



Scotia Self-Directed Registered Plan Application

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

Plan type and number

This Application is for a:

- Scotia Self-Directed Retirement Savings Plan (RSP)
- Scotia Self-Directed Locked-in Retirement Savings Plan (LRSP)
- Scotia Self-Directed Locked-in Retirement Account (LIRA)
- Scotia Self-Directed Retirement Income Fund (RIF)
- Scotia Self-Directed Life Income Fund (LIF)
- Scotia Self-Directed Saskatchewan Prescribed RRIF (PRRIF)
- Scotia Self-Directed Locked-in Retirement Income Fund (LRIF)
- Scotia Self-Directed Manitoba Prescribed RRIF (PRRIF)
- Scotia Self-Directed Federal Restricted Life Income Fund (RLIF)
- Scotia Self-Directed Restricted Locked-in Savings Plan (RLSP)

Scotia Self-Directed Plan No.

Advisor Code

- ScotiaMcLeod
- ScotiaMcLeod Direct Investing
- TradeFreedom

Information about you, the customer

Title, First Name, Middle Initial, Last Name

Address

City

Province

Postal Code

Date of Birth (YYYYMMDD)

Language Preference
E - English F - French

Home Phone

Business Phone

Social Insurance Number (Mandatory)

Information about spousal or common-law partner contributor (if applicable)

Title, First Name, Middle Initial, Last Name of Spouse/Common-law Partner †

Social Insurance Number (Mandatory)

Your locked-in plan information

Your Marital Status: Married / Common Law Other

This plan is governed by the laws of

Spousal Waiver: Yes No Consent of Spouse/Cohabiting Partner ††: Yes No

Age at which your pension plan allows you to receive a pension

Pension plan proceeds calculated based on gender Yes No

Consent of your spouse or cohabiting partner ††

By signing here, your spouse or cohabiting partner confirms his or her consent to transfer proceeds from a pension plan, LIRA or LRSP to this Scotia Self-Directed LIF or LRIF.

(for Ontario and Newfoundland & Labrador LIF and LRIF plans and Nova Scotia LIF plans only)

Name of Spouse/Cohabiting Partner (please print)

Name of Witness (please print)

Signature of Spouse/Cohabiting Partner

Signature of Witness

Date (MMDDYY)

Your instructions for RIF/LIF/LRIF payments

Payment Option: Minimum Amount Maximum Amount Other Amount \$

Payment Frequency: Monthly Quarterly Semi-annually Annually

Date of First Payment (YYYYMMDD) Mid-Month Month-end

You elect to have any payments from this plan made to you by: (select one)

Direct deposit to account Institution No. Transit No. Account No.

(PLEASE ATTACH VOID CHEQUE)

OR Cheque sent to the address set out above.

You elect to use the age of your spouse or common-law partner † to determine the minimum payment amount under this plan and certify that the date of birth of your spouse or common-law partner is:

Name of Spouse/Common-law Partner Date of Birth (YYYYMMDD)

Election of spouse or common-law partner as successor annuitant † (RIF plans only)

In the event of your death, you elect that payments under your RIF continue to your spouse or common-law partner as successor annuitant, if he or she is alive and your spouse or common-law partner on the date of your death.

Name of Spouse/Common-law Partner

Address

Your beneficiary information

(not applicable in the Province of Quebec)

You name the following beneficiary to receive the proceeds of this plan after your death. In doing so, you revoke all previous designations of beneficiary you have named for this plan.

Please note, the rights of the beneficiary may be restricted as set forth in the Declaration of Trust and Addendum, if any.

CAUTION: Your designation of a beneficiary by means of a designation form will not be revoked or changed automatically by any future marriage or divorce. Should you wish to change your beneficiary in the event of a future marriage or divorce, you will have to do so by means of a new designation.

Name of Beneficiary

Relationship to you

Acceptance of this application

This Application has been accepted on behalf of Scotiastrust by the representative noted here:

Authorized Advisor Phone Signature of Advisor

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 apply for this plan to be registered, as applicable, as an RSP under section 146 of the *Income Tax Act* (Canada) or as a RIF under section 146.3 of the *Income Tax Act* (Canada).
- you have received the fee schedule and agree to be bound by its terms.

- if this is a spousal or common-law partner plan, you acknowledge and understand that the plan cannot be altered from a spousal or common-law partner plan.
- 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.

Customer Signature

Date (MMDDYY)

† The terms "spouse" and "common-law partner" each have the meaning recognized in the *Income Tax Act* (Canada).

†† The terms "spouse" and "cohabiting partner" each have the meaning recognized in the applicable pension legislation. In Ontario and Nova Scotia, there is no definition for the term "cohabiting partner". Instead, the terms "same-sex partner" and "common-law partner" are respectively used and, therefore, reference should be made to the definition of those terms when determining whether consent is required.

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