Account application

Personal accounts

Direct Investing



®

ACCOUNT APPLICATION PROCESS

You must be a resident of Canada to open an account with ScotiaMcLeod Direct Investing.

1. Complete the account application on the following pages and attach a legible photocopy (both sides including expiration date) of one piece of identification for each Applicant and Trading Authority. Only a 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 are acceptable forms of identification. If you do not have a Scotiabank account, please attach a personal cheque for deposit drawn on a Canadian financial institution in the amount of \$1.00. A cheque is required for each Applicant and Trading Authority. As secondary identification 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. A ScotiaCard™ is required to access your ScotiaMcLeod Direct Investing account online. If you do not have a ScotiaCard, one will be forwarded to you by mail. The Primary Applicant and Trading Authority each require a ScotiaCard. Co-Applicants and Guarantors do not need a ScotiaCard.

2. Attach additional documents as required

FOR A TRADING AUTHORITY:		FOR A SELF-DIRECTED EDUCATION SAVINGS PLAN (RESP):
 Personal Trading Authorization Form (included on page 12 of this application) 	#1922114	Scotia Self-Directed Individual Education Savings Plan Application Form #1925210
FOR A RETIREMENT SAVINGS PLAN (RSP):		or Scotia Self-Directed Family Education
Scotia Self-Directed Registered Plan Application Form (included on page 11 of this application	#8972714	Savings Plan Application Form #1971611
	10572714	Savings Grant Form #1971913
FOR A LOCKED-IN SAVINGS PLAN (LRSP, LIRA):		If more than two beneficiaries designated,
Scotia Self-Directed Registered Plan Application Form (included on page 11		include a Scotia Self-Directed Education Savings Plan Schedule A Form #1972111
of this application A copy of the Locked-In Agreement from the transferring organization	#8972714	IF YOU ARE TRANSFERRING MONIES OR SECURITIES TO SCOTIAMCLEOD DIRECT INVESTING FROM ANOTHER INSTITUTION:
from the transferring organization		Transfer Authorization for Non-Registered
FOR A RETIREMENT INCOME PLAN (RIF):		or
Scotia Self-Directed Registered Plan Application Form (included on page 11 of this application	#8972714	Transfer Authorization for Registered Investments Form #1961810 A T2151 is required if the source of funds
FOR A LOCKED-IN INCOME PLAN (LIF, LRIF, PRRIF):		is a Registered Pension Plan or Deferred
Scotia Self-Directed Registered Plan		Profit-Sharing Plan
Application Form (included on page 11		Human Resources and Skills Development
of this application	#8972714	Canada RESP Transfer form #HRSDC SDE 0050
A copy of the Locked-In Agreement from the transferring organization		IF YOU ARE A U.S. CITIZEN OR HAVE U.S. DUAL CITIZENSHIP:
from the transferring organization		W9 Form for U.S. taxation purposes #841 1018
FOR A TAX-FREE SAVINGS ACCOUNT (TFSA):		FOR AN INFORMAL TRUST ACCOUNT
Scotia Tax-Free Savings Account Application	n #8977313	Informal Trust Account Application #873 4119
Scotia Tax-Free Savings Account		
Declaration of Trust	#8977011	

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

P.O. Box 603 Scarborough, ON M1K 5C5

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

Call 1 800 263-3430 if you have any questions. All forms are available online at www.scotiamcleoddirect.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 ScotiaMcLeod Direct Investing, 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

ScotiaMcLeod Direct Investing 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 ScotiaMcLeod Direct Investing 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 ScotiaMcLeod Direct Investing 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 ScotiaMcLeod Direct Investing will not consider your financial situation, investment knowledge, investment objectives or risk tolerance when processing orders placed by you.

