



Scotia Group Tax-Free Savings Account Application

In this Application, the terms *you* and *your* refer to the account holder and the terms *we*, *our* and *us* refer to The Bank of Nova Scotia Trust Company (Scotiatrust).

Plan type and number

This Application is for a:
Scotia Group Tax-Free Savings Account (Group TFSA)
with: (tick one box only)

Scotia Group TFSA Plan No.	Advisor Code
----------------------------	--------------

- ScotiaMcLeod
- ScotiaMcLeod Direct Investing

Information about you, the account holder

Title, First Name, Middle Initial, Last Name			
Address			
City	Province	Postal Code	
Date of Birth (MM/DD/YYYY) (Mandatory)	<input type="checkbox"/> Language Preference E - English F - French	Home Phone	Business Phone
Social Insurance Number (Mandatory)			

Information about your employer/ association

I hereby designate my Employer/Association named below as my agent to make contributions to this plan on my behalf, whether through payroll deduction or otherwise, and to otherwise assist in the administration of the plan.

Employer/Association

Acceptance of this application

This Application has been accepted on behalf of Scotiatrust (the issuer, located at 44 King Street West, Toronto, Ontario M5H 1H1) by the representative noted here:

Authorized Representative (Please Print)	Phone	Signature of Representative

What you agree to when you sign this application

Your signature below confirms that the information on this Application is accurate and complete. It also confirms that:

- you request us to act as trustee of this plan, as outlined in the Declaration of Trust and Addendum, if any, and agree to be bound by the terms described therein.
- you request us to file an election with the Minister of National Revenue to register the qualifying arrangement as a TFSA under section 146.2 of the *Income Tax Act* (Canada).

- you have received the fee schedule and agree to be bound by its terms.
- the arrangement will not be effective until January 1, 2009, and no contributions can be made to the account before January 1, 2009.
- if you live in Quebec, you have requested that this Application and all documents relating to this plan be in English. Au Québec, les parties conviennent et exigent expressément que ce contrat ainsi que tous documents et avis émis en vertu de celui-ci ou s'y rattachant soient rédigés en anglais.

Account Holder Signature

Date (MM/DD/YYYY)
