Scotia Capital Inc.

ScotiaMcLeod Direct Investing ☐
ScotiaMcLeod ☐
TradeFreedom ☐

CA 16P

Brokerage Account Number	Advisor Code

Account Holder Name

Pre-Authorized Contribution (PAC) Mutual Fund Application For Nominee Accounts

Fund Company Information

Fund Company Name

Dealer Code	Representative Name	Rep. Code	Fund Account No.
9155			

Plan Information

Applicant Name	Social Insurance No.
Joint Applicant	Social Insurance No.

☐ Registered Plan ☐ Spousal Registered Plan (Complete Spousal Contributor below) ☐ Non-Registered Plan

Spousal Contributor
(If applicable)

Title, First Name, Middle Initial, Last Name	Social Insurance No.
Date of Birth (MM/DD/YYYY)	

Investment Instructions

A separate application is required for each Fund Company.

Note: *An initial mutual fund purchase is required before PAC commences if you do not already hold units of these funds through SMDI.*

Fund Name	Fund Number (Alpha Numeric)	PAC Amount ($)	Acquisition Fee %	DSC
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐

TOTAL $ _____

Minimum Amount $100.00 (must be at least 1 full unit per fund)

Start Date | Month | Year | Day | Frequency ☐ Monthly ☐ Every two months ☐ Quarterly ☐ Semi-annually ☐ Annually

Note: *Start date and frequency vary by Fund Company and are subject to Scotia Capital Mutual Fund Schedule.* ☐ Twice monthly | Month | Year | Day | 2nd Run Date

To: Scotia Capital Inc. ("Scotia Capital")
I warrant that all persons whose signature(s) are required to sign on the above-mentioned account have signed this agreement below.
I will notify Scotia Capital and the Mutual Fund Manager in writing of any changes in the account information or termination of this authorization prior to the next due date of the pre-authorized transaction contemplated above.
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 and the Mutual Fund Manager's discretion without notice.
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 pursuant to this authorization and direction do not cause me to exceed my annual registered retirement savings plan deduction limit as defined in the Income Tax Act (Canada). Scotia Capital and the Mutual Fund Manager 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 and the Mutual Fund Manager harmless against, and will pay Scotia Capital and the Mutual Fund Manager promptly on demand for, any loss, liability and expense, including legal costs, suffered or incurred by Scotia Capital and the Mutual Fund Manager 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 and the Mutual Fund Manager; 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 and the Mutual Fund Manager.
The Client has expressly requested that this agreement and all deeds, documents or notices relating thereto be in the English language; le client a expressément exigé que cette convention et tout autre contrat, document ou avis afférent soient en langue anglaise.

Date (MM/DD/YYYY)	Signature of Applicant(s)
Date (MM/DD/YYYY)	Signature of Applicant(s)

Banking Information

☐ Chequing* ☐ Savings

***A Void Cheque is Required**

Investments are to be debited from the following account:

Bank Name and Branch	Institution Code	Transit No.	Account No.
Bank Address		Signature(s) of Authorized Bank Account Holder(s), Both required if Joint Account	

Head Office Use Requested By: Admin Associate	Branch	Telephone	Fax	Date Submitted

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