SCOTIACARD NUMBER		MOTHER'S MAIDEN SURNAME		Please provide your ScotiaCard number if you have one.
453				We require your Mother's
TITLE FIRST NAME		INITIAL LAST NAME		Maiden Surname for identification purposes.
DATE OF BIRTH (MM/DD/YY	YY)	COUNTRY OF CITIZENSHIP		
				*U.S. citizens and U.S. dual
SOCIAL INSURANCE NUMBE	ER	SSN / TIN*		citizens must provide a Social Security Number (SSN),
				also referred to as a Taxation
RESIDENTIAL ADDR	RESS			Identification Number (TIN). A W9 form is also required.
STREET ADDRESS/LEGAL AI	DDRESS (ADDRESS CANNOT BE	A POST OFFICE BOX)	APT/SUITE NO.	If your mailing address is
				different – see page 6.
ADDITIONAL ADDRESS INFO	ORMATION			
СІТҮ	PROVINCE	POSTAL CODE		
HOME PHONE NUMBER		BUSINESS PHONE NUMBER	EXT.	
CELL PHONE NUMBER		PAGER NUMBER		
· ·				
FAX NUMBER		PRIMARY EMAIL ADDRESS	П номе	
I			BUSINESS	
Which number would you	prefer we use to contact	you during market hours?		
EMPLOYMENT INFO	DRIMATION			If retired, we require your
	STUDENT SELF-EMPLOY		FR	most recent employment
EMPLOYER				information.
POSITION		YEARS WITH THIS EMPLOYER		
EMPLOYER'S ADDRESS				
СІТҮ	PROVINCE	POSTAL CODE		
Are you employed by the S	Scotiabank Group?			
IF YES, SPECIFY.				
Are you an Insider of Scoti by Scotiabank's Compliance		dvised that you are a Designated Person	YES NO	
		an IDA (Investment Dealers Association)	YES NO	
Note: Certain conditions m	nay apply to accounts for e	employees of firms in the securities industry		

and accounts over which such persons have trading authority.

FINANCIAL INFORMATION

YOUR ANNUAL INCOME

UNDER \$25,000 S50,999 \$51,000 TO \$74,99	9 🗌 \$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			А	(Cash and securities minus current liabilities)
Net Fixed Assets			В	(Fixed assets minus loans outstanding against fixed assets)
Total Net Worth			(A +	B)
HAVE YOU OWNED OR TRADED?	Select y	our level of kno	wledge	
MUTUAL FUNDS	Low	MODERATE	Пн	IGH
FIXED INCOME (OTHER THAN CSBs)	LOW		Пн	IGH
🗌 STOCKS	LOW		Пн	IGH
MARGIN	LOW	MODERATE	Пн	IGH
	LOW	MODERATE	Пн	IGH
SHORT SALES	LOW		Пн	IGH
			Пн	IGH

HOW DID YOU HEAR ABOUT US?

SCOTIABANK BRANCH	PERSONAL REFERRAL
STATEMENT ENCLOSURE OR OTHER MAIL	INTERNET
NEWSPAPER / MAGAZINE AD	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	
IF YES, WHAT IS THE NAME OF THE COMPANY(IES)?		
Are you, or your spouse, singularily, 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, IDA 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 ScotiaMcLeod Direct Investing Account?	YES	□ NO
IF YES, WHAT IS THE ACCOUNT NUMBER(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)?		

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 ScotiaMcLeod Direct Investing 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	s					Cheque No.
				DATE		
PAY TO THE ORDER OF					\$	
					/100 DC	ILLARS
Banking Institu	ution Name					
Branch Addres	SS					
MEMO						
Cheque No. # # #	Branch Transit No.	Bank Institution No.	Bank Account No.		Type of Account	Currency
MARITAL	STATUS					
		DN LAW	D 🗌 LEGALLY SEPA	RATED WIDOWED		
INFORMA	TION ABOUT Y	OUR SPOUSE				
TITLE	FIRST NAME		INITIA	L LAST NAM	E	
EMPLOYN	MENT STATUS					
EMPLOYED		ENT SELF-EMPLOY			OTHER	
EMPLOYER						
POSITION						
			TORY FOR NON-REGIS	TERED ACCOUNTS)		
TYPE OF IDEN		· · ·	CANADIAN CITIZENSHIP CARD	BIRTH CERTIFICATE (IF UNDER AGE 21)	AGE OF MAJO CARD	
IDENTIFICATIO	ON DOCUMENT NUME					

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

We share information within the Scotiabank Group to help provide you with better service across your entire relationship with us. Your consent to share enables enhanced access to the resources of this organization whether they are with a branch, or on the internet. By indicating your consent below you allow us to share your information in accordance with the Scotiabank Group Privacy Agreement. Your consent is not a condition of doing business with us and you may withdraw it at any time by contacting ScotiaMcLeod Direct Investing or a Scotiabank branch.

