

Confidential Account Application

INDIVIDUALS

Understanding and completing this account application

Securities regulations require that we have thorough and accurate information from clients. Please read the enclosed brochure *ScotiaMcLeod Terms and Conditions*.

The *ScotiaMcLeod Terms and Conditions* brochure is incorporated into and forms part of the contract between ScotiaMcLeod and you and will govern operation of this account.



® Registered trademark used under authorization and control of The Bank of Nova Scotia.
ScotiaMcLeod is a division of Scotia Capital Inc., Member CIPF.



Regular account	<input type="checkbox"/> Individual ¹ <input type="checkbox"/> Joint <input type="checkbox"/> "In Trust For" (ITF) <input type="checkbox"/> Managed <input type="checkbox"/> Other Select one account type <u>only</u>	BRANCH	ACCOUNT	T	C	ADVISOR CODE	L
Registered Plan	<input type="checkbox"/> RSP ² <input type="checkbox"/> Spousal RSP ² <input type="checkbox"/> RESP ² <input type="checkbox"/> RIF ² <input type="checkbox"/> Spousal RIF ² <input type="checkbox"/> LIF ² <input type="checkbox"/> LIRA ² <input type="checkbox"/> "Locked-in" RSP ² <input type="checkbox"/> LRIF ² <input type="checkbox"/> Prescribed SK RRIF ² <input type="checkbox"/> Prescribed MB RRIF ² <input type="checkbox"/> Federal Restricted LIF (RLIF) ² <input type="checkbox"/> Restricted Locked-in Savings Plan (RLSP) ² <input type="checkbox"/> TFSA ⁶ Select one plan type <u>only</u>	BRANCH	ACCOUNT	T	C	ADVISOR CODE	L
Group account	<input type="checkbox"/> Group Non-Registered Regular Account <input type="checkbox"/> Group Non-Registered Payroll Account <input type="checkbox"/> Group RSP ³ <input type="checkbox"/> Spousal Group RSP ³ <input type="checkbox"/> Group Locked-In RSP ³ <input type="checkbox"/> Group DPSP ⁴ <input type="checkbox"/> Group TFSA ⁶ Select one registered and/or non-registered account type <u>only</u>	BRANCH	ACCOUNT	T	C	ADVISOR CODE	L
Special products	<input type="checkbox"/> i:Partner <input type="checkbox"/> Partnership Plus <input type="checkbox"/> The Pinnacle Program Separate program agreements are required						

Additional documents may be required

BNS Referral Transit # _____

¹ This application may be used for simultaneous opening of a Regular Individual and a Registered Plan account. (Where the Regular account does not have a co-applicant)
² The owner (annuitant) for these plan types must complete the Scotia Self-Directed Registered Plan Application.
³ The owner (annuitant) for these plan types must complete the Scotia Self-Directed Registered Plan Application for Group Accounts.
⁴ The owner (annuitant) must complete the Scotia Self-Directed DPSP Application.
⁵ The owner/subscriber must complete all RESP forms as required.
⁶ The owner (annuitant) must complete the Tax-Free Savings Account application or the Group Tax-Free Savings Account application.
 Photocopy of one piece of acceptable identification for each applicant or trading authority: Driver's License, Passport, Provincial Health Insurance Card (except ON, MB, PEI, voluntary in QC), Canadian Citizenship Card, Permanent Residence Card, Certificate of Indian Status Card, Photo Identification Card (AB, BC, NL, NS, PEI Voluntary ID, and SK Mandatory Photo ID), Canadian Forces ID Card.

A - If you are applying for a Joint Account

Joint account with rights of survivorship (not applicable in Quebec) Tenants-in-common (in Quebec, co-owners)
 Total must equal 100% with ownership shared as Applicant % Joint Applicant %

B - Information about the applicant, ITF trustee or primary contact in a joint regular account; planholder in a registered account.

If you are applying for an "In Trust For" account, provide account holder name here: (Informal Trust Account Application CA15 is required)

Provide information about the ITF applicant / trustee below and information about the named beneficiary in section H.

Your title Your first name and middle initial Your last name

Your home address, street, apartment, Rural Route (P.O. Boxes only are not acceptable) Your email address Home Business

City Prov. Postal Code Home Phone Number Date of Birth (MM/DD/YY) Language: English French

I am a citizen of: Canada USA Other Country - **A U.S. Person** (U.S. Citizen or U.S. Dual Citizen) must provide SSN and complete and sign Form CA W-9.

