

# Account application

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Personal accounts

**ACCOUNT APPLICATION PROCESS**

**1. Complete the account application** on the following pages and attach the following for each Applicant and Trading Authority:

- A legible photocopy of one piece of identification (photocopy both sides). Acceptable forms of identification: Driver's licence, passport, provincial health insurance card (except ON, MB, PEI), Canadian citizenship card, birth certificate (if under the age of 21), permanent residence card, Canadian Forces identification card or age of majority card.
- If you do not have a Scotiabank account, please attach a personal cheque for a minimum of \$1.00 payable to Scotia iTRADE for deposit, drawn on a Canadian financial institution. Starter cheques will not be accepted for deposit. As secondary identification verification we are required to confirm that each Applicant and Trading Authority has a Credit Bureau history extending back more than six months. If you do not meet this requirement your photo identification must be physically verified by Scotiabank branch personnel.

**2. Attach additional documents as required****FOR A TRADING AUTHORITY:**

- ☐ Personal Trading Authorization Form #8979715  
(included on page 12 of this application)

**FOR A RETIREMENT SAVINGS PLAN (RSP):**

- ☐ Scotia Self-Directed Registered Plan Application Form (included on page 11 of this application) #8971811

**FOR A LOCKED-IN SAVINGS PLAN (LRSP, LIRA):**

- ☐ Scotia Self-Directed Registered Plan Application Form (included on page 11 of this application) #8971811  
A copy of the Locked-In Agreement from the transferring organization

**FOR A RETIREMENT INCOME PLAN (RIF):**

- ☐ Scotia Self-Directed Registered Plan Application Form (included on page 11 of this application) #8971811

**FOR A LOCKED-IN INCOME PLAN (LIF, LRIF, PRRIF):**

- ☐ Scotia Self-Directed Registered Plan Application Form (included on page 11 of this application) #8971811  
A copy of the Locked-In Agreement from the transferring organization

**FOR A TAX-FREE SAVINGS ACCOUNT (TFSA):**

- ☐ Scotia Tax-Free Savings Account Application #8975612  
☐ Scotia Tax-Free Savings Account Declaration of Trust #8205310

**FOR A SELF-DIRECTED EDUCATION SAVINGS PLAN (RESP):**

- ☐ Scotia Self-Directed Family Education Savings Plan Application Form #8205213  
☐ Application for Canada Education Savings Grant Form  
☐ If more than two beneficiaries designated, include a Scotia Self-Directed Education Savings Plan Schedule A Form #8205019

**IF YOU ARE TRANSFERRING MONIES OR SECURITIES TO SCOTIA iTRADE FROM ANOTHER INSTITUTION:**

- ☐ Transfer Authorization for Non-Registered Investments Form #8207410  
**or**  
☐ Transfer Authorization for Registered Investments Form #8207313  
☐ A T2151 is required if the source of funds is a Registered Pension Plan or Deferred Profit-Sharing Plan  
☐ Human Resources and Skills Development Canada RESP Transfer form #HRSDC SDE 0050

**IF YOU ARE A U.S. CITIZEN OR HAVE U.S. DUAL CITIZENSHIP:**

- ☐ W9 Form for U.S. taxation purposes #8208816

**FOR AN INFORMAL TRUST ACCOUNT**

- ☐ Informal Trust Account Application #8206910

**FOR A SUNLIFE GROUP RETIREMENT SAVINGS PLAN**

- ☐ Group Retirement Savings Plan Application #8971315

**3. Sign the application** including additional documentation, and either drop off at your local Scotiabank branch or mail to:

**Scotia iTRADE**  
**P.O. Box 603**  
**Toronto, ON M1K 5C5**

**4. We will contact you** upon review of your application. Approved applicants will receive a welcome kit in the mail.

Call 1-888-872-3388 if you have any questions. All forms are available online at [www.scotiaitrade.com](http://www.scotiaitrade.com) and at your local Scotiabank branch.

In this application, the terms you, your, and I, refer to the customer; and the terms we, our, and us, refer to Scotia iTRADE, a division of Scotia Capital Inc.

These terms, however, do not apply to the Shareholder Communication Instructions in this application, as prescribed by National Instrument 54-101, adopted by the Canadian Securities Administrators.

