

Account application

Personal accounts

SCOTIA iTRADE PERSONAL ACCOUNT - ORDER EXECUTION ONLY ACCOUNT

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, NS and PEI), Canadian citizenship card, 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 4002 Station A
Toronto, ON M5W 0G4

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.scotiaintrade.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.

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

1. _____ TIN _____
2. _____ TIN _____
3. _____ TIN _____

SOCIAL INSURANCE NUMBER SSN / TIN*

ADDITIONAL ADDRESS INFORMATION

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

EMPLOYMENT STATUS

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

NAME OF EMPLOYER (IF RETIRED, FORMER EMPLOYER)	INDUSTRY
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POSITION / OCCUPATION	YEARS WITH THIS EMPLOYER
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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

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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 |

TRADE INFORMATION

How many trades do you currently place per quarter?

- ☐ 0 ☐ 30-149 Trades
☐ 1-10 Trades ☐ >150 Trades
☐ 11-29 Trades

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) _____

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 Relationship Disclosure Document and 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

- ☐ COVERED WRITING
- ☐ PURCHASE CALL & PUTS COVERED WRITING
- ☐ SPREADS PURCHASE CALL & PUTS COVERED WRITING
- ☐ NAKED PUT WRITING SPREADS PURCHASE CALL & PUTS COVERED WRITING
- ☐ NAKED CALL WRITING NAKED PUT WRITING SPREADS PURCHASE CALL & PUTS COVERED WRITING

JOINT ACCOUNTS ONLY

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

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 COVERED CALLS

INTENDED USE FOR THIS ACCOUNT

What is the intended use for this account?

- ☐ SHORT TERM INVESTMENT
- ☐ LONG TERM INVESTMENT
- ☐ INCOME GENERATION
- ☐ SAVINGS
- ☐ RETIREMENT PLANNING
- ☐ ESTATE/TAX PLANNING
- ☐ CUSTODY OF SECURITIES
- ☐ 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 ☐ 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.

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 13) MUST BE SIGNED.

FINANCIAL INFORMATION (NOT REQUIRED FOR TRADING AUTHORITY)

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 (NOT REQUIRED FOR TRADING AUTHORITY)

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 |

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? ☐ 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) _____

Do you or any members of your family or any close associates hold one of the following offices or positions? ☐ YES ☐ NO

If yes, choose the office or position below:

- | | |
|---|---|
| <input type="checkbox"/> Ambassador or attaché or counsellor of an ambassador | <input type="checkbox"/> Member of the executive council of government or member of a legislature |
| <input type="checkbox"/> Deputy minister (or equivalent) | <input type="checkbox"/> Member of ruling families |
| <input type="checkbox"/> Head of state or government | <input type="checkbox"/> Military rank of general or equivalent (or higher rank) |
| <input type="checkbox"/> Judge of a supreme court appellate court or local equivalent | <input type="checkbox"/> President of a state-owned company or bank |
| <input type="checkbox"/> Mayor or Head of a government agency | |

TITLE	FIRST NAME	MIDDLE INITIAL	LAST NAME
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RELATION TO YOU

- ☐ SELF ☐ CHILD ☐ CLOSE ASSOCIATE ☐ PARENT(S) ☐ SIBLING(S) ☐ SPOUSE OR COMMON LAW PARTNER
☐ SPOUSE OR COMMON LAW PARTNER'S PARENT(S)

DATE(S) OF POSITION HELD (FROM MM-DD-YYYY TO MM-DD-YYYY)

COUNTRY WHERE POSITION HELD

DESCRIPTION OF OFFICIAL DUTIES

CO-APPLICANT'S BANKING INFORMATION (NOT REQUIRED FOR TRADING AUTHORITY)

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

MARITAL STATUS

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

INFORMATION ABOUT CO-APPLICANT'S SPOUSE

EMPLOYMENT STATUS (CO-APPLICANT'S SPOUSE)

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

EMPLOYER	INDUSTRY
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POSITION / OCCUPATION

IDENTIFICATION REQUIREMENTS (MANDATORY FOR NON-REGISTERED ACCOUNTS)

TYPE OF IDENTIFICATION DOCUMENT

☐ DRIVER'S LICENCE ☐ PROV. HEALTH INSURANCE CARD
(EXCEPT ON, MB, NS AND PEI) ☐ CANADIAN
CITIZENSHIP CARD ☐ 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 Relationship Disclosure Document and 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

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 Relationship Disclosure Document and 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 Relationship Disclosure Document and 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 Relationship Disclosure Document and 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 Relationship Disclosure Document and 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 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.
10. Canada Revenue Agency Certification for Non-Residents of Canada

If I am a resident of a country other than Canada for tax purposes ("Tax Residency"), I hereby confirm and certify that I am the beneficial owner of and, to the best of my knowledge, am entitled to the benefits of the tax treaty, if any, between Canada and my Tax Residency on all of this account's income. I agree to immediately notify Scotia iTRADE of any changes to my Tax Residency, and I further agree to fully reimburse and indemnify Scotia iTRADE for any liability that Scotia iTRADE may incur in connection with under withholding of tax based on my instructions.
11. 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.
12. 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.