Canadian SIN USA SSN / TIN Other Tax Number

I am a resident for tax purposes of the following country: Since what date? (MM/DD/YY) Name of employer (if retired, former employer) What kind of business is it?
U.S. Resident must complete and sign Form CA W-9

What is your current position/occupation? How long? Business phone #

Your employer's address City Prov. Postal Code

How many dependents do you have? You are: Widowed Divorced Single Married Living Common-Law

C - OnLine Access and Scotia eRecords Enrolment (ScotiaCard Required)

Do you have a Cashstop Card or ScotiaCard? Yes No If "Yes", indicate your Cashstop Card/ScotiaCard number Please provide your mother's maiden surname

You may elect to receive statements, annual trading summaries, trade confirmations and regulatory materials (prospectuses) via Scotia OnLine instead of a printed version by enrolling in Scotia eRecords. To complete the set-up of eRecords you must accept the Terms for Electronic Document Delivery in Scotia OnLine, and select paperless as your preference.

D - Confirms and Statements

You would like account information sent to: Home Address Employer's Address Other address shown below - complete and sign CA 18/19

Address City Prov. Postal Code

Applicant only: Number of confirms required is 1 OR: Number of statements required is 1 OR:

For interested parties only: Number of confirms: Number of statements:

Interested Party Name and Address City Prov. Postal Code

E - Financial information of applicant (Securities regulations require that we obtain this information)

Bank Name, Branch and Address Branch Transit Number Account Number

Your Annual Gross Income (from all sources) 1. Less than \$50k 2. \$51k to \$100k 3. \$101k to \$250k 4. \$251k to \$500k 5. Over \$500k Code

Your Estimated Net Worth excluding principal residence A Net Liquid Assets (Cash/securities less loans) \$ + B Net Fixed Assets (Fixed less liabilities) \$ = Total Net Worth (A+B) \$

Mutual Funds	Fixed Income	Stocks	Investment Knowledge Margin	Options	Short Sales	Overall
<input type="checkbox"/> High	<input type="checkbox"/> High	<input type="checkbox"/> High	<input type="checkbox"/> High	<input type="checkbox"/> High	<input type="checkbox"/> High	<input type="checkbox"/> High
<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate
<input type="checkbox"/> Low / None	<input type="checkbox"/> Low / None	<input type="checkbox"/> Low / None	<input type="checkbox"/> Low / None	<input type="checkbox"/> Low / None	<input type="checkbox"/> Low / None	<input type="checkbox"/> Low / None

Insider information: Are you, or your spouse, a **deemed insider** (as defined in the Provincial Securities Acts) of any public companies? No
 Yes - If yes, enter the company names here:

Are you, or your spouse, singularly, or as part of a group, **in a control position** (as defined in the Provincial Securities Acts) of any public companies? No
 Yes - If yes, enter the company names here:

Are you, or your spouse, **an Employee, Director, Partner or Officer** of a Member of any stock exchange, IIROC member, or of a stock exchange itself? No
 Yes - If yes, enter the company names here:

Trading authority over applicant: Does anyone other than the applicant have any **trading authority** over or any financial interest in the account? No
 Yes - If yes complete either: Full Authority - **please complete and sign CA3** OR Limited Authority - **please complete and sign CA2**

Do you own or have **trading authority** or an interest in another ScotiaMcLeod account? No
 Yes - If yes, enter Account Number(s) here:

Guarantee over applicant: Will any other person or persons **guarantee** this account? No Yes - if yes, **Guarantor must sign CA5A or CA5B***
*In Alberta both CA5A and CA5B are required.

Do you guarantee other ScotiaMcLeod accounts? No Yes - If yes, enter Account Number(s) here:

If you are married or living common-law and your spouse is not the joint applicant, guarantor or trading authority named in section H below, please complete the following:
F - Spousal Information of Applicant of Guarantor of Trading Authority ▼

Title of spouse	First name and middle initial	Your last name
Employer and type of business of Spouse		Position/occupation

G - Third Party Determination ▼

Will this account be used to conduct business on behalf of someone other than the named applicant, joint applicant, trustee, or registered plan holder? No
 Yes - If Yes, complete and attach Third Party Determination Form CA33.

