



Declaration of Beneficial Ownership in a Formal Trust

This declaration is required under regulation 1300.1 of the Investment Industry Regulatory Organization of Canada

Account number

Advisor Code

Account Name:

Settlor(s) of this trust. The settlor of a trust is the person who established or funded the trust. Where there is more than one settlor append CA99T forms.

Settlor first name and middle initial:

Last name:

Home address:

City:	Province:	Postal Code:	Citizen of <input type="checkbox"/> CAN <input type="checkbox"/> USA ¹ <input type="checkbox"/> Other -	SIN SSN TIN (circle one)
-------	-----------	--------------	---	--------------------------

Occupation:	Employer:
-------------	-----------

Are you a deemed insider or controlling shareholder of a publicly traded corporation or any other entity that is publicly traded?

No Yes - If yes, enter the company names here:

Do any of the beneficiaries have a greater than 10% interest in this trust?

No Yes - If yes, provide the following information. Where more than 4 beneficiaries individually each hold greater than 10% append CA99T forms.

1. Beneficiary first name and middle initial: Last Name:

Home address:

City:	Province:	Postal Code:	Citizen of <input type="checkbox"/> CAN <input type="checkbox"/> USA ¹ <input type="checkbox"/> Other -	SIN SSN TIN (circle one)	Beneficial interest in the trust %
-------	-----------	--------------	---	--------------------------	------------------------------------

Occupation:	Employer:
-------------	-----------

Are you a deemed insider or controlling shareholder of a publicly traded corporation or any other entity that is publicly traded?

No Yes - If yes, enter the company names here:

2. Beneficiary first name and middle initial: Last Name:

Home address:

City:	Province:	Postal Code:	Citizen of <input type="checkbox"/> CAN <input type="checkbox"/> USA ¹ <input type="checkbox"/> Other -	SIN SSN TIN (circle one)	Beneficial interest in the trust %
-------	-----------	--------------	---	--------------------------	------------------------------------

Occupation:	Employer:
-------------	-----------

Are you a deemed insider or controlling shareholder of a publicly traded corporation or any other entity that is publicly traded?

No Yes - If yes, enter the company names here:

3. Beneficiary first name and middle initial: Last Name:

Home address:

City:	Province:	Postal Code:	Citizen of <input type="checkbox"/> CAN <input type="checkbox"/> USA ¹ <input type="checkbox"/> Other -	SIN SSN TIN (circle one)	Beneficial interest in the trust %
-------	-----------	--------------	---	--------------------------	------------------------------------

Occupation:	Employer:
-------------	-----------

Are you a deemed insider or controlling shareholder of a publicly traded corporation or any other entity that is publicly traded?

No Yes - If yes, enter the company names here:

4. Beneficiary first name and middle initial: Last Name:

Home address:

City:	Province:	Postal Code:	Citizen of <input type="checkbox"/> CAN <input type="checkbox"/> USA ¹ <input type="checkbox"/> Other -	SIN SSN TIN (circle one)	Beneficial interest in the trust %
-------	-----------	--------------	---	--------------------------	------------------------------------

Occupation:	Employer:
-------------	-----------

Are you a deemed insider or controlling shareholder of a publicly traded corporation or any other entity that is publicly traded?

No Yes - If yes, enter the company names here:

The undersigned certify that the following is a full and complete disclosure of information with respect to **all natural persons, settlor(s) and beneficiaries holding a greater than 10% ownership interest, directly or indirectly in the above named trust.** We agree to provide the required trust verification documents and the personal identity documents for the settlor(s), trustee(s), co-trustee(s) and trust beneficiaries, as required under current legislation and regulations, including U.S. Withholding Tax Regulations. We will maintain accurate up-to-date information by notifying Scotia Capital Inc. of **material changes** to beneficiaries with a greater than 10% interest. We also agree to provide confirmation and up-to-date information about trust beneficiaries as requested by a securities regulator or external auditor of Scotia Capital Inc.

Trustee - print name	Signature of Trustee	Date (MM/DD/YYYY)
----------------------	----------------------	-------------------

Advisor approval	BM approval	RM approval	Date (MM/DD/YYYY)
------------------	-------------	-------------	-------------------

¹ Trusts, settlors, trustees and beneficiaries who are also U.S. Persons (U.S. or U.S. dual citizens) must complete CAW9 Request for Taxpayer Identification Number and Certification. ScotiaMcLeod Direct Investing and TradeFreedom are services of Scotia Direct Investing. ScotiaMcLeod and Scotia Direct Investing are each divisions of Scotia Capital Inc. Scotia Capital Inc. is a subsidiary of the Bank of Nova Scotia and a member CIPF. Scotia Direct Investing does not provide investment advice or recommendations and investors are responsible for their own investment decisions.