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 (Scotiabank).

Plan type and number This application is for a Scotia Self-Directed:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Retirement Savings Plan (RSP) | <input type="checkbox"/> Retirement Income Fund (RIF) | <input type="checkbox"/> Saskatchewan Prescribed RRIF (PRRIF) | <input type="checkbox"/> Federal Restricted Life Income Fund (RLIF) |
| <input type="checkbox"/> Locked-in Retirement Savings Plan (LRSP) | <input type="checkbox"/> Life Income Fund (LIF) | <input type="checkbox"/> Manitoba Prescribed RRIF (PRRIF) | <input type="checkbox"/> Federal Restricted Locked-in Savings Plan (RLSP) |
| <input type="checkbox"/> Locked-in Retirement Account (LIRA) | <input type="checkbox"/> Locked-in Retirement Income Fund (LRIF) | | |

Information about you, the customer

Title	First Name, Middle Initial	Last Name	Date of Birth (MM/DD/YYYY)	
Home address (number, street, apartment, rural route) (P.O. boxes are not acceptable)		City	Province	Postal Code
Home Phone	Business Phone	Ext.	Language Preference <input type="checkbox"/> English <input type="checkbox"/> French	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)
--	-------------------------------------

Election of spouse or common-law partner as successor annuitant† (RIF plans only) (not applicable if you are a resident of Quebec or a non-resident of Canada)

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.

- ☐ Yes (Complete spousal information above) ☐ No

Your locked-in plan information

Your Marital Status: ☐ Married / Common Law ☐ Other
Spousal Waiver: ☐ Yes ☐ No Consent of Spouse/Cohabiting Partner††: ☐ Yes ☐ No
Pension plan proceeds calculated based on gender ☐ Yes ☐ No

This plan is governed by the laws of
Age at which your pension plan allows you to receive a pension

Consent of your spouse or cohabiting partner†† (for Ontario and Newfoundland & Labrador LIF and LRIF plans and Nova Scotia LIF plans only)

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.

Name of Spouse/Cohabiting Partner (please print)	Signature	Name of Witness (please print)	Signature	Date (MM/DD/YYYY)
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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:** _____ ☐ Mid-Month ☐ Month-end
You elect to have any payments from this plan made to you by: (select one)
☐ Direct deposit to account **OR** ☐ Cheque sent to the address set out above.

Institution No.	Transit No.	Account No.
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(PLEASE ATTACH VOID CHEQUE)

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 (MM/DD/YYYY)
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Your beneficiary information (not applicable if you are a resident of Quebec or a non-resident of Canada)

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
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Acceptance of this application

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

Authorized Representative	Phone	Signature of Representative
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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 RRSP under section 146 of the **Income Tax Act** (Canada) or as a RRIF 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 X	Date (MM/DD/YYYY)
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† 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.

Power of Attorney

Limited to Buying and Selling Securities Within an Account



A Account Information

Account name			Province
Account number	Account number	Account number	Account number
Account number	Account number	Account number	Account number

B Appointment of Attorney(s) (U.S. residents are not allowed to be Attorneys under this Power of Attorney)

To: **Scotia Capital Inc. ("Scotia iTRADE")**

1. In connection with the above noted account(s) which I/we have opened with you, I/we hereby appoint (hereinafter called my/our Attorney(s))

Attorney name(s) (please print)

My/our relationship to the Attorney(s)

as my/our agent(s) and attorney(s) with full power and authority to do on my/our behalf and for my/our risk and in my/our name or number on your books anything that I/we can lawfully do by an attorney in connection with buying, selling or trading stocks, bonds, options, commodities, debentures, bills of exchange and any other securities of whatever nature or kind, on margin or otherwise, all in accordance with the terms and conditions for the Account(s), as may be amended from time to time. If I/we have appointed more than one Attorney above, I/we hereby appoint them jointly and severally (either attorney may act alone and independently on my/our behalf), in accordance with the authority given to them.

2. Is the Attorney paid or otherwise compensated for the services provided pursuant to this Power of Attorney? ☐ Yes ☐ No

I/we hereby acknowledge and am/are aware of the following:

- Any fees charged to my/our investment account by Scotia iTRADE are only for the services provided to me/us by Scotia iTRADE.
- The fees charged by Scotia iTRADE are not shared with any other individual or entity who I/we have appointed to provide advice or services.
- I/we understand that the Attorney has trading authority and provides advice on my/our account.
- If any fees are charged directly to me/us by the Attorney, they are separate and distinct from those charged by Scotia iTRADE may debit the Attorney fees from the account and pay them to the Attorney in accordance with a fee schedule, if applicable.