**YOUR ACCOUNT COVERAGE**

Scotia iTRADE is a division of Scotia Capital Inc. Scotia Capital Inc. is a separate but wholly-owned subsidiary of The Bank of Nova Scotia. Cash and securities held in or sold through your Scotia iTRADE account are not insured by The Bank of Nova Scotia, Canada Deposit Insurance Corporation or any other government deposit insurer.

Customers' accounts are protected by the Canadian Investor Protection Fund within specified limits. A brochure describing the nature and limits of this coverage is available upon request.

## INFORMATION ABOUT YOU, THE PRIMARY APPLICANT

Please note that Scotia iTRADE does not provide recommendations to you and does not accept any responsibility to advise you on the suitability of any of your investment decisions or transactions. You are responsible for your investment decisions, as well as for any profits or losses that may arise, and Scotia iTRADE will not consider your financial situation, investment knowledge, investment objectives or risk tolerance when processing orders placed by you.

ID NUMBER												MOTHER'S MAIDEN SURNAME											
TITLE		FIRST NAME										INITIAL		LAST NAME									
DATE OF BIRTH (MM/DD/YYYY)												COUNTRY OF CITIZENSHIP											
SOCIAL INSURANCE NUMBER												SSN / TIN*											

Please provide your ScotiaCard number or Scotia iTRADE User ID if you have one. We require your Mother's Maiden Surname for identification purposes.

\*U.S. citizens and U.S. dual citizens must provide a Social Security Number (SSN), also referred to as a Taxation Identification Number (TIN). A W9 form is also required.

If your mailing address is different – see page 6.

## RESIDENTIAL ADDRESS

STREET ADDRESS/LEGAL ADDRESS (ADDRESS CANNOT BE A POST OFFICE BOX) APT/SUITE NO.

### ADDITIONAL ADDRESS INFORMATION

CITY				PROVINCE				POSTAL CODE			
HOME PHONE NUMBER				BUSINESS PHONE NUMBER				EXT.			
CELL PHONE NUMBER				PAGER NUMBER							
FAX NUMBER				PRIMARY EMAIL ADDRESS				<input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS			

Which number would you prefer we use to contact you during market hours?

☐ BUSINESS ☐ HOME ☐ CELL

## EMPLOYMENT INFORMATION

### EMPLOYMENT STATUS

☐ EMPLOYED ☐ RETIRED ☐ STUDENT ☐ SELF-EMPLOYED ☐ HOMEMAKER ☐ NOT WORKING ☐ OTHER

### EMPLOYER

POSITION YEARS WITH THIS EMPLOYER

### EMPLOYER'S ADDRESS

CITY PROVINCE POSTAL CODE

Are you employed by the Scotiabank Group?

☐ YES ☐ NO

IF YES, SPECIFY:

Are you an Insider of Scotiabank or have you been advised that you are a Designated Person by Scotiabank's Compliance Department?

☐ YES ☐ NO

Are you or members of your household employed by an IIROC (Investment Industry Regulatory Organization of Canada) Member Firm (Pro)

☐ YES ☐ NO

*Note: Certain conditions may apply to accounts for employees of firms in the securities industry and accounts over which such persons have trading authority.*

**FINANCIAL INFORMATION****YOUR ANNUAL INCOME**

- ☐ UNDER \$25,000  
 ☐ \$25,000 TO \$50,999  
 ☐ \$51,000 TO \$74,999  
 ☐ \$75,000 TO \$99,999  
 ☐ \$100,000 TO \$149,999  
 ☐ \$150,000 TO \$200,000  
☐ OVER \$200,000, SPECIFY \_\_\_\_\_

**YOUR ESTIMATED NET WORTH**

Net Liquid Assets \_\_\_\_\_ A (Cash and securities minus current liabilities)  
 Net Fixed Assets \_\_\_\_\_ B (Fixed assets minus loans outstanding against fixed assets)  
 Total Net Worth \_\_\_\_\_ (A + B)

**HAVE YOU OWNED OR TRADED?**

Select your level of knowledge.