H - Information about Joint Applicant ITF Beneficiary Account Guarantor Trading Authority ▼

Your title	Your first name and middle initial	Your last name
<input type="checkbox"/> You are the spouse of the applicant named on page 1, and you reside at the same address OR Your home address, street, apartment, Rural Route (P.O. Boxes only are <u>not</u> acceptable)		Your email address
City	Prov.	Postal Code
Home Phone Number		Date of Birth (MM/DD/YY)
Language: <input type="checkbox"/> English <input type="checkbox"/> French		
I am a citizen of: <input type="checkbox"/> Canada <input type="checkbox"/> USA <input type="checkbox"/> Other Country - A U.S. Person (U.S. Citizen or U.S. Dual Citizen) must provide SSN and complete and sign Form CA W-9.		
Canadian SIN	USA SSN / TIN	Other Tax Number
I am a resident for tax purposes of the following country: <small>U.S. resident must sign Form CA W-9</small>		Since what date? (MM/DD/YY)
Name of employer (if retired, former employer)		What kind of business is it?
What is your current position/occupation?		How long?
		Business phone #
Your employer's address		City
		Prov.
		Postal Code
You would like account information sent to: <input type="checkbox"/> Home Address <input type="checkbox"/> Employer's Address <input type="checkbox"/> Other address shown below - complete and sign CA 18/19		
Address		City
		Prov.
		Postal Code
How many dependents do you have?		You are: <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Living Common-Law

I - OnLine Access and Scotia eRecords Enrolment (ScotiaCard Required) ▼

Do you have a Cashstop Card or ScotiaCard? Yes No If "Yes", indicate your Cashstop Card/ScotiaCard number _____ Please provide your mother's maiden surname _____

You may elect to receive statements, annual trading summaries, trade confirmations and regulatory materials (prospectuses) via Scotia OnLine instead of a printed version by enrolling in Scotia eRecords. To complete the set-up of eRecords you must accept the Terms for Electronic Document Delivery in Scotia OnLine, and select paperless as your preference.

J - Financial Information Joint Applicant ITF Beneficiary Account Guarantor Trading Authority ▼

Bank Name, Branch and Address		Branch Transit Number	Account Number
Your Annual Gross Income (from all sources)	1. Less than \$50k	2. \$51k to \$100k	3. \$101k to \$250k
	4. \$251k to \$500k	5. Over \$500k	Code
Your Estimated Net Worth excluding principal residence	A Net Liquid Assets (Cash/securities less loans) \$	+ B Net Fixed Assets (Fixed less liabilities) \$	= Total Net Worth (A+B) \$
<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low / None	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low / None	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low / None	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low / None
Investment Knowledge			
<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low / None	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low / None	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low / None	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low / None
Options			
<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low / None	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low / None	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low / None	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low / None
Short Sales			
<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low / None	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low / None	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low / None	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low / None
Overall			
<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low / None	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low / None	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low / None	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low / None
Insider information: Are you, or your spouse, a deemed insider (as defined in the Provincial Securities Acts) of any public companies? <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, enter the company names here: _____			
Are you, or your spouse, singularly, or as part of a group, in a control position (as defined in the Provincial Securities Acts) of any public companies? <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, enter the company names here: _____			
Are you, or your spouse, an Employee, Director, Partner or Officer of a Member of any stock exchange, IIROC member, or of a stock exchange itself? <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, enter the company names here: _____			
Do you own or have trading authority or an interest in another ScotiaMcLeod account? <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, enter Account Number(s) here: _____			
Do you guarantee other ScotiaMcLeod accounts? <input type="checkbox"/> No <input type="checkbox"/> Yes - if yes, enter Account Number(s) here: _____			

K - Shareholder Communication Instructions - Please read the Shareholder Communication section in the ScotiaMcLeod Terms and Conditions brochure. ▼

PART 1 - Disclosure of Beneficial Ownership Information

1. I DO NOT OBJECT to the disclosure of my name, address, electronic mail address, securities holdings and preferred language of communication (English or French) to issuers of securities held with you and to other persons or companies in accordance with securities law. I understand that by objecting to the disclosure of my account information noted above to issuers of securities that I hold with you, certain materials may still be required by law to be sent to me, and that I may have to pay the costs of having these materials provided to me.

2. I OBJECT

I WISH To disclose my email address to security issuers, for the electronic delivery of securityholder materials to me. My email address will be as I have indicated in section B on page 1 or: _____ Home Business

I DO NOT WISH

PART 2 - Receiving Securityholder Materials

3. I WANT to receive ALL securityholder materials sent to beneficial owners of securities.

4. I DECLINE to receive ALL securityholder materials sent to beneficial owners of securities. (Even if I decline to receive these types of materials, I understand that a reporting issuer or other person or company is entitled to send these materials to me at its expense).