3. I/we hereby ratify and confirm any and all trades, instructions, transactions and other acts heretofore and hereafter made by my/our Attorney(s) and will indemnify and hold Scotia iTRADE, its successors and assigns and their directors, officers, agents and employees, harmless against, and will pay promptly on demand for, any loss, liability and expense including legal costs arising out of same, if Scotia iTRADE or its successors and assigns is made a party to any action between or by me/us, my/our Attorney(s), or either of our agents, assigns or successors or to which any of them is a party and which relates in any way to the appointment or actions of my/our Attorney(s). I/we acknowledge and agree that Scotia iTRADE reserves the right to review and reject any of my/our Attorney's transaction requests.

4. This Power of Attorney is in addition to and does not revoke any previous power of attorney, including any general power of attorney granted by me/us or Scotia iTRADE Power of Attorney Granting Full Authority Including Withdrawal of Money (SiT3D), with the exception that this Power of Attorney DOES revoke any Scotia iTRADE Power of Attorney Limited to Buying and Selling Securities within an Account (SiT501) previously granted by me/us with respect to the Accounts. I/we specifically authorize multiple powers of attorney.

5. This Power of Attorney shall remain in full force and effect and shall survive any incidental, temporary or intermittent closing out, or reopening or renumbering of the Account(s). The powers hereby granted to the Attorney shall continue in full force and effect until any of the following events occur: (i) Scotia iTRADE receives written notice of revocation by me/us, (ii) court order, (iii) written resignation of the Attorney, or both Attorneys if more than one is named, (iv) a new Scotia iTRADE Power of Attorney Limited to Buying and Selling Securities within an Account (SiT501) over the Accounts is executed by me/us; or (v) Scotia iTRADE receives written notification of our death.

6. I/we hereby acknowledge that I/we have capacity to grant this Power of Attorney and am/are aware of the following:

- I/we know what kind of property I/we have and its approximate value;
- I/we am aware of obligations I/we owe to my/our dependents, if any;
- I/we know that my/our Attorney(s) will be able to do anything with my/our Account(s) that I/we could do if capable, subject to the conditions and restrictions set out in this Power of Attorney;
- I/we know that my/our Attorney(s) must account for his/her dealings with my/our property;
- I/we know that I/we may, if capable, revoke this Power of Attorney;
- I/we appreciate that unless my/our Attorney(s) manages my/our property prudently, the value of my/our property may decline; and
- I/we appreciate the possibility that my/our Attorney(s) could misuse the authority given to him/her.

7. The provisions of this Power of Attorney and indemnity shall enure to the benefit of and be binding on Scotia iTRADE's successors and assigns. This Power of Attorney and indemnity is in addition to (and in no way limits or restricts) any rights which you may have under any other agreement or agreements between us.

8. I/we declare that this Power of Attorney may be exercised during any subsequent legal incapacity on my/our part and comes into force and effect on the date set out above my/our names below.

9. I/we acknowledge that I/we have been advised to seek independent legal advice before executing this Power of Attorney and, by executing of this Power of Attorney, acknowledge that I/we have either received independent legal advice or declined to do so.

10. I/we acknowledge that I/we have read and understood all of the provisions of this Power of Attorney and that I/we have received a copy of this Power of Attorney. I/we have expressly requested that this Agreement and all deeds, documents or notices relating thereto be in the English language; *je/nous ayons a expressément exigé que cette convention et tout autre contrat, document ou avis afférent soient en langue anglaise.*

Limited to Buying and Selling Securities Within an Account

Signatory Requirements

1. Account Holder, Attorney and Witness age must be at least 18 in Alberta, Manitoba, Prince Edward Island, Ontario, Quebec, and Saskatchewan.
2. Account Holder, Attorney and Witness age must be at least 19 in British Columbia, New Brunswick, Newfoundland and Labrador, Northwest Territories, Nova Scotia, Nunavut, and Yukon.



1. The following persons CANNOT be witnesses under any circumstances: (1) the Account Holder(s); (2) the Attorney; (3) any employee or agent of the Attorney; (4) a person signing on behalf of the Account Holder(s); (5) a family member of the Account Holder(s), the Attorney or person signing on behalf of the Account Holder(s) (including spouse, common law partner, parent, child (including anyone whom the Account Holder(s) have demonstrated a settled intention to treat as the child of the Account Holder(s), legal guardian, sibling, grandparent, grandchild, uncle or aunt, nephew or niece); (6) anyone cohabitating with the Account Holder(s) or Attorney; (7) anyone with whom the Account Holder(s) or Attorney has a child; and (8) a person whose property is under guardianship or who has a guardian of a person.

2. The following chart summarizes the witness requirements for this Power of Attorney in the various Canadian provinces and territories. Please contact your legal advisor for full requirements.