- |   |                              |                                   |                               |
|---|------------------------------|-----------------------------------|-------------------------------|
| <input type="checkbox"/> MUTUAL FUNDS                   | <input type="checkbox"/> LOW | <input type="checkbox"/> MODERATE | <input type="checkbox"/> HIGH |
| <input type="checkbox"/> FIXED INCOME (OTHER THAN CSBS) | <input type="checkbox"/> LOW | <input type="checkbox"/> MODERATE | <input type="checkbox"/> HIGH |
| <input type="checkbox"/> STOCKS                         | <input type="checkbox"/> LOW | <input type="checkbox"/> MODERATE | <input type="checkbox"/> HIGH |
| <input type="checkbox"/> MARGIN                         | <input type="checkbox"/> LOW | <input type="checkbox"/> MODERATE | <input type="checkbox"/> HIGH |
| <input type="checkbox"/> OPTIONS                        | <input type="checkbox"/> LOW | <input type="checkbox"/> MODERATE | <input type="checkbox"/> HIGH |
| <input type="checkbox"/> SHORT SALES                    | <input type="checkbox"/> LOW | <input type="checkbox"/> MODERATE | <input type="checkbox"/> HIGH |
| <input type="checkbox"/> OVERALL INVESTMENT EXPERIENCE  | <input type="checkbox"/> LOW | <input type="checkbox"/> MODERATE | <input type="checkbox"/> HIGH |

**HOW DID YOU HEAR ABOUT US?**

- |  |   |
|--|---|
| <input type="checkbox"/> SCOTIABANK BRANCH                 | <input type="checkbox"/> PERSONAL REFERRAL    |
| <input type="checkbox"/> STATEMENT ENCLOSURE OR OTHER MAIL | <input type="checkbox"/> INTERNET             |
| <input type="checkbox"/> NEWSPAPER / MAGAZINE AD           | <input type="checkbox"/> OTHER, SPECIFY _____ |

What is your language preference for telephone customer service?

- ☐ ENGLISH  
 ☐ FRENCH  
 ☐ CANTONESE  
 ☐ MANDARIN

**INFORMATION REQUIRED BY SECURITIES REGULATORS AND COMPLIANCE**

Are you or your spouse considered to be an Insider (as defined in a Provincial Securities Act) of any public companies?

☐ YES ☐ NO

IF YES, WHAT IS THE NAME OF THE COMPANY(IES)? \_\_\_\_\_

Are you, or your spouse, singularly, or as part of a group, in a Control Position (as defined in a Provincial Securities Act) of any public companies?

☐ YES ☐ NO

IF YES, WHAT IS THE NAME OF THE COMPANY(IES)? \_\_\_\_\_

Are you, or your spouse an Employee, Director, Partner or Officer of a member of any Stock Exchange, IIROC Member firm or of a Stock Exchange itself?

☐ YES ☐ NO

IF YES, WHAT IS THE NAME OF THE COMPANY(IES)? \_\_\_\_\_

Do you own, or have trading authority or an interest in another Scotia iTRADE Account?

☐ YES ☐ NO

IF YES, WHAT IS THE ACCOUNT NUMBER(S)? \_\_\_\_\_

YOUR RELATIONSHIP TO ACCOUNT HOLDER(S) \_\_\_\_\_

Do you own, or have trading authority over any other accounts with another securities firm?

☐ YES ☐ NO

IF YES, WHAT IS THE NAME OF THE SECURITIES FIRM(S)? \_\_\_\_\_

YOUR RELATIONSHIP TO ACCOUNT HOLDER(S) \_\_\_\_\_

**BANKING INFORMATION**

Banking information is required by Securities Regulators. Please enter your bank account information in the white boxes below. In addition, this bank account may be used for transfers to and from your Scotia iTRADE Account (e.g. trade payment, settlement proceeds, pre-authorized contributions, RIF payments etc.). Only Scotiabank U.S. dollar bank accounts are eligible for transfers in U.S. currency.

Please enter the account details in the boxes below. This information can be found on most cheques.

Your Name Your Address		Cheque No.	
DATE _____			
PAY TO THE ORDER OF _____		\$ _____	
		/100 DOLLARS	
Banking Institution Name			
Branch Address			
MEMO _____			
Cheque No. # # #	Branch Transit No.	Bank Institution No.	Bank Account No.
Type of Account <input type="checkbox"/> Chq <input type="checkbox"/> Svgs		Currency <input type="checkbox"/> CDN <input type="checkbox"/> U.S.	