🗌 I consent 🔲 I do not consent

TYPE OF ACCOUNT			
NON-REGISTERED INDIVIDUAL ACCOUNT JOINT 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)	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)	If you are applying for more than one account on this application, the Primary Applicant must be the same for all accounts.
NON-REGISTERED ACCOUNTS ONLY		REGISTERED EDUCATION SAVINGS PLAN	ScotiaMcLeod Direct Investing currently processes RESP Canada Education Savings Grant payments but
			may not process Canada
	AVE SUFFICIENT FUNDS FOR PURCHASES O BORROW AGAINST THE ASSETS IN YOUR ACCOUNT YES NO YES NO IF YES, WHAT STRATEGIES DO YO COVERED CALLS PURCHASING PUTS AND CA SPREADS		Learning Bond, Additional CESG or certain provincial education savings grant payments.
JOINT ACCOUNTS ONLY			
OINT TENANTS WITH RIGHTS OF SUR (NOT AVAILABLE IN QUEBEC)	VIVORSHIP or TENANTS-IN-COMMON	TENANTS-IN-COMMON % OWNERSHIP (MUST EQUAL 100%) PRIMARY APPLICANT % JOINT APPLICANT #1 % JOINT APPLICANT #2 % JOINT APPLICANT #3 % JOINT APPLICANT #3 %	
REGISTERED ACCOUNTS ONLY			
Do you want to apply for option IF YES, WHAT STRATEGIES DO YOU INTEN		SING PUTS AND CALLS	
INTENDED USE FOR TH	IS ACCOUNT		-
What is the intended use for th SHORT TERM INVESTMENT LONG TERM INVESTMENT INCOME GENERATION SAVINGS	is account?		
SETTLEMENT INSTRUCT			
In which currency would you pr		' WAS TRADED.	
INITIAL DEPOSIT			
	R AMOUNT OF YOUR INITIAL DEPOSIT FOR THIS	ACCOUNT?	-
TRANSFER REQUESTS			
Do you want us to transfer any	of your assets from another financial instit	tution?	
		MENTS FORM, OR THE TRANSFER AUTHORIZATION FOR	

MAILING ADDRESS (IF DIFFERENT FROM YOUR RESIDENTIAL ADDRESS)

STREET ADDRESS			ADDRESS DESCRIPTION (EG. OFFICE, COTTAGE, ETC.)
C/O			
СІТҮ		PROVINCE	POSTAL CODE
SHAREHOLDE	R COMMUNICATIC	N INSTRUCTIONS	
PART 1 - DISCLOSU	RE OF BENEFICIAL OWNERS	HIP INFORMATION	
I DO NOT OBJECT	communication (Englis companies in accordan account information no	h or French) to issuers of ce with securities law. I u oted above to issuers of s to be sent to me, and th	ddress, securities holdings and preferred language of securities held with you and to other persons or understand that by objecting to the disclosure of my securities that I hold with you, certain materials may hat I may have to pay the costs of having these
I WISH		ddress to security issuers, ss will be as I have indica	for the electronic delivery of securityholder materials ated on page 2 or:
PART 2 - RECEIVING	SECURITYHOLDER MATER	IALS	
I WANT	to receive ALL security	nolder materials sent to b	peneficial owners of securities.
	to receive ALL securityl receive these types of r	nolder materials sent to b	peneficial owners of securities. (Even if I decline to nat a reporting issuer or other person or company is
I WANT	to receive ONLY proxy-	related materials that are	e sent in connection with a special meeting.
	a reporting issuer conc addition, in some circu annual reports or finan materials. An investme wish to receive its annu	erning the sending of int mstances, the instruction icial statements of an inv nt fund is also entitled to ual report or financial sta	by to any specific request you give or may have given to terim financial statements of the reporting issuer. In as you give in this client response form will not apply to estment fund that are not part of proxy-related to obtain specific instructions from you on whether you tements, and where you provide specific instructions, ancial statements will not apply.
PART 3 - PREFERREI	D LANGUAGE OF COMMUN	ICATION	
ENGLISH/FRENCH	My preferred language	of communication is:	ENGLISH FRENCH
	I understand that the r materials are available		in my preferred language of communication if the
OTHER INTER	EST IN THIS ACCOU	NT	
Will this account b Registered Plan ho		ss on behalf of someone	other than the Applicant, Joint Applicant, Trustee, or
TRADING AUT	HORIZATION		
Will anyone other	than the applicant(s) on t	he account have trading	authority over this account?
IF YES, INFORMATION MUST BE SIGNED.	ABOUT THE TRADING AUTH	ority is required (page 7) and a personal trading authority form (page 12)