Province/Territory	Witness Requirements for the Account Holder(s)' signature(s)
Alberta New Brunswick Newfoundland and Labrador Northwest Territories Nova Scotia Nunavut	One adult witness.
British Columbia	Two adult witnesses. Only one witness is sufficient if such witness is a practicing lawyer or a notary public.
Manitoba	One witness (other than the attorney or his/her spouse or common-law partner) who must be: <ul style="list-style-type: none"> • an individual registered, or qualified to be registered, under Section 3 of the Marriage Act to solemnize marriages in Manitoba; • a judge of a superior court of Manitoba, a justice of the peace or provincial judge, a duly qualified medical practitioner, a notary public appointed for Manitoba; or • a lawyer entitled to practice in Manitoba, a member of the Royal Canadian Mounted Police or a police officer with a police service established or continued under the <i>Police Services Act</i>.
Ontario Prince Edward Island	Two adult witnesses.
Quebec	Two adult witnesses who have no personal interest in the matter and who sign and attest <ul style="list-style-type: none"> i. that they have seen the account holder sign in their presence, ii. the identity of the account holder, iii. the account holder's understanding of the nature of the document signed, and iv. the account holder's capacity to act.
Saskatchewan	Two adult witnesses. Witness certificate in the prescribed form is required. Only one witness is sufficient if such witness is a lawyer, in which case a certificate of legal advice and a witness certificate in the prescribed form are required.
Yukon	One witness who must be a lawyer and accompanied by a certificate of legal advice from a lawyer who is not an Attorney or an Attorney's spouse.

_____, We, the Account Holder(s) hereby agree to and execute this Power of Attorney in the City of _____, _____ as of _____, 20____.

Witness Statement (The following statement is provided by and binding on each person who signs as a Witness to the signature of an Account Holder): I certify that: (1) I have no reason to believe that the Account Holder(s) whose signature(s) was/were witnessed by me is/are incapable of granting this Power of Attorney; (2) the Account Holder(s) understand(s) the nature of this Power of Attorney; (3) I am allowed to witness a power of attorney in the province/territory where this Power of Attorney is executed by the Account Holder(s); and (4) the Account Holder(s)'s signature(s) was/were witnessed by me in my presence.

Name of Account Holder 1 (please print)		Signature of Account Holder 1
Name of Account Holder 2 (please print)		Signature of Account Holder 2
Name of Witness 1 (please print)		Signature of Witness 1
Name of Witness 2 (please print)		Signature of Witness 2

Limited to Buying and Selling Securities Within an Account

Before using your authority as Attorney, you should consult with your legal advisor. U.S. residents are not allowed to be Attorney's under this Power of Attorney.

I accept the appointment as Attorney. I understand that I owe a duty to the Account Holder(s) and accordingly have informed myself of the investment objectives of the Account Holder(s) and agree to adhere to same.

I have read, understood and agree to all the terms and conditions relating to the Account in the Scotia iTRADE Relationship Disclosure Document and Terms and Conditions brochure.

I understand that I may not be qualified to act as an Attorney if:

- i. I am under the age noted above for the province/territory where this Power of Attorney is executed by the Account Holder;
- ii. I am someone who provides health care services to the Account Holder or an employee in the facility in which the Account Holder resides and through which the Account Holder receives personal health care services;
- iii. I am incapable of managing property or incapable of understanding what property is held in the Account Holder's account, its value or the effect that my decisions may have on the property in the account and its value;
- iv. I am an undischarged bankrupt; or
- v. I have been convicted of a criminal offence (for assault, sexual assault, an act of violence, intimidation, criminal harassment, uttering threats, theft, fraud or breach of trust).

I certify that I am qualified to act as an Attorney and will promptly notify the Account Holder and Scotia iTRADE if I become disqualified.

On consideration of the acceptance of the Account by Scotia iTRADE and other good and valuable consideration, I agree to indemnify and hold harmless Scotia iTRADE and each of its officers, directors, employees and agents of and from any liability, costs or expenses of any kind which they may suffer or incur as a result of acting in accordance with my instructions or the information I have provided or authorize another to provide. I have expressly requested that this Agreement and all documents relating to it be in English; *J'ai expressément exigé que cette convention et toute autre document afférent soient en langue anglaise.*

Name of Attorney (print name)	 Signature of Attorney	Date (mm-dd-yyyy)
Name of Attorney (print name)	 Signature of Attorney	Date (mm-dd-yyyy)

The Attorney(s) signature in Section E above was witnessed by the following witness or witnesses who comply with the applicable requirements set out on this form and the Attorney(s) signature(s) was/were witnessed by me/us in my/our presence.