**MARITAL STATUS**

☐ SINGLE ☐ MARRIED ☐ COMMON LAW ☐ DIVORCED ☐ LEGALLY SEPARATED ☐ WIDOWED

**INFORMATION ABOUT YOUR SPOUSE**

TITLE	FIRST NAME	INITIAL	LAST NAME
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**EMPLOYMENT STATUS**

☐ EMPLOYED ☐ RETIRED ☐ STUDENT ☐ SELF-EMPLOYED ☐ HOMEMAKER ☐ NOT WORKING ☐ OTHER

EMPLOYER

POSITION

**IDENTIFICATION REQUIREMENTS** (MANDATORY FOR NON-REGISTERED ACCOUNTS)**TYPE OF IDENTIFICATION DOCUMENT (SELECT ONE)**

☐ DRIVER'S LICENCE ☐ PROV. HEALTH INSURANCE CARD (EXCEPT ON, MB, PEI) ☐ CANADIAN CITIZENSHIP CARD ☐ BIRTH CERTIFICATE (IF UNDER AGE 21) ☐ AGE OF MAJORITY CARD ☐ PASSPORT

IDENTIFICATION DOCUMENT NUMBER

**CARE AND MANAGEMENT OF YOUR ACCOUNT** (NOT APPLICABLE TO TRADING AUTHORITY)

We may share personal, financial and other information about you within the Scotiabank Group to help provide you with better service across your entire relationship with us. Your consent to share your information within the Scotiabank Group enables you to access enhanced resources available within this organization, whether they are with a branch or on the Internet. By indicating your consent below, you allow us to share your information within the Scotiabank Group in accordance with the Scotiabank Group Privacy Agreement contained in the Scotia iTRADE Terms and Conditions brochure. Your consent is not a condition of your doing business with us and you may withdraw it at any time on reasonable notice by contacting Scotia iTRADE.

☐ I consent ☐ I do not consent

## TYPE OF ACCOUNT

### NON-REGISTERED

- ☐ INDIVIDUAL ACCOUNT  
☐ JOINT ACCOUNT  
☐ CASH OPTIMIZER INVESTMENT ACCOUNT  
☐ CASH OPTIMIZER INVESTMENT JOINT ACCOUNT  
☐ INFORMAL TRUST ACCOUNT  
☐ INFORMAL TRUST ACCOUNT (MULTIPLE TRUSTEES)

### RETIREMENT SAVINGS PLAN

- ☐ RETIREMENT SAVINGS PLAN (RSP)  
☐ SPOUSAL RETIREMENT SAVINGS PLAN (RSP)  
☐ LOCKED-IN RSP (LRSP)  
☐ LOCKED-IN RETIREMENT ACCOUNT (LIRA)  
☐ TAX-FREE SAVINGS ACCOUNT (TFSA)  
☐ SUNLIFE GROUP RETIREMENT SAVINGS PLAN

### REGISTERED INCOME PLAN

- ☐ RETIREMENT INCOME FUND (RIF)  
☐ SPOUSAL RETIREMENT INCOME FUND (RIF)  
☐ LIFE INCOME FUND (LIF)  
☐ LOCKED-IN RETIREMENT INCOME FUND (LRIF)  
☐ PRESCRIBED RETIREMENT INCOME FUND (PRRIF)

### REGISTERED EDUCATION SAVINGS PLAN

- ☐ REGISTERED EDUCATION SAVINGS PLAN (RESP)

If you are applying for more than one account on this application, the Primary Applicant must be the same for all accounts.

Scotia iTRADE currently processes RESP Canada Education Savings Grant payments but may not process Canada Learning Bond, additional CESG or certain provincial education savings grant payments.

### NON-REGISTERED ACCOUNTS ONLY

- ☐ CASH ACCOUNT - ACCOUNT MUST HAVE SUFFICIENT FUNDS FOR PURCHASES  
☐ MARGIN ACCOUNT - ALLOWS YOU TO BORROW AGAINST THE ASSETS IN YOUR ACCOUNT  
 WITH SHORT SELLING? ☐ YES ☐ NO IF YES, I ACKNOWLEDGE THAT A MINIMUM OF \$10,000 EQUITY WILL BE MAINTAINED.  
 WITH OPTIONS TRADING? ☐ YES ☐ NO IF YES, PLEASE SELECT ONE STRATEGY REQUESTED FOR APPROVAL.