5. I WANT to receive ONLY proxy-related materials that are sent in connection with a special meeting.

Important Note: These instructions do not apply to any specific request you give or may have given to a reporting issuer concerning the sending of interim financial statements of the reporting issuer. In addition, in some circumstances, the instructions you give in this client response form will not apply to annual reports or financial statements of an investment fund that are not part of proxy-related materials. An investment fund is also entitled to obtain specific instructions from you on whether you wish to receive its annual report or financial statements, and where you provide specific instructions, the instructions in this form with respect to financial statements will not apply.

PART 3 - Preferred Language of Communication

ENGLISH / FRENCH My preferred language of communication (English/French) will be as I have indicated in Section B, page 1. I understand that the materials I receive will be in my preferred language of communication if the materials are available in that language.

L - Type of Regular Account you are applying for Please read Types of Accounts in the ScotiaMcLeod Terms and Conditions brochure

Cash 1 Margin Long 2 Margin Short 5 COD 9 Please complete Form 873 1063 Income Account

Your Investment Objectives and Risk Factors that Reflect your Intended use for this Account.

Please review Guidelines for Investment Objectives and Related Account Risk Factors in the ScotiaMcLeod Terms and Conditions brochure

Investment Objectives for your Regular account (Total must = 100%)	Income _____ %	Long Term Capital Appreciation _____ %	Short Term Capital Appreciation / Speculative Trading _____ %
Account Risk Factors for your Regular account (Total must = 100%)	Low Risk Tolerance _____ %	Medium Risk Tolerance _____ %	High Risk Tolerance _____ %
Investment Objectives for your Registered account (Total must = 100%)	Income _____ %	Long Term Capital Appreciation _____ %	Short Term Capital Appreciation / Speculative Trading _____ %
Account Risk Factors for your Registered account (Total must = 100%)	Low Risk Tolerance _____ %	Medium Risk Tolerance _____ %	High Risk Tolerance _____ %

M - If you are applying for an Option Account, by completing this section you confirm that:

You have or will complete and sign an Options Trading Agreement CA17 (Quebec residents only) or CA17A form and you understand the risks defined in the Options Disclosure Statement attached to the CA17 (Quebec residents only) or the CA17A form. Option Account applicant must sign the margin agreement in section N below. Please complete this section with your ScotiaMcLeod Wealth Advisor. Advisor may FAX this application to D.R.O.P. for temporary approval. Approval must be granted before first trade. If approved, an email will be sent to you confirming Head Office D.R.O.P. approval. Do not trade until receipt of this approval.

Anticipated type(s) of option transactions: CODE 1 Purchasing Puts & Calls CODE 2 Covered Writing CODE 3 Spreading CODE 4 Naked Puts CODE 5 Naked Writing

Registered Plan Accounts: CODE 1 Purchasing Puts & Calls CODE 2 Covered Writing

N - If you are applying for a Margin Account please sign this section

The use of leverage may not be suitable for all investors. Using borrowed money, whether through a margin account or any other method of borrowing, to finance the purchase of securities involves greater risk than using cash resources only. If you borrow money to purchase securities, your responsibility to repay the loan, pay interest, and meet margin calls as required by the margin terms remains the same even if the value of the securities purchased declines.

- By signing here I/we confirm that: (Please read Types of Accounts in the ScotiaMcLeod Terms and Conditions brochure.)
- I/We are applying for a Margin Account and have read, understood and agreed to the Margin Terms and Conditions within the General Terms and Conditions Applicable to All Accounts contained in the ScotiaMcLeod Terms and Conditions brochure.)
 - I/We are aware of the risks involved in trading on margin and are willing to take those risks.

Where there is more than one joint applicant indicated for this account, add an appendix page(s) to cover the signature(s) of all joint applicants.

Applicant signature	Date	MM/DD/YY
Joint applicant signature	Date	

O - What you agree to when you sign this application

In this agreement the terms I, we, my, and our refer to the owner and/or joint owner of a ScotiaMcLeod account whose signature(s) appears below and I confirm that:

