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<b>SCOTIACARD NUMBER</b>		<b>MOTHER'S MAIDEN SURNAME</b>	
453			
<b>TITLE</b>	<b>FIRST NAME</b>	<b>INITIAL</b>	<b>LAST NAME</b>

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

<b>DATE OF BIRTH (MM/DD/YYYY)</b>	<b>COUNTRY OF CITIZENSHIP</b>
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<b>SOCIAL INSURANCE NUMBER</b>	<b>SSN / TIN*</b>
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\*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**

<b>STREET ADDRESS/LEGAL ADDRESS (ADDRESS CANNOT BE A POST OFFICE BOX)</b>	<b>APT/SUITE NO.</b>
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**ADDITIONAL ADDRESS INFORMATION**

<b>CITY</b>	<b>PROVINCE</b>	<b>POSTAL CODE</b>
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<b>HOME PHONE NUMBER</b>	<b>BUSINESS PHONE NUMBER</b>	<b>EXT.</b>
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<b>CELL PHONE NUMBER</b>	<b>PAGER NUMBER</b>
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<b>FAX NUMBER</b>	<b>PRIMARY EMAIL ADDRESS</b>	<input type="checkbox"/> HOME	<input type="checkbox"/> BUSINESS
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Which number would you prefer we use to contact you during market hours?

BUSINESS  HOME  CELL

**EMPLOYMENT INFORMATION**

**EMPLOYMENT STATUS**

EMPLOYED  RETIRED  STUDENT  SELF-EMPLOYED  HOMEMAKER  NOT WORKING  OTHER

If retired, we require previous employment information.

**EMPLOYER**

<b>POSITION</b>	<b>YEARS WITH THIS EMPLOYER</b>
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**EMPLOYER'S ADDRESS**

<b>CITY</b>	<b>PROVINCE</b>	<b>POSTAL CODE</b>
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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 IIROC (Investment Industry Regulatory Organization of Canada) 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, IIROC 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 Scotia 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**

