMcLeod 40 King St. West, Transit 81398 P.O. Box 4085, Station A, Scotia Plaza Toronto, ON M5W 2X6 <input type="checkbox"/> ScotiaMcLeod Direct Investing Transit 13938 P.O. Box 603 Toronto, ON M1K 5C5 Dealer Code: 9155 CLEAR STREAM #: 52065 FINS #: T085 DTC #: 5011 CUID #: SCOT	Client Account/Policy Number Group Plan Number (if applicable) IE/Relationship Manager Name Rep. Code Dealer Account Number (ScotiaMcLeod and SMDI) Registered Type: <input type="checkbox"/> RSP <input type="checkbox"/> RIF <input type="checkbox"/> Annuity <input type="checkbox"/> Spousal RSP <input type="checkbox"/> Spousal RIF <input type="checkbox"/> Other <input type="checkbox"/> LRSP <input type="checkbox"/> LIF <input type="checkbox"/> LIRA <input type="checkbox"/> LRIF
---	--	--	--

For Locked-in Plan use only

Locked-in Plan Transfer Acknowledgement
 Scotiabank, Scotia Securities Inc., and Scotia Capital Inc. as agents for Scotiastrust, acknowledge that all locked-in funds from the registered plan noted in the Client Direction to Relinquishing Institution section below, will be transferred to the registered plan type noted and will continue to be administered in accordance with the governing pension legislation or contractual conditions of

Any subsequent transfer of these locked-in funds to another trustee or financial institution will be made only to another registered plan which must continue to be administered in accordance with legislation of the jurisdiction noted above. No transfer of locked-in funds will be permitted unless the receiving plan is appropriately registered and in compliance with the applicable pension legislation regulations and the Income Tax Act (Canada). Scotiastrust appears on the Superintendent's List of Financial Institutions authorized to administer funds in the Jurisdiction noted above.

_____	Authorized Signature	DD	MM	YY
-------	----------------------	----	----	----

Client Direction to Relinquishing Institution

- GICs
- Mutual Funds
- Other

Relinquishing Institution Name				
Address		City	Province	Postal Code
Client Account/Policy Number		Group Plan Number (if applicable)		

Transfer: All in Kind (as is) All in cash* All assets*, but mixed in cash and in kind (as is), see list below or attached list Partial* - as listed below or on attached list

*Please refer to statement in bold in Client Authorization section below:				FOR USE BY RELINQUISHING INSTITUTION
In Kind <input type="checkbox"/>	In Cash <input type="checkbox"/>	Investment Amount/Maturity Date	Symbol and/or Certificate No. or Policy Number	DELAY DELIVERY UNTIL
Shares/Unit <input type="checkbox"/>	Dollars <input type="checkbox"/>	Investment Description		
In Kind <input type="checkbox"/>	In Cash <input type="checkbox"/>	Investment Amount/Maturity Date	Symbol and/or Certificate No. or Policy Number	DELAY DELIVERY UNTIL
Shares/Unit <input type="checkbox"/>	Dollars <input type="checkbox"/>	Investment Description		

Client Authorization and Agreement

Please note: We require a copy of your most recent statement.

I hereby request the transfer of my account and its investments as described above. **Please cancel all open orders (G.T.C./SWF/PAC/AWD/SWP, etc.) for my account on your books. * Where I have requested a transfer in cash, I authorize the liquidation of all or part of my investments, as indicated. I agree to pay any applicable fees, charges or adjustments as per disclosure related to this transfer. Upon completion of this form, forward to applicable address in the receiving institution section above.** I understand and agree that any beneficiary designation(s) under the plan(s) from which this transfer is made will not follow on this transfer, and that I am solely responsible for providing the Receiving Institution with any beneficiary designation(s) I may wish to make under the plan(s) that I hold with the Receiving Institution. I further understand and agree that the Receiving Institution denies any responsibility whatsoever for ensuring that I designate a beneficiary under the plan(s) to which this transfer is made. Without limiting the generality of the foregoing, I understand and agree that the provisions of this paragraph apply regardless of whether this transfer is between members of the Scotiabank group of companies.

I have read the disclosure on reverse and authorize transfer as above.		SIGNATURE GUARANTEED	
Signature of Account Holder _____	Date _____	<input type="checkbox"/> The Bank of Nova Scotia	<input type="checkbox"/> Scotia Capital Inc.
Irrevocable Beneficiary: I consent to the transfer of the account.		<input type="checkbox"/> Scotia Securities Inc.	<input type="checkbox"/> The Bank of Nova Scotia Trust Company
Signature of Irrevocable Beneficiary (if applicable) _____		PER: _____	
Date _____			

For Use By Relinquishing Institution Only

- Tick if applicable
 New LIF Old LIF

Contact Name	Telephone Number () -	Fax Number () -
Registered Plan Type: <input type="checkbox"/> RSP <input type="checkbox"/> LIRA <input type="checkbox"/> LRSP <input type="checkbox"/> RIF: <input type="checkbox"/> Qualified <input type="checkbox"/> Non Qualified <input type="checkbox"/> LRIF <input type="checkbox"/> LIF <input type="checkbox"/> Pension Plan <input type="checkbox"/> Annuity <input type="checkbox"/> Other		
Spousal Plan: <input type="checkbox"/> No <input type="checkbox"/> Yes - if yes: Last Name _____ First Name _____ Social Insurance Number _____		
Status of Plan Holder: <input type="checkbox"/> Member/Annuitant <input type="checkbox"/> Spouse of Member <input type="checkbox"/> Former Spouse of Member		
Locked In: <input type="checkbox"/> No <input type="checkbox"/> Yes	Locked-In Funds \$ _____	Governing Legislation (province or territory - specify) _____
Original Pension Plan Name _____		
On what basis are the pension funds to be administered? <input type="checkbox"/> based on Gender <input type="checkbox"/> not based on Gender		
For funds transferred to a LIF/LRIF, have the appropriate spousal waiver and/or consent forms being signed? <input type="checkbox"/> Yes - attached <input type="checkbox"/> No - specify reason _____		
Authorized Signature	DD	MM YY