- (Tick agreement 4 for a Joint account, tick agreement 5 for a Resident of Quebec account, or tick agreement 6 for a Trading Authority)
- All of the information in this application is complete and accurate and I have read, understood and agreed to all of the terms and conditions relating to this account in the relevant sections of the ScotiaMcLeod Terms and Conditions brochure and to the Declaration of Trust, if applicable.
 - I understand that the terms and conditions of this application and of the ScotiaMcLeod Terms and Conditions brochure are incorporated into and form part of the contract between ScotiaMcLeod and me and govern operation of this account. They may be supplemented by written agreement but not replaced by the terms of other specific agreements between ScotiaMcLeod and me as the nature of the account may require.
 - I have been provided with, read and understand the Shareholder Communication NATIONAL INSTRUMENT 54-101 - explanatory statement within the ScotiaMcLeod Terms and Conditions brochure and as my securities held with you are registered in your name or the name of your agent, I request that the above arrangements be made as indicated. I understand that these elections apply to all securities held in my account with you that are not registered in my name, unless I have given other instructions regarding securities in another account. I understand that these instructions may be changed at any time in writing and that you will use reasonable efforts to act upon changes in instructions where advice is received between record date and meeting date.
 - We are applying for a Joint Account, and we have read, understood and agreed to the terms and conditions in the Joint Account Agreement contained within ScotiaMcLeod Terms and Conditions brochure. We have chosen to have our account established as indicated here and relied on our own counsel rather than yours. We understand this arrangement is subject to all applicable laws.
 - 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.
 - As a trading authority, I have read, understood and agreed to the terms contained within the ScotiaMcLeod Terms and Conditions brochure.
 - My Wealth Advisor does not have a direct or indirect ownership interest in this account.
 - If I have indicated in this application form that I am a resident of a province or territory of Canada, this agreement shall be governed by and construed in accordance with the laws of that jurisdiction. Otherwise, this agreement shall be governed by and construed in accordance with the laws of the province of Ontario and the laws of Canada applicable therein.
 - I acknowledge that Scotia Capital Inc. is a separate entity from The Bank of Nova Scotia. Unless otherwise advised, securities purchased from or through Scotia Capital Inc. (a) are not insured by a government deposit insurer, (b) are not guaranteed by a Canadian financial institution, and (c) may fluctuate in value.
 - I understand that my account information is shared within the Scotiabank Group to help provide me with better service across our entire relationship. My consent to share affords me greater opportunity to access the many resources of this organization whether they are with my advisor, at a bank branch, or on the Internet. By signing below I consent to you sharing my information in accordance with the Scotiabank Group Privacy Agreement. The Scotiabank Group is committed to maintaining the privacy of my information and strictly adheres to the measures outlined in the agreement to accomplish this. My consent is not a condition of doing business with ScotiaMcLeod and I may withdraw it at any time by contacting my ScotiaMcLeod Wealth Advisor or Scotiabank branch.

 I consent I do not consent Please read the Scotiabank Group Privacy Agreement contained in the ScotiaMcLeod Terms and Conditions brochure.

Accounts of ScotiaMcLeod clients are covered by The Canadian Investor Protection Fund (within prescribed limits). Where there is more than one joint applicant indicated for this account, add an appendix page(s) to cover the signature(s) of all joint applicants.

Applicant/annuitant signature	Date	MM/DD/YY
Joint applicant signature	Date	

P - This comments section will be completed by your Wealth Advisor and Branch Manager

Monthly Payment of Income (Complete electronic Direct Funds Transfer CA50) Pay Monthly Electronic Pay semi-monthly electronic Hold Note: Payments in US Funds are made by cheque only.

Settlement currency CDN\$ trades will settle in CDN currency US\$ trades will settle in US currency ALL trades settle in currency of executing market

Payment for your purchases Cheque Direct Debit - please complete and sign CA41 MAPS - please order MAPS deposit card

Customer type Account Class Investment Counsellor, if applicable

PRO BNS Designated Initial Order Buy Sell Solicited Unsolicited

Quantity	Description	Value	\$
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Initial deposit amount \$ OR, Account Transfer Asset Value \$ If over \$5 million, must complete CA93

Have you met the client face to face? Yes No If No, required from client copy of acceptable Identity Document, cheque for \$1.00, and credit bureau check must be conducted.

How long have you known the client? (MM/YYYY)

AMO Referral By Advertising lead Personal contact Phone in Walk in

i:PARTNER CA21 Partnership Plus CA45 Pinnacle CA34 CA34B

Does the client have any other accounts and / or control the trading in other accounts? Yes No If Yes, identify accounts

Does the client have accounts with other brokerage firms? Yes No If Yes, specify firms and type of accounts

Other comments

Is advisor registered in the province in which the client resides? Yes No Refer to out of province licensing policy.

Documentation below has been forwarded to client by mail, return mail envelope OR by courier, return courier envelope

Indicate CA Form Number and/or agreement description

CA200 Evidence Documents - attach acceptable evidence documents for beneficial owners and trading authorities.

Advisor(s) Signature	Date	MM/DD/YY
B.M. approval	R.M. approval	Date