

## No-Fee Scotia Moneyback® VISA\* Card Application Disclosure Statement

<b>Annual Interest Rate or Rates</b>	<p>Preferred Interest Rates: Purchases: <b>19.50%</b> Cash advances*, balance transfers and Scotia VISA cheques: <b>21.50%</b></p> <p>* Cash advances include “quasi cash advances” which are monetary transactions posted to your account which are not “purchase” transactions and include, but are not limited to, wire transfers, foreign currency, travelers cheques, money orders, remote stored value, and purchase of gaming chips.</p> <p>Your interest rate will increase to <b>23.99%</b> (4.00% higher) on purchases and <b>25.99%</b> (4.00% higher) on cash advances*, balance transfers and Scotia VISA cheques if, during or after the promotional rate period, you miss <b>2</b> minimum payments, including making any payment that is returned or making any payment beyond the next statement date.</p>
<b>Interest-free Grace period</b>	<p><b>21 days</b></p> <p>You will benefit from an interest-free grace period of at least <b>21</b> days for new purchases if you pay off your balance on your monthly statement in full by the payment due date.</p> <p>There is no interest-free grace period for cash advances, balance transfers and Scotia VISA cheques.</p>
<b>Minimum Payment</b>	<p><b>2.00% or \$10.00</b></p> <p>Your minimum payment will be the greater of <b>2.00%</b> of your monthly statement balance or <b>\$10.00</b>.</p> <p>In addition, amounts showing on your monthly statement as OVERDUE or OVERLIMIT must be paid immediately and will be added to the minimum payment.</p>
<b>Foreign Currency Conversion</b>	<p><b>2.50%</b></p> <p>Transactions made in a foreign currency will be converted and posted to your account in Canadian currency.</p> <p>For a transaction with the card, the exchange rate is determined by VISA Inc. on our behalf on the date that the transaction is settled with VISA Inc. This exchange rate may be different from the exchange rate in effect on the transaction date. This rate includes an amount equal to <b>2.50%</b> of the converted amount. For any reversal of a transaction with the card, the exchange rate is determined by VISA Inc. on our behalf on the date that the reversal of the transaction is settled with VISA Inc. (and will include an amount equal to <b>2.50%</b> of the converted amount).</p> <p>For account payments and Scotia VISA cheques, the exchange rate will be the posted rate charged to customers at any branch of The Bank of Nova Scotia on the date the transaction occurs. For any reversal of these transactions, the exchange rate will be determined in the same manner as of the date that the transaction is reversed.</p>

<b>Annual Fees</b>	<b>\$0.00</b>
<b>Other Fees</b>	<p><b>To be charged on the day the transaction occurs (unless otherwise indicated):</b></p> <p>Cash advance fee for each cash advance:</p> <ul style="list-style-type: none"> <li>• processed by a teller at any financial institution in Canada: <b>\$2.50</b></li> <li>• obtained at any Scotiabank Automated Banking Machine (ABM) in Canada: <b>\$2.00</b></li> <li>• obtained at any non-Scotiabank ABM in Canada displaying the Interac symbol: <b>\$2.50</b></li> <li>• obtained at any ABM outside of Canada: <b>\$5.00</b></li> <li>• processed by a teller at any financial institution outside of Canada: <b>\$5.00</b></li> </ul> <p>Dishonoured payment fee: <b>\$35.00*</b>. Fee is charged for each VISA payment dishonoured by your financial institution on the date the payment is returned/dishonoured.</p> <p>Dishonoured <i>Scotia VISA</i> cheque fee: <b>\$35.00</b>. Fee is charged on the date the cheque is returned for each cheque which is returned due to insufficient credit available in your VISA account.</p> <p>Each replacement sales draft, cash advance draft or monthly statement: <b>\$2.00</b>.</p> <p>Overlimit fee: <b>\$20.00*</b>. Fee is charged on the day your balance first exceeds your credit limit and then once per statement period (charged on the first day of the statement period) if your account remains overlimit from a previous statement period.</p> <p>Inactive Fee: <b>\$10.00</b>. Fee is charged if there have been no transactions (either debit or credit) on your account for a period of <b>12</b> consecutive months.</p> <p>*Dishonoured payment fee and overlimit fee are treated as purchases and are subject to the prevailing interest rate applicable to purchases. The interest-free grace period described in this statement also applies.</p>

Annual Interest Rates, Annual Fees, Other Fees and Foreign Currency Conversion as of **November 1, 2009** and are subject to change. For information on current interest rates and fees, please call **1-888-882-8958** or visit [scotiabank.com](http://scotiabank.com).

Tear across this line  
Fold, moisten and seal

## APPLICATION FOR SCOTIALINE PERSONAL LINE OF CREDIT FOR STUDENTS

You can complete this application and fax it to us at 1-800-403-7448;  
or fold, seal and mail it to us; or simply drop it off at any Scotiabank branch.

Please fully complete all of the questions on this application. If there are unanswered questions there may be a delay in processing your application.

I/we, the named account holders read the Terms and Conditions of applying for a *ScotiaLine* personal line of credit for students attached to this application and agree to abide by them. Sign here to apply. Please use dark ink when completing.

Parent/Spouse/Guardian Borrower (Primary) Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing this application, you acknowledge the primary borrower will receive all notices on this account, and that you have been advised of your ability to receive separate notice and have declined such additional information. We may rely on this agreement through extensions and renewals, as applicable, and until such time as you give us notice in writing that you wish to change your disclosure preference. You may change this disclosure preference at any time in the future by contacting the Scotiabank branch where you do business. Alternatively, if you wish to receive the additional information, please indicate by checking the box [below].