PAGE 6

INFORMATION ABOUT THE:

SCOTIACARD NUMBER	MOTHER'S MAIDEN SURNAME		Please provide ScotiaCard
453			number if you have one and
TITLE FIRST NAME	INITIAL LAST NAME		Mother's Maiden Surname for Trading Authorities only.
DATE OF BIRTH (MM/DD/YYYY)	COUNTRY OF CITIZENSHIP		
SOCIAL INSURANCE NUMBER	SSN / TIN*		*If U.S. citizens or U.S. dual citizen Social Security Number (SSN) required for
RESIDENTIAL ADDRESS			Co-Applicant only. A W9 form is also required.
STREET ADDRESS/LEGAL ADDRESS (ADDRESS CANN	IOT BE A POST OFFICE BOX)	APT/SUITE NO.	A wy form is also required.
ADDITIONAL ADDRESS INFORMATION			
CITY PROVINCE	POSTAL CODE		
HOME PHONE NUMBER	BUSINESS PHONE NUMBER	EXT.	
CELL PHONE NUMBER	PAGER NUMBER		
FAX NUMBER	PRIMARY EMAIL ADDRESS		
	and the second states and		
Which number would you prefer we use to cor BUSINESS HOME CELL	ntact you during market nours?		
EMPLOYMENT INFORMATION			
EMPLOYMENT STATUS			If retired, we require previous
EMPLOYED RETIRED STUDENT SELF-E			employment information.
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 b by Scotiabank's Compliance Department?	een advised that you are a Designated Person	YES NO	
Are you or members of your household employ Member firm (Pro)?	yed by an IDA (Investment Dealers Association)	YES NO	
Note: Certain conditions may apply to accounts and accounts over which such persons h	s for employees of firms in the securities industry ave trading authority.		

FINANCIAL INFORMATION (NOT REQUIRED FOR TRADING AUTHORITY)

YOUR ANNUAL INCOME		
UNDER \$25,000 S5	0,999 🗌 \$51,000 TO \$74,9	999 🗌 \$75,000 TO \$99,999 🗌 \$100,000 TO \$149,999 🗌 \$150,000 TO \$200,000
OVER \$200,000, SPECIFY	_	
YOUR ESTIMATED NET WORTH (N	OT REQUIRED FOR TRADING A	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 know	wledge.
MUTUAL FUNDS	LOW MODERATE	Пнідн
FIXED INCOME (OTHER THAN CSBs)	LOW MODERATE	Пнідн
STOCKS	LOW MODERATE	Пнідн
MARGIN	LOW MODERATE	Пнідн
	LOW MODERATE	Пнідн
SHORT SALES	LOW MODERATE	Пнідн
OVERALL INVESTMENT EXPERIENCE	LOW MODERATE	Пнісн
INFORMATION REQUIRE	D BY SECURITIES	S REGULATORS AND COMPLIANCE
Are you or your spouse consider of any public companies?	ed to be an Insider (as o	defined in a Provincial Securities Act)
IF YES, WHAT IS THE NAME OF THE	COMPANY(IES)?	

Are you, or your spouse, singularily, 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, IDA 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 ScotiaMcLeod Direct Investing Account? IF YES, WHAT IS THE ACCOUNT NUMBER(S)?	YES	□ NO
Do you own, or have trading authority over any other accounts with another securities firm? IF YES, WHAT IS THE NAME OF THE SECURITIES FIRM(S)?	YES	NO NO
IF TES, WITAL IS THE WAIVE OF THE SECURITIES FIRINGS !!		

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

Banking information is required by Securities Regulators.