#### PROPOSED OPTION ACTIVITY

- |  |  |   |  |  |
|--|--|---|--|--|
| <input type="checkbox"/> COVERED WRITING | <input type="checkbox"/> PURCHASE CALL & PUTS<br>COVERED WRITING | <input type="checkbox"/> SPREADS<br>PURCHASE CALL & PUTS<br>COVERED WRITING | <input type="checkbox"/> NAKED PUT WRITING<br>SPREADS<br>PURCHASE CALL & PUTS<br>COVERED WRITING | <input type="checkbox"/> NAKED CALL WRITING<br>NAKED PUT WRITING<br>SPREADS<br>PURCHASE CALL & PUTS<br>COVERED WRITING |
|--|--|---|--|--|

### JOINT ACCOUNTS ONLY

- ☐ JOINT TENANTS WITH RIGHTS OF SURVIVORSHIP or ☐ TENANTS-IN-COMMON (NOT AVAILABLE IN QUEBEC)
- TENANTS-IN-COMMON % OWNERSHIP (MUST EQUAL 100%)**  
 PRIMARY APPLICANT \_\_\_\_\_ %  
 JOINT APPLICANT #1 \_\_\_\_\_ %  
 JOINT APPLICANT #2 \_\_\_\_\_ %  
 JOINT APPLICANT #3 \_\_\_\_\_ %  
**100%**
- OWNER 1: \_\_\_\_\_ OWNER 2: \_\_\_\_\_  
 OWNER 3: \_\_\_\_\_ OWNER 4: \_\_\_\_\_

Please list all owners in the order you would like the names to appear.

### REGISTERED ACCOUNTS ONLY

- Do you want to apply for options trading? ☐ YES ☐ NO  
 IF YES, WHAT STRATEGIES DO YOU INTEND TO FOLLOW? ☐ COVERED CALLS ☐ PURCHASING PUTS AND CALLS

## INTENDED USE FOR THIS ACCOUNT

What is the intended use for this account?

- |  |  |
|--|--|
| <input type="checkbox"/> SHORT TERM INVESTMENT | <input type="checkbox"/> RETIREMENT PLANNING   |
| <input type="checkbox"/> LONG TERM INVESTMENT  | <input type="checkbox"/> ESTATE/TAX PLANNING   |
| <input type="checkbox"/> INCOME GENERATION     | <input type="checkbox"/> CUSTODY OF SECURITIES |
| <input type="checkbox"/> SAVINGS               | <input type="checkbox"/> OTHER _____           |

## SETTLEMENT INSTRUCTIONS

In which currency would you prefer to settle your transactions?

- ☐ CDN\$ ☐ U.S.\$ ☐ THE CURRENCY OF THE MARKET IN WHICH THE SECURITY WAS TRADED.

## INITIAL DEPOSIT

WHAT IS THE APPROXIMATE DOLLAR AMOUNT OF YOUR INITIAL DEPOSIT FOR THIS ACCOUNT? \_\_\_\_\_

## TRANSFER REQUESTS

Do you want us to transfer any of your assets from another financial institution? ☐ YES ☐ NO

IF YES, COMPLETE THE TRANSFER AUTHORIZATION FOR NON-REGISTERED INVESTMENTS FORM, OR THE TRANSFER AUTHORIZATION FOR REGISTERED INVESTMENTS FORM.

## SCOTIA eDOCUMENTS ENROLMENT

You may elect to receive your statements, annual trading summaries, trade confirmations and regulatory materials (prospectuses) via Scotia iTRADE's website instead of a printed version by enrolling in Scotia eDocuments. To enrol in this service, select the option below. If this is your first time using Scotia eDocuments, you will be required to sign the Terms for Electronic Document Delivery through Scotia iTRADE's website.

Would you like to enrol in Scotia eDocuments? ☐ YES ☐ NO

Select the documents you would like to receive electronically.

☐ STATEMENTS ☐ ANNUAL TRADING SUMMARIES ☐ TRADE CONFIRMATIONS & MUTUAL FUND PROSPECTUSES

## MAILING ADDRESS (IF DIFFERENT FROM YOUR RESIDENTIAL ADDRESS)

STREET ADDRESS

ADDRESS DESCRIPTION (EG. OFFICE, COTTAGE, ETC.)