ACCOUNT TRANSFER CLIENT DISCLOSURE

In our business we are dedicated to continually improving Client Service. This Client Disclosure and informational document was developed to help you understand the account transfer process. It is important to read this document carefully before signing the section called CLIENT AUTHORIZATION on this Account Transfer form. Should you have any questions after reading this document, please be sure to address your enquiries with your Receiving Institution's Representative.

What is the difference between "IN CASH" and "IN KIND"?

"IN CASH" means that all your assets which are not currently held as cash are to be liquidated, sold, redeemed, etc. in order that your account can be transferred to the Receiving Institution in the form of cash.

IT IS IMPORTANT TO NOTE THAT IF YOU HAVE INDICATED AN "IN CASH" TRANSFER OF YOUR ACCOUNT, ALL TRADES WILL BE EXECUTED "AT THE MARKET". ALL TRADES WILL BE PLACED ON A BEST EFFORTS BASIS SUBSEQUENT TO THE RECEIPT OF THE TRANSFER FORM AND ARE SUBJECT TO NORMAL COMMISSION CHARGES. IN ORDER TO AVOID DELAYS, YOU MAY PLACE THE TRADES YOURSELF WITH THE RELINQUISHING INSTITUTION AT THE TIME OF SIGNING THIS TRANSFER FORM.

"IN KIND" means that you want the assets in the account transferred, as is. If you hold investments and a cash balance, then the investments will be transferred as well as the cash balance in their current state, if the assets can be transferred.

How long will my transfer take?

The time required to transfer the account will depend on the type of asset you are transferring. Please note that all your assets may not be transferred at the same time.

Types of Investment Products

Registered Accounts

For Stocks and Bonds

Under current IDA guidelines, this type of transfer generally take between 10 - 25 business days from the time of receipt by the Relinquishing Institution, subject to the exceptions below. Non-IDA member institutions may or may not observe similar guidelines.

For Mutual Funds

Mutual Funds from other financial institutions (ATON) take 5 - 10 business days from the time all necessary documentation is received by the Receiving Institution.

For Guaranteed Income Certificates (GICs)

Often a Guaranteed Investment Certificate (including Term Deposits) is not transferable "IN KIND" (as is) prior to its maturity. Most GICs can be transferred in cash on their maturity. There are some exceptions, please check the terms and conditions with the Institution which issued your GIC.

Please note: Most Scotiabank Group issued GICs are readily transferrable "IN KIND" within the Group.

Locked In Accounts:

These accounts generally take longer to transfer, as additional documents are required under various Provincial and Federal Pension Legislation in order for the Receiving Institution to administer the account. The account opened at the Receiving Institution must be opened as LOCKED IN, and administered in accordance with the same Provincial or Federal Legislation as your current account. Failure to provide the required locked-in plan information will delay the transfer of your account.

Spousal Accounts:

These types of plans generally take 10 - 25 business days, as long as you ensure that the account opened at the Receiving Institution is opened as a SPOUSAL account. Failure to do so may cause a delay in your transfer.

RRIF Accounts:

The Relinquishing Institution is required to pay you the current year's Minimum RRIF Payment in full before it can transfer your RRIF account. This must be done before the account can be closed. To avoid delay please ensure that there is sufficient cash in your RRIF account to cover the minimum annual payment.

Other Investments:

There are many other investments which may be non-transferable, non-redeemable or delay the transfer of your account. These investments include mortgages, foreign securities and non-transferable bonds.

Rejected Transfers:

An account transfer request may be rejected by the Relinquishing Institution for a number of reasons, such as, insufficient cash to cover fees, account not in good standing, (i.e. under-margin, outstanding short position). If your transfer has been rejected for any reason by the Relinquishing Institution, they may return the transfer to the Receiving Institution unprocessed. When the reason for a rejection has been rectified, the transfer process will begin again and the Relinquishing Institution may then have 10 - 25 business days, from the date of receipt of the transfer documents to process the transfer.

How much will it cost to transfer my account?

Transfer Fees:

Many relinquishing institutions charge a fee, the cost of which may vary.

Administration Fees:

Most institutions charge Self-Directed Administration Fees the cost of which will vary. It is important to ensure that you have sufficient cash available in your account at the Relinquishing Institution to cover transfer and administration fees, or the Relinquishing Institution may reject the transfer request, thus causing a delay.

Glossary:

- FINs** = Financial Institution Number
- DTC** = Depository Trust Company
- PAC** = Pre-Authorized Chequing
- SWF** = Systematic Withdrawal Funds
- G.T.C.** = Good Till Cancelled
- CUID** = Customer Unit Identifier
- IDA** = Investment Dealers Association
- SWP** = Systematic Withdrawal Plan
- AWD** = Automatic Withdrawal Plan

Contact the following for Customer Service

ScotiaMcLeod	Contact your Investment Executive
ScotiaMcLeod Direct Investing	Contact Telephone Number 1 800 263-3430
Scotiastrust	Contact your local Scotiastrust office
Scotiabank/Scotia Securities Inc.	Contact your local Scotiabank branch