



Scotia Capital Inc.

ScotiaMcLeod
ScotiaMcLeod Direct Investing
TradeFreedom

Three empty checkboxes stacked vertically.



Account Number, Advisor Code, and Account Name input fields.

Pre-authorized Contribution Agreement

For Retirement Savings Accounts

Three checkboxes: New, Change, Cancel.

To: 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 Capital Self-Directed RSP as follows:

Amount: \$ _____ (per month)

Contribution type: Regular Spousal (with checkboxes)

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

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

The branch of the financial institution at which I maintain the account is not required to verify that the payments are drawn in accordance with this authorization.

I will notify Scotia Capital in writing of any changes in the 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 above account 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(c) My authorization and direction was revoked; or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 account due to invalid/ incorrect 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.

Bank Information

Bank Name, Bank Address, Bank Institution Number, Bank Transit Number, Bank Account Number, Type of Account (Chequing/Savings), and Signature(s) of Joint Bank Account Holder(s).

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 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).

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.

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

Signature

Signature and Date input fields.

PLEASE NOTE: Void Cheque Must be Attached