Scotiabank Magna MasterCard Application Form

Are you a MAGNA Program member? ❑ Yes ❑ No
If yes, fill in your MAGNA #

TELL US ABOUT YOURSELF

Name | Date of Birth DD/MM/YY | Marital Status ❑ Single ❑ Married ❑ Divorced ❑ Widow(er)

Address

Time at current Residence Yrs/Mths | If less than 2 years, time at previous Yrs/Mths | Home Phone # | Cell Phone #

Passport/National ID # | Driver's Licence # | Mother's Maiden Name

Employer | Occupation | Monthly Income $ | Work Phone #

Time with current Company Yrs/Mths ❑ Full Time ❑ Part Time | If less than 2 years, time at previous Company Yrs/Mths | Other Income $

WOULD YOU LIKE AN ADDITIONAL CARD FOR YOUR SPOUSE? If yes, complete this section

Name | Date of Birth DD/MM/YY | Cell Phone #

Passport/National ID # | Driver's Licence # | Mother's Maiden Name

Employer | Occupation | Work Phone #

Time with Company Yrs/Mths ❑ Full Time ❑ Part Time | Monthly Income $

YOUR FINANCIAL INFORMATION

Are you a Homeowner? ❑ Renter? ❑ Other? ❑ | If you are a Homeowner, what is the value of the property? $

Existing Debt/Mortgage on the property $ | Institution | Monthly Pymt $

Do you have any loans with Scotiabank? ❑ Yes ❑ No | Amount $ | Monthly Pymt $

Other Lenders? ❑ Yes ❑ No | If yes, specify lender | Amount $ | Monthly Pymt $

Other Credit Card? ❑ Yes ❑ No | If yes, specify lender | Balance $ | Monthly Pymt $

Other Assets: Car ❑ Value $ | Lender (if any) | Monthly Pymt $

Savings/Deposit Account ❑ Value $ | Investments/Stocks ❑ Value $ | Other ❑ Value $

Are you a Scotiabank customer? ❑ Yes ❑ No | If yes, Account/ScotiaCard #

Would you like to insure your Scotiabank MAGNA MasterCard account balance? ❑ **Yes** ❑ **No** **If yes, will the coverage be** ❑ **Single Coverage** ❑ **Joint Coverage**

You understand that to be eligible for coverage, you must be 18 years of age and under 70 to enroll; and that your coverage will be bound by the Terms and Conditions stated in your Certificate of Insurance. Furthermore you authorise the Bank to provide the insurer with your Scotiabank MAGNA account number, monthly statement balance and any other necessary information; and you authorise the insurer to charge monthly premiums to your Scotiabank MAGNA MasterCard account.

I (We) hereby certify the above information to be true and complete. If this application is accepted by The Bank of Nova Scotia (the "Bank") I (We) request the Scotiabank MAGNA MasterCard cards and Convenience Cheques be issued to me (us) as designated above. I (We) hereby authorise and consent to the Bank obtaining further information about me (us) and checking the information I (We) have given here and exchanging information about me (us) with other parties. I (We) agree to read and be bound by the Scotiabank MAGNA MasterCard Cardholder Agreement. I (We) authorise the Bank to debit my (our) credit card account with the amount of the annual fees in effect from time to time for the card.

Applicant's Signature | Date | Co-Applicant's Signature | Date

For Bank Use Only: Total Monthly Payments $ **Net Worth $** **TDSR %**