C/O

CITY

PROVINCE

POSTAL CODE

## SHAREHOLDER COMMUNICATION INSTRUCTIONS

### PART 1 - DISCLOSURE OF BENEFICIAL OWNERSHIP INFORMATION

- ☐ I DO NOT OBJECT to the disclosure of my name, 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.
- ☐ I OBJECT

### PART 2 - RECEIVING SECURITYHOLDER MATERIALS

- ☐ I WANT to receive ALL securityholder materials sent to beneficial owners of securities.
- ☐ 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.)
- ☐ 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 is: ☐ ENGLISH ☐ FRENCH

I understand that the materials I receive will be in my preferred language of communication if the materials are available in that language.

## OTHER INTEREST IN THIS ACCOUNT

Will this account be used to conduct business on behalf of someone other than the Applicant, Joint Applicant, Trustee, or Registered Plan holder? ☐ YES ☐ NO

## TRADING AUTHORIZATION

Will anyone other than the applicant(s) on the account have trading authority over this account? ☐ YES ☐ NO

IF YES, INFORMATION ABOUT THE TRADING AUTHORITY IS REQUIRED (PAGE 7) AND A PERSONAL TRADING AUTHORIZATION FORM (PAGE 12) MUST BE SIGNED.

**CUSTOMER AGREEMENT - PERSONAL ACCOUNT**

In this agreement the terms *I, we, my, and our* refer to the owner and/or joint owner of a Scotia iTRADE account whose signature(s) appear below.

**BY SIGNING, I CONFIRM THAT:**

1. All of the information in my Application is complete, accurate and true, and I will promptly send written notice to Scotia iTRADE of any changes in this information. I verify that all photocopies of identification submitted with this Application are true copies of identification of the relevant applicant.
2. I have read, understand, and agree to the terms of this Customer Agreement and all of the other sections in the Scotia iTRADE Terms and Conditions brochure that apply to my account(s), and to the Declaration of Trust, if applicable.
3. If I do not have a Scotiabank account, I agree to provide a personal cheque drawn against my own account at a Canadian financial institution for deposit to satisfy Canadian Anti-Money Laundering requirements. For the purpose of identifying me, you may disclose information about me to third party service providers in accordance with and subject to the Scotiabank Group Privacy Agreement, contained in the Scotia iTRADE Terms and Conditions brochure, to verify information I provide to you with information held at credit reporting agencies and/or other financial institutions at the time of and at any time during the application process, and I understand that the information I provide will be compared to my consumer credit report. If I am applying for a margin account or if I otherwise am or become indebted to you, you may obtain information and reports about me from others, including credit reporting agencies and other lenders at the time of and during the application process and on an ongoing basis to review and verify my creditworthiness and/or establish credit limits. Once I have a margin account with you or if I otherwise am or become indebted to you, you may from time to time disclose my information and your credit experience with me to others in accordance with and subject to the Scotiabank Group Privacy Agreement, including to other lenders and credit-reporting agencies seeking such information.
4. If my account is a Joint Account, I have read, understand, and agree to Your Joint Account Agreement contained in the Scotia iTRADE Terms and Conditions brochure. I have chosen to have this account established as indicated here and relied on my own counsel. I understand this arrangement is subject to all applicable laws.
5. My Shareholder Communication Instructions are to be followed. I understand that my elections apply to all securities held in my account(s).
6. Scotia iTRADE reserves the right to restrict or limit trading activity in my account(s) at any time without notice to me. Scotia iTRADE may close my account(s) if all required documentation in complete form is not received within two weeks of opening my account(s).
7. If this account was a referral from a Scotiabank Group member, I understand that Scotia iTRADE may share personal information about my account with the referring Scotiabank Group member for the purposes of completing the referral, and I consent thereto. In such event, any such sharing of personal information will be limited to account opening and transfer-in particulars necessary to accurately recognize and track the referral.
8. Scotia iTRADE is committed to maintaining the privacy of my information and strictly adheres to the measures outlined in the Scotiabank Group Privacy Agreement to accomplish this. By signing below, I consent to your collection, use and disclosure of personal, financial and other information about me in accordance with and subject to the Scotiabank Group Privacy Agreement contained in the Scotia iTRADE Terms and Conditions brochure, subject to the following:
  - (i) if I have provided my consent to permit the sharing of information about me within the Scotiabank Group under the "Care and Management of Your Account" section of this account application, I acknowledge and agree that you may share personal, financial and other information about me within the Scotiabank Group to help provide me with better service across my entire relationship with you. I understand that I am free to withdraw my consent at any time on reasonable notice by contacting Scotia iTRADE, provided however, that if this account was a referral from a Scotiabank Group member, I consent to the sharing of personal information about my account(s) by Scotia iTRADE with the referring Scotiabank Group member for the purposes of completing the referral;
  - (ii) if I have not provided my consent to permit the sharing of information about me within the Scotiabank Group under the "Care and Management of Your Account" section of this account application, I do not consent to the sharing of information about me within the Scotiabank Group that is done to help provide me with better service across my entire relationship with you, provided, however, that if this account was a referral from a Scotiabank Group member, I understand that Scotia iTRADE may share personal information about my account with the referring Scotiabank Group member for the purposes of completing the referral, and I consent thereto. In such event, any such sharing of personal information will be limited to account opening and transfer-in particulars necessary to accurately recognize and track the referral. Scotia iTRADE will respect my decision.