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

Your Name Your Address	c					Cheque No.
Tour Audres	5			DATE		
PAY TO THE					\\$	
Banking Institu	ution Name				/100 D	OLLARS
Branch Addres	ss					
MEMO						
Cheque No. # # #	Branch Transit No.	Bank Institution No.	Bank Account No.		Type of Account	Currency CDN U.S.
MARITAL	STATUS					
		N LAW	D LEGALLY SEF	ARATED WIDOWED		
INFORMA	TION ABOUT CO	D-APPLICANT	'S SPOUSE			
TITLE	FIRST NAME		INITI	AL LAST NAM	E	
EMPLOYN	MENT STATUS					
EMPLOYED	RETIRED STUDE	NT SELF-EMPLOY	ed 🗌 homemak		OTHER	
EMPLOYER						
POSITION						
IDENTIFIC	ATION REQUIRE	MENTS (MANDA	Tory for Non-Reg	STERED ACCOUNTS)		
TYPE OF IDEN		I INSURANCE	CANADIAN CITIZENSHIP CARD	BIRTH CERTIFICATE (IF UNDER AGE 21)	AGE OF MAJ	DRITY DASSPORT
IDENTIFICATIO	ON DOCUMENT NUMB			· · · · · · · · · · · · · · · · · · ·		

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

We share information within the Scotiabank Group to help provide you with better service across your entire relationship with us. Your consent to share enables enhanced access to the resources of this organization whether they are with a branch, or on the internet. By indicating your consent below you allow us to share your information in accordance with the Scotiabank Group Privacy Agreement. Your consent is not a condition of doing business with us and you may withdraw it at any time by contacting ScotiaMcLeod Direct Investing or a Scotiabank branch.

🗌 I consent 🔲 I do not consent

Order Execution Only Account **CUSTOMER AGREEMENT**

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

BY SIGNING, I CONFIRM THAT:

- 1. All of the information in this application is complete and accurate and I will promptly send written notice to ScotiaMcLeod Direct Investing of any significant changes in this information. I verify that all photocopies of identification submitted with this application are true copies of identification of each applicant.
- 2. I have read, understand, and agree to the terms of your Account Agreement and the other sections in the Terms and Conditions brochure that apply to this account 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 from a Canadian financial institution for deposit to satisfy Canadian Money Laundering requirements.
- 4. 🗆 If a Joint Account, I have read, understand, and agree to your Joint Account Agreement contained in the 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 these elections apply to all securities held in this account.
- 6. ScotiaMcLeod Direct Investing may debit or credit my Scotiabank account to settle my trades, as I instruct, on a trade-by-trade basis.
- 7. ScotiaMcLeod Direct Investing reserves the right to restrict or limit trading activity in this account at any time without notice to me. ScotiaMcLeod Direct Investing may close this account if all required documentation in complete form is not received within two weeks of opening my account.
- 8. If this account was a referral from a Scotiabank Group member, I understand that ScotiaMcLeod Direct Investing may share personal information about my account with the referring Scotiabank Group member for the purposes of closing the referral. Any such sharing of personal information will be limited to account opening and transfer-in particulars necessary to accurately recognize, and track the referral.

ACKNOWLEDGEMENT

I acknowledge that ScotiaMcLeod Direct Investing does not provide recommendations to me and does not accept any responsibility to advise me on the suitability of any of my investment decisions or transactions. I acknowledge that I am responsible for my investment decisions, as well as for any profits or losses that may arise, and ScotiaMcLeod Direct Investing will not consider my financial situation, investment knowledge, investment objectives or risk tolerance when processing orders placed by me.

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)

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. CICNIATURE C

SIGNALORES								
PRIMARY APPLICANT	DATE (MM/DD/YYYY)	JOINT APPLICANT	DATE (MM/DD/YYYY)					
	1							

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.

51610 (10125			
PRIMARY APPLICANT	DATE (MM/DD/YYYY)	JOINT APPLICANT	DATE (MM/DD/YYYY)

CUSTOMER IDENTIFICATION REQUIREMENTS

SIGNATURES

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: Driver's Licence Passport Age of Majority Card Provincial Health Insurance Card (except ON, MB, PEI) Canadian Citizenship Card Birth Certificate (under age 21) FOR BRANCH USE FOR SCOTIAMCLEOD DIRECT INVESTING USE Name of Officer Manager Employee Number Date DROP Date Telephone Number Transit # COMMENTS AMO Indicate if: ScotiaOne Service Scotia Professional Plan * ScotiaMcLeod Direct Investing is a division of Scotia Capital Inc. PAGE 10