Name of Witness 1	<div><div>X</div>Signature of Witness 1</div>			
Address (number, street, apartment, rural route)	City	Province/Territory	Postal code	Country
Name of Witness 2	<div><div>X</div>Signature of Witness 2</div>			
Address (number, street, apartment, rural route)	City	Province/Territory	Postal code	Country

Sample

SCOTIA
iTRADE

SIT501

Power of Attorney Limited to Buying and Selling Securities Within an Account

A Account Information			
Account name		Province	
Account Owner Name		Province	
Account number	Account number	Account number	Account number
Account #'s to be included under this Power of Attorney			
Account number			Account number
B Appointment of Attorney(s) (U.S. residents are not allowed to be Attorneys under this Power of Attorney)			
To: Scotia Capital Inc. ("Scotia iTRADE")			
1. In connection with the above noted account(s) which I/we have opened with you, I/we hereby appoint (hereinafter called my/our Attorney(s))			
Attorney name(s) (please print)		Name of your Attorney	
My/our relationship to the Attorney(s)		Please indicate your relationship to the Power of Attorney	
<p>as my/our agent(s) and attorney(s) with full power and authority to do on my/our behalf and for my/our risk and in my/our name or number on your books anything that I/we can lawfully do by an attorney in connection with buying, selling or trading stocks, bonds, options, commodities, debentures, bills of exchange and any other securities of whatever nature or kind, on margin or otherwise, all in accordance with the terms and conditions for the Account(s), as may be amended from time to time. If I/we have appointed more than one Attorney above, I/we hereby appoint them jointly and severally (either attorney may act alone and independently on my/our behalf), in accordance with the authority given to them.</p>			
2. Is the Attorney paid or otherwise compensated for the services provided pursuant to this Power of Attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No Please respond Yes / No			
I/we hereby acknowledge and am/are aware of the following:			
a) Any fees charged to my/our investment account by Scotia iTRADE are only for the services provided to me/us by Scotia iTRADE.			
b) The fees charged by Scotia iTRADE are not shared with any other individual or entity who I/we have appointed to provide advice or services.			
c) I/we understand that the Attorney has trading authority and provides advice on my/our account.			
d) If any fees are charged directly to me/us by the Attorney, they are separate and distinct from those charged by Scotia iTRADE may debit the Attorney fees from the account and pay them to the Attorney in accordance with a fee schedule, if applicable.			
3. I/we hereby ratify and confirm any and all trades, instructions, transactions and other acts heretofore and hereafter made by my/our Attorney(s) and will indemnify and hold Scotia iTRADE, its successors and assigns and their directors, officers, agents and employees, harmless against, and will pay promptly on demand for, any loss, liability and expense including legal costs arising out of same, if Scotia iTRADE or its successors and assigns is made a party to any action between or by me/us, my/our Attorney(s), or either of our agents, assigns or successors or to which any of them is a party and which relates in any way to the appointment or actions of my/our Attorney(s). I/we acknowledge and agree that Scotia iTRADE reserves the right to review and reject any of my/our Attorney's transaction requests.			
4. This Power of Attorney is in addition to and does not revoke any previous power of attorney, including any general power of attorney granted by me/us or Scotia iTRADE Power of Attorney Granting Full Authority Including Withdrawal of Money (SIT3D), with the exception that this Power of Attorney DOES revoke any Scotia iTRADE Power of Attorney Limited to Buying and Selling Securities within an Account (SIT501) previously granted by me/us with respect to the Accounts. I/we specifically authorize multiple powers of attorney.			
5. This Power of Attorney shall remain in full force and effect and shall survive any incidental, temporary or intermittent closing out, or reopening or renumbering of the Account(s). The powers hereby granted to the Attorney shall continue in full force and effect until any of the following events occur: (i) Scotia iTRADE receives written notice of revocation by me/us, (ii) court order, (iii) written resignation of the Attorney, or both Attorneys if more than one is named, (iv) a new Scotia iTRADE Power of Attorney Limited to Buying and Selling Securities within an Account (SIT501) over the Accounts is executed by me/us; or (v) Scotia iTRADE receives written notification of our death.			
6. I/we hereby acknowledge that I/we have capacity to grant this Power of Attorney and am/are aware of the following:			
a. I/we know what kind of property I/we have and its approximate value;			
b. I/we are aware of obligations I/we owe to my/our dependents, if any;			
c. I/we know that my/our Attorney(s) will be able to do anything with my/our Account(s) that I/we could do if capable, subject to the conditions and restrictions set out in this Power of Attorney;			
d. I/we know that my/our Attorney(s) must account for his/her dealings with my/our property;			
e. I/we know that I/we may, if capable, revoke this Power of Attorney;			
f. I/we appreciate that unless my/our Attorney(s) manages my/our property prudently, the value of my/our property may decline; and			
g. I/we appreciate the possibility that my/our Attorney(s) could misuse the authority given to him/her.			
7. The provisions of this Power of Attorney and indemnity shall ensure to the benefit of and be binding on Scotia iTRADE's successors and assigns. This Power of Attorney and indemnity is in addition to (and in no way limits or restricts) any rights which you may have under any other agreement or agreements between us.			
8. I/we declare that this Power of Attorney may be exercised during any subsequent legal incapacity on my/our part and comes into force and effect on the date set out above my/our names below.			
9. I/we acknowledge that I/we have been advised to seek independent legal advice before executing this Power of Attorney and, by executing of this Power of Attorney, acknowledge that I/we have either received independent legal advice or declined to do so.			
10. I/we acknowledge that I/we have read and understood all of the provisions of this Power of Attorney and that I/we have received a copy of this Power of Attorney. I/we have expressly requested that this Agreement and all deeds, documents or notices relating thereto be in the English language; <i>jehous aillavons a expressément exigé que cette convention et tout autre contrat, document ou avis afférent soient en langue anglaise.</i>			

Original - Branch Copy - Client

Scotia iTRADE® (Order-Execution Only Accounts) is a division of Scotia Capital Inc. ("SCI"). SCI is a member of the Canadian Investor Protection Fund and the Investment Industry Regulatory Organization of Canada. Scotia iTRADE does not provide investment advice or recommendations and investors are responsible for their own investment decisions. ® Registered trademark of The Bank of Nova Scotia. Used under license.

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Power of Attorney

Limited to Buying and Selling Securities Within an Account

C Signatory and Witness Requirements				
Signatory Requirements 1. Account Holder, Attorney and Witness age must be at least 18 in Alberta, Manitoba, Prince Edward Island, Ontario, Quebec, and Saskatchewan. 2. Account Holder, Attorney and Witness age must be at least 19 in British Columbia, New Brunswick, Newfoundland and Labrador, Northwest Territories, Nova Scotia, Nunavut, and Yukon.				
Witness Requirements (applicable to each person who signs as a Witness to a signatory to this form): 1. The following persons CANNOT be witnesses under any circumstances: (1) the Account Holder(s); (2) the Attorney; (3) any employee or agent of the Attorney; (4) a person signing on behalf of the Account Holder(s); (5) a family member of the Account Holder(s), the Attorney or person signing on behalf of the Account Holder(s) (including spouse, common law partner, parent, child (including anyone whom the Account Holder(s) have demonstrated a settled intention to treat as the child of the Account Holder(s), legal guardian, sibling, grandparent, grandchild, uncle or aunt, nephew or niece); (6) anyone cohabitating with the Account Holder(s) or Attorney; (7) anyone with whom the Account Holder(s) or Attorney has a child; and (8) a person whose property is under guardianship or who has a guardian of a person. 2. The following chart summarizes the witness requirements for this Power of Attorney in the various Canadian provinces and territories. Please contact your legal advisor for full requirements.				
Province/Territory	Witness Requirements for the Account Holder(s)' signature(s)			
Alberta New Brunswick Newfoundland and Labrador Northwest Territories Nova Scotia Nunavut	One adult witness.			
British Columbia	Two adult witnesses. Only one witness is sufficient if such witness is a practicing lawyer or a notary public.			
Manitoba	One witness (other than the attorney or his/her spouse or common-law partner) who must be: <ul style="list-style-type: none">an individual registered, or qualified to be registered, under Section 3 of the Marriage Act to solemnize marriages in Manitoba;a judge of a superior court of Manitoba, a justice of the peace or provincial judge, a duly qualified medical practitioner, a notary public appointed for Manitoba; ora lawyer entitled to practice in Manitoba, a member of the Royal Canadian Mounted Police or a police officer with a police service established or continued under the Police Services Act.			
Ontario Prince Edward Island	Two adult witnesses.			
Quebec	Two adult witnesses who have no personal interest in the matter and who sign and attest: <ul style="list-style-type: none">that they have seen the account holder sign in their presence,the identity of the account holder,the account holder's understanding of the nature of the document signed, andthe account holder's capacity to act.			
Saskatchewan	Two adult witnesses. Witness certificate in the prescribed form is required. Only one witness is sufficient if such witness is a lawyer, in which case a certificate of legal advice and a witness certificate in the prescribed form are required.			
Yukon	One witness who must be a lawyer and accompanied by a certificate of legal advice from a lawyer who is not an Attorney or an Attorney's spouse.			
D Account Holder(s) Agreement and Witness Statement				
I/We, the Account Holder(s) hereby agree to and execute this Power of Attorney in the City of _____, _____, _____ as of _____ month _____ day _____ year _____.				
Witness Statement (The following statement is provided by and binding on each person who signs as a Witness to the signature of an Account Holder): I certify that: (1) I have no reason to believe that the Account Holder(s) whose signature(s) was/were witnessed by me is/are incapable of granting this Power of Attorney; (2) the Account Holder(s) understand(s) the nature of this Power of Attorney; (3) I am allowed to witness a power of attorney in the province/territory where this Power of Attorney is executed by the Account Holder(s); and (4) the Account Holder(s)'s signature(s) was/were witnessed by me in my presence.				
Name of Account Holder 1 (please print)	Name of Account Holder #1	X	Signature of Account Holder 1	Signature
Name of Account Holder 2 (please print)	Name of Account Holder #2	X	Signature of Account Holder 2	Signature
Name of Witness 1 (please print)	Please check Section C to confirm how many witnesses are required in your province			
Name of Witness 2 (please print)				