I understand that my consent to permit the sharing of information about me within the Scotiabank Group is not a condition of doing business with you. However, I understand that consent to permit the sharing of information about me within the Scotiabank Group does afford me greater opportunity to access enhanced resources within this organization, whether they are with a bank branch or on the Internet. I understand that I may change my decision with respect to the sharing of my information within the Scotiabank Group as described above at any time on reasonable notice by contacting Scotia iTRADE.
9. If I have been referred to Scotia iTRADE by a person or entity within or outside the Scotiabank Group, a referral fee may be paid to that person or entity. In that case, the referral arrangement will be the subject of and governed by a written agreement which the parties will enter into prior to implementation of the referral arrangement, and details of the referral arrangement will be provided to me. It is illegal for the party receiving the referral fee to trade or advise in securities if it is not duly licensed or registered under applicable securities legislation to do so.
10. If you live in Quebec, you have requested that this Application and all documents relating to my account(s) 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.

**ACKNOWLEDGEMENT**

I acknowledge that Scotia iTRADE does not provide personal, client-specific or tailored investment advice or recommendations to me, make any determination of my general investment needs and objectives or suitability of any of my investment decisions or transactions, and does not accept any responsibility to advise me on any of the foregoing. I acknowledge that I am responsible for my investment decisions and transactions, as well as for any profits or losses that may arise, and Scotia iTRADE will not consider my financial situation, investment knowledge, investment objectives and risk tolerance when accepting and processing orders placed by me.

I acknowledge that 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 I borrow money to purchase securities, my 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.

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.

**SIGNATURES**

PRIMARY APPLICANT	DATE (MM/DD/YYYY)	JOINT APPLICANT	DATE (MM/DD/YYYY)
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**IF YOU ARE APPLYING FOR MARGIN TRADING, YOU MUST ALSO SIGN HERE**

I am aware of the risks involved in trading on margin and am willing to take those risks. I have read, understand and agree to the terms and conditions of margin trading contained within the Terms and Conditions.

**SIGNATURES**

PRIMARY APPLICANT	DATE (MM/DD/YYYY)	JOINT APPLICANT	DATE (MM/DD/YYYY)
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**IF YOU ARE APPLYING FOR OPTIONS TRADING, YOU MUST ALSO SIGN HERE**

I am aware of the risks involved in options trading and am willing to take those risks. I have read, understand and agree to the terms of the Risk Disclosure Statement and Your Options Trading Agreement contained within the Terms and Conditions.

**SIGNATURES**

PRIMARY APPLICANT	DATE (MM/DD/YYYY)	JOINT APPLICANT	DATE (MM/DD/YYYY)
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**CUSTOMER IDENTIFICATION REQUIREMENTS**

We are required to verify your identity. Please forward a legible photocopy (both sides including expiration date) of one valid piece of identification for each Applicant, Co-applicant and Trading Authority. Only the following are acceptable:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Driver's Licence     | <input type="checkbox"/> Canadian Citizenship Card | <input type="checkbox"/> Provincial Health Insurance Card (except ON, MB, PEI) |
| <input type="checkbox"/> Age of Majority Card | <input type="checkbox"/> Passport                  | <input type="checkbox"/> Birth Certificate (under age 21)                      |

**FOR BRANCH USE**

Name of Officer	Employee Number
Telephone Number	Transit #

**FOR SCOTIA iTRADE USE**

Manager	Date
DROP	Date
COMMENTS	AMO

Indicate if: ☐ ScotiaOne Service ☐ Scotia Professional Plan





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