I wish to receive separate notice on this account (i.e., monthly or annual statements)  Yes

Student Borrower (Secondary) Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing this application, you acknowledge the primary borrower will receive all notices on this account, and that you have been advised of your ability to receive separate notice and have declined such additional information. We may rely on this agreement through extensions and renewals, as applicable, and until such time as you give us notice in writing that you wish to change your disclosure preference. You may change this disclosure preference at any time in the future by contacting the Scotiabank branch where you do business. Alternatively, if you wish to receive the additional information, please indicate by checking the box [below].

I wish to receive separate notice on this account (i.e., monthly or annual statements)  Yes

Supporting Borrower (Co-Signor) Signature \_\_\_\_\_ Date \_\_\_\_\_

Which Scotiabank branch would you prefer to deal with? \_\_\_\_\_ Transit # \_\_\_\_\_ You prefer to correspond in  English  French

Do you currently deal with Scotiabank?  Yes  No If Yes, what is your ScotiaCard Number? \_\_\_\_\_

Please indicate the amount you require over the duration of your education:

ScotiaLine® personal line of credit for students \$ \_\_\_\_\_ (eg. \$40,000 for a 4-year Bachelor's Degree program)

No-Fee Scotia Moneyback® VISA® card with up to 1% Moneyback reward (check appropriate credit limit)  \$3,000  \$2,000  \$1,000

Do you wish to receive separate cost of borrowing disclosure documents?† (i.e., monthly or annual statements)  Yes  No

How did you hear about our ScotiaLine personal line of credit for students?

Parent  Friend  Studentawards.com  Guidance Counselor  Financial Aid Administrator  Other

### STUDENT BORROWER – SECONDARY

Last Name, First Name & Initial			<input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr		Date of Birth (YY/MM/DD)		Social Insurance # (optional)	
Street #	Street Name		Apt #	Postal Code	City	Prov.	Years at residence	Home phone # ( )
Current Employer			Employer's full address				Business Phone # ( )	
Current Occupation			<input type="checkbox"/> Full-time <input type="checkbox"/> Self-employed <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal		Gross Monthly Income \$		Mother's Maiden Name	
Monthly housing costs (rent/mortgage, condo fees, heat, property taxes) \$		Other monthly obligations (eg. spousal, child support)			Have you declared bankruptcy in the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you either a Canadian Citizen or Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### TELL US ABOUT YOUR STUDIES

Name of post-secondary institution			Program name (eg. BA, BAH, MBA, MA, MSC, etc.)			How long is your program? (years, months)		
Expected graduation date (year, month)		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Are you enrolled in a graduate program?		Is this school located in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you are currently in your 2nd or later year of study, have you received any government student loans (federal or provincial) in the previous years? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, what is the total amount of government loan(s) that you have received (excluding any non repayable government bursaries)? \$				
Have you been approved for a government student loan (federal or provincial) in this academic year <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, what is the total amount of government student loan(s) approved for this academic year (excluding any non-repayable government bursaries)? \$				

### PARENT / SPOUSE / GUARDIAN BORROWER – PRIMARY

Last Name, First Name & Initial			<input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr		Date of Birth (YY/MM/DD)		Social Insurance # (optional)	
Street #	Street Name		Apt #	Postal Code	City	Prov.	Years at residence	Home phone # ( )
Current Employer			Employer's full address				Business Phone # ( )	
Current Occupation			<input type="checkbox"/> Full-time <input type="checkbox"/> Self-employed <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal		Gross Monthly Income \$		Mother's Maiden Name	
Monthly housing costs (rent/mortgage, condo fees, heat, property taxes) \$		Other monthly obligations (eg. spousal, child support)			Have you declared bankruptcy in the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			

### SUPPORTING BORROWER (CO-SIGNOR) – IF REQUIRED TO SUPPORT THE APPLICATION

Spouse/Supporting Borrower Last Name, First Name & Initial			<input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr		Date of Birth (YY/MM/DD)		Social Insurance # (optional)		Address same as Parent/Guardian Borrower above? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no: Street #	Street Name		Apt #	Postal Code	City	Prov.	Years at residence	Home phone # ( )		
Current Employer			Employer's full address				Business Phone # ( )			
Current Occupation			<input type="checkbox"/> Full-time <input type="checkbox"/> Self-employed <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal		Gross Monthly Income \$		Mother's Maiden Name		Are you either a Canadian Citizen or Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Monthly housing costs (rent/mortgage, condo fees, heat, property taxes) \$		Other monthly obligations (eg. spousal, child support)			Have you declared bankruptcy in the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Will you be using this ScotiaLine personal line of credit for students on behalf of anyone other than the named account holder(s)?  Yes  No (You should answer "no" to this question if the account will only be used by the Student Borrower, Parent/Spouse/Guardian Borrower, or Supporting Borrower.)

Yes, I am/Iwe are under 56 and want to apply for Disability, Loss of Life and Health Crisis Protection.  Single coverage  Joint coverage (both applicants must be under age 56)\*\*\*\*

To mail, fold in half along yellow dotted line, moisten glue and seal. Fold, moisten and seal.

To mail, fold in half along yellow dotted line, moisten glue and seal. Fold, moisten and seal.