



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 (Scotiatrust).

Plan type and number T	his application	n is for a Scotia Self-Directed:						
Retirement Savings Plan (RSP Locked-in Retirement Savings Locked-in Retirement Account	Plan (LRSP)	Retirement Income Fund (RIF) Life Income Fund (LIF) Locked-in Retirement Income F	☐ Ma	skatchewan Prescribed RF anitoba Prescribed RRIF (P	` / _	Federal Restricted Life I Federal Restricted Locke		
Information about you,	the custo	mer						
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	Country	
Home Phone Business Phone Ext.		Language Preference English French		Social Insurance Number (Mandatory)				
Information about spou	sal or com	nmon-law partner contrib	outor (if applica	ıble)				
Title, First Name, Middle Initial, Last Name of Spouse/Common-law Partner [†]			Social Insurance Number (Mandato			ımber (Mandatory)		
(not applicable if you are a	resident o elect that pay te of your dea		of Canada)	-	essor annuitant, i	f he or she is alive and	your spouse or	
Your locked-in plan information This plan is governed by the second seco						ne laws of		
Your Marital Status:	pouse/Cohabiting Partner ^{††} : Ye							
		iting partner ^{††} (for Ontario	and Newfound	and & Labrador LIF a	nd LRIF plans a	nd Nova Scotia LIF	plans only)	
By signing here, your spouse Name of Spouse/Cohabiting Partner		g partner confirms his or her co Signature	Name of Witness (plea	•	n plan, LIRA or L I Signature	RSP to this Scotia Self	Date (MM/DD/YYYY)	
Your instructions for RII	-/LIF/LRIF	payments						
Payment Frequency: Mont	hly 🗌 Quai	Maximum Amount Other oterly Semi-annually Ani	Amount \$ nually	Date of First Payment:	(MM/DD/YYYY		th Month-end	
· · · · · · · · · · · · · · · · · · ·	Direct deposit to account OR Cheque sent to the address set out above. You elect to use the age of your spouse or common-law partner to determine the minimum payment amount under this plan and certify that the date of birth of your spouse or common-law partner is:							
(PLEASE ATTACH VOII	CHEQUE)			Name of Spouse/Common-		ite of birth of your spouse	Date (MM/DD/YYYY)	
You name the following beneficion doing so, you revoke all previous	ary to receive designations	applicable if you are a reside the proceeds of this plan after you of beneficiary you have named for the restricted as set forth in the Dec	r death. In CA this plan. vo laration of yo	AUTION: Your designation ked or changed automati	n of a beneficiary lically by any futur	e marriage or divorce. S	ion form will not be re- ihould you wish to change I have to do so by means	
Acceptance of this appl	ication							
		ehalf of Scotiatrust by the repr	esentative noted h	ere:	Signature of Repre	sentative		
What you agree to who Your signature below confirms the		n this application ation on this Application is accurat		you have received the fe			terms.	

- 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).
- if this is a spousal or common-law partner plan, you acknowledge and understand that the plan cannot be altered from a spousal or common-law partner plan.
- if you live in Quebec, you have requested that this Application and all documents relating to this plan be in English. Au Québec, les parties conviennent et exigent expressément que ce contrat ainsi que tous documents et avis émis en vertu de celui-ci ou s'y rattachant soient rédigés en anglais.

Customer Signature	Date (MM/DD/YYYY)
X	

- † 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.