Sample

Power of Attorney

Limited to Buying and Selling Securities Within an Account

E Attorney Agreement			
<p>Before using your authority as Attorney, you should consult with your legal advisor. U.S. residents are not allowed to be Attorney's under this Power of Attorney.</p> <p>The following agreement is provided by and binding on each person who signs this Power of Attorney as an Attorney:</p> <p>I accept the appointment as Attorney. I understand that I owe a duty to the Account Holder(s) and accordingly have informed myself of the investment objectives of the Account Holder(s) and agree to adhere to same.</p> <p>I have read, understood and agree to all the terms and conditions relating to the Account in the Scotia iTRADE Relationship Disclosure Document and Terms and Conditions brochure.</p> <p>I acknowledge that it is my duty and responsibility to ensure that the Account is operated in accordance with the best interests of the person who appointed me Attorney, the terms of the Power of Attorney, and any other applicable legal requirements.</p> <p>I understand that I may not be qualified to act as an Attorney if:</p> <ul style="list-style-type: none">i. I am under the age noted above for the province/territory where this Power of Attorney is executed by the Account Holder;ii. I am someone who provides health care services to the Account Holder or an employee in the facility in which the Account Holder resides and through which the Account Holder receives personal health care services;iii. I am incapable of managing property or incapable of understanding what property is held in the Account Holder's account, its value or the effect that my decisions may have on the property in the account and its value;iv. I am an undischarged bankrupt; orv. I have been convicted of a criminal offence (for assault, sexual assault, an act of violence, intimidation, criminal harassment, uttering threats, theft, fraud or breach of trust). <p>I certify that I am qualified to act as an Attorney and will promptly notify the Account Holder and Scotia iTRADE if I become disqualified.</p> <p>In consideration of the acceptance of the Account by Scotia iTRADE and other good and valuable consideration, I agree to indemnify and hold harmless Scotia iTRADE and each of its officers, directors, employees and agents of and from any liability, costs or expenses of any kind which they may suffer or incur as a result of acting in accordance with my instructions or the information I have provided or authorize another to provide. I have expressly requested that this Agreement and all documents relating to it be in English; <i>J'ai expressément exigé que cette convention et toute autre document afférent soient en langue anglaise.</i></p>			
Name of Attorney (print name)	Power of Attorney Name	X Signature of Attorney	Signature
			Date
Name of Attorney (print name)		X Signature of Attorney	Date (mm-dd-yyyy)
F Witness to Attorneys' Signature (This unless the witness is a practicing lawyer or a notary)		Only British Columbia residents only and two adult witnesses are required	
The Attorney signatures in Section E above were witnessed by			
witnessed by us in our presence.			
Name of Witness 1	Witness name #1	X Signature of Witness 1	Signature
Address (number, street, apartment, rural)	Address Witness #1	City	City
		Province	Province, Postal Code, Country
Name of Witness 2	Witness name #2	X Signature of Witness 2	Signature
Address (number, street, apartment, rural)	Address Witness #2	City	City
		Province	Province, Postal Code, Country



Electronic Communications (e-Communications) Consent

The information requested in this form is in accordance with Canada’s Anti-Spam Legislation (CASL)

A Account information			
Account Number	Account Number	Account Number	Account Number
Account Number	Account Number	Account Number	Account Number

B KEEP US IN YOUR INBOX	
Due to Canada’s Anti-Spam Legislation, we are restricted in our ability to send you certain electronic communications.	
By completing this form, you consent to receiving commercial electronic messages such as email from us and the other members of the Scotiabank group of companies identified on page 2*, including messages about our products and services and those of other members of the Scotiabank group of companies, and select third parties that may be of interest to you including those who are integral to the management of your account(s). We seek your consent on behalf of each of the members of the Scotiabank group of companies identified on page 2*. This consent will also apply to any company(ies) or person(s) that form a part of the Scotiabank group of companies in the future. If you are consenting on behalf of a business or organization, this consent allows the messages to be sent to any person that is part of your organization or business*.	
By completing this form, you are not providing consent to the sharing of any personal or financial information (other than your electronic address) with members of the Scotiabank group of companies. Your consent permits members of the Scotiabank group of companies referred to above to communicate with you via electronic means in respect of product and service offers that may be of interest to you. This enables such members of the Scotiabank group of companies to continue to keep you up-to-date on valuable information and opportunities, including market insights and research, newsletters, promotions, events, new products and special offers in order to serve your financial needs efficiently and effectively across banking and borrowing, investments, wealth structuring and trust.	
You will be able to withdraw your consent to receiving certain messages at any time. If you do, you may still receive certain electronic messages from the Scotiabank group of companies as permitted by law, such as transactional messages relating to your existing accounts and services.	
This consent applies to all electronic addresses that have been provided to us or that are provided to us from time to time at any time. It applies to all of your accounts, current and future, with the members of the Scotiabank group of companies referred to above. This consent will remain valid and in effect until you cancel it—even after our relationship with you has ended.	
C Consent (Signature(s) required)	
Where there are more consenting authorized persons indicated for the account(s), add an appendix page(s) to cover the information and signature(s) of all parties.	
Authorized person (please print name)	
<div>X</div> Signature of Authorized person	Date (mm-dd-yyyy)
Authorized person (please print name)	
<div>X</div> Signature of Authorized person	Date (mm-dd-yyyy)
Authorized person (please print name)	
<div>X</div> Signature of Authorized person	Date (mm-dd-yyyy)