	Scotia Self-Directed Registered							
	Plan Application							
	In this Application, the terms <i>you</i> and <i>your</i> refer to the customer and the terms <i>we</i> , <i>our</i> and <i>us</i> refer to The Bank of Nova Scotia Trust Compan	v (Scotiatruct)						
Plan type	This Application is for a:	Scotia Flusty.						
and number	 Scotia Self-Directed Retirement Savings Plan (RSP) Scotia Self-Directed Locked-in Retirement Savings Plan (LRSP) 	Scolia sell-Directed Plan No.						
	Scotia Self-Directed Locked-in Retirement Account (LIRA)	I.E. Code						
	Scotia Self-Directed Retirement Income Fund (RIF) Scotia Self-Directed Life Income Fund (LIF)							
	Scotia Self-Directed Saskatchewan Prescribed RRIF (PRRIF)	ScotiaMcLeod						
	 ☐ Scotia Self-Directed Locked-in Retirement Income Fund (LRIF) ☐ Scotia Self-Directed Manitoba Prescribed RRIF (PRRIF) 	ScotiaMcLeod Direct Investing						
Information	Title, First Name, Middle Initial, Last Name							
about you, the customer	A day of							
the customer	Address							
	City Province	Postal Code						
	Date of Birth (YYYYMMDD) Language Preference Home Phone E - English F - French	Business Phone						
	Social Insurance Number (Mandatory)	L						
Information about spousal or common-law partner	Title, First Name, Middle Initial, Last Name of Spouse/Common-law Partner [†]	Social Insurance Number (Mandatory)						
contributor (if applicable)								
Your locked-in plan	Your Marital Status: A Married / Common Law Other	This plan is governed by the laws of						
information	Spousal Waiver: Yes No Consent of Spouse/Cohabiting Partner ⁺⁺ : Yes	No Age at which your pension plan allows you to receive a pension						
Constation	Pension plan proceeds calculated based on gender Yes No							
Consent of your spouse or cohabiting partner ^{††}	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.							
(for Ontario and Newfoundland	Name of Spouse/Cohabiting Partner (please print) Name of Witness (please print)							
& Labrador LIF and LRIF plans and Nova Scotia LIF plans only)	Signature of Spouse/Cohabiting Partner Signature of Witness	Date (MMDDYY)						
Your instructions for		ther Amount \$						
RIF/LIF/LRIF payments	Payment Frequency: Monthly Quarterly Semi-annually Annually							
	You elect to have any payments from this plan made to you by: (select one) Direct deposit to account Institution No. Transit No. Account No.							
	(PLEASE ATTACH VOID CHEQUE)							
	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							
	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 of Birth (YYYYMMDD)							
Election of spouse or	In the event of your death, you elect that payments under your RIF continue to your if he or she is alive and your spouse or common-law partner on the date of your							
common-law partner as successor annuitant ⁺	Name of Spouse/Common-law Partner							
(RIF plans only)	Address							
Your beneficiary information	plan after your death. In doing so, you revoke all previous designatio	Your designation of a beneficiary by means of a n form will not be revoked or changed automatically by						
(not applicable in the	designations of beneficiary you have named for this plan. any future	marriage or divorce. Should you wish to change your y in the event of a future marriage or divorce, you will have						
Province of Quebec)	forth in the Declaration of Trust and Addendum, if any. to do so b	y means of a new designation.						
	Name of Beneficiary Relationship	o to you						
What you agree to	Your signature below confirms that the information on this by its to	erms.						
when you sign 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 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. 							
application								
	 to be bound by the terms described therein. you request us to apply for this plan to be registered, as applicable, as an RSP under section 146 of the <i>Income Tax</i> 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 							
	Act (Canada) or as a RIF under section 146.3 of the express	ément que ce contrat ainsi que tous documents et						
	Income Tax Act (Canada). • you have received the fee schedule and agree to be bound • you have received the fee schedule and agree to be bound							
	Customer Signature Date (MI	VIDDYY)						
t								

[†] 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.

ACCOUNT APPLICATION

PERSONAL TRADING AUTHORIZATION

Authorization may not be witnessed by the Agent or Agent's spouse or partner, the Grantor's spouse or partner, a child of the Grantor or a person whom the Grantor has demonstrated a settled intention to treat as his or her child, a person whose property is under guardianship or who is a guardian of the person or a person who is less than eighteen years old.

IN	IN CONNECTION WITH