Electronic Communications (e-Communications) Consent

The information requested in this form is in accordance with Canada's Anti-Spam Legislation (CASL)

Members of the Scotiabank Group of Companies Serving your Financial Needs

*This consent is being sought on behalf of all members of the Scotiabank group of companies identified below:

<p>The Bank of Nova Scotia (carrying on business as Scotiabank, Scotiabank Private Banking, International Private Banking and Scotia Wealth Management)</p> <p>40 King St. W., 52nd Floor Toronto, Ontario M5H 1H1 www.scotiabank.com, www.scotiawealthmanagement.com</p>	<p>The Bank of Nova Scotia Trust Company (carrying on business as Scotiatrust and Scotia Wealth Management)</p> <p>40 King St. W., 52nd Floor Toronto, Ontario M5H 1H1 www.scotiawealthmanagement.com</p>	<p>1832 Asset Management L.P. 1832 Asset Management U.S. Inc. (carrying on business as Scotia Asset Management, Dynamic Funds, Scotia Institutional Asset Management, Scotia International Asset Management, Private Investment Counsel, and Scotia Wealth Management)</p> <p>1 Adelaide St. E., 28th Floor Toronto, Ontario M5C 2V9 www.scotiabank.com, www.dynamic.ca, www.scotiawealthmanagement.com, www.scotiainstitutional.com</p>
<p>Scotia Institutional Asset Management US, Ltd. (carrying on business as Scotia Institutional Asset Management, and Scotia International Asset Management)</p> <p>1 Adelaide St. E., 28th Floor Toronto, Ontario M5C 2V9 www.scotiabank.com, www.dynamic.ca</p>	<p>Scotia Securities Inc. (carrying on business as Scotia Securities and Scotiabank)</p> <p>40 King St. W., 5th Floor Toronto, Ontario M5H 1H1 www.scotiabank.com</p>	<p>Scotia Capital Inc. (carrying on business as Scotia iTRADE, ScotiaMcLeod, each a division of Scotia Capital Inc., International Investment Advisory and Scotia Wealth Management)</p> <p>44 King St. W., 15th Floor Toronto, Ontario M5W 2X6 www.scotiaitrade.com, www.scotiawealthmanagement.com</p>
<p>Scotia Wealth Insurance Services Inc. (carrying on business as Scotia Wealth Management and ScotiaMcLeod)</p> <p>1 Adelaide St. E., 8th Floor Toronto, Ontario M5C 2V9 www.scotiawealthmanagement.com</p>	<p>BNS Insurance Agency Inc. Scotia Life Insurance Company ScotiaLife Financial Services Inc. (carrying on business as ScotiaLife Financial)</p> <p>100 Yonge St., Suite 400 Toronto, Ontario M5H 1H1 www.scotialifefinancial.com</p>	<p>Scotia Institutional Real Estate Inc. (carrying on business as Scotia Institutional Real Estate)</p> <p>1 Adelaide St. E., 23rd Floor Toronto, Ontario M5C 2V9 www.scotiainstitutional.com</p>
<p>The Bank of Nova Scotia Trust Company (Bahamas) Limited, Scotiabank (Bahamas) Limited, The Bank of Nova Scotia (Barbados Branch), The Bank of Nova Scotia Jamaica Limited, Scotiabank & Trust (Cayman) Ltd., and The Bank of Nova Scotia (Miami Agency).</p> <p>(some of which carry on business as Scotia Wealth Management, International Investment Advisory, and International Private Banking) and</p> <p>all other affiliates and subsidiaries of Scotiabank from time to time listed on Scotiabank's Public Accountability Statement, available at Scotiabank branches and on the internet at www.scotiabank.com, or upon request.</p> <p>*If you are consenting on behalf of a business or organization <u>and</u> you are the representative of that organization with the authority to consent or withdraw consent on behalf of the organization as a whole, you will have the right to unsubscribe the entire organization from receiving our messages. Other members of your organization will only be permitted to unsubscribe their individual electronic address from our messages, or a class thereof. They will not have the capability to unsubscribe the entire organization upon actioning our unsubscribe feature.</p>		



Scotia iTRADE® (Order-Execution Only Accounts) is a division of Scotia Capital Inc. ("SCI"). SCI is a member of the Investment Industry Regulatory Organization of Canada and the Canadian Investor Protection Fund. Scotia iTRADE does not provide investment advice or recommendations and investors are responsible for their own investment decisions. *Registered trademark of The Bank of Nova Scotia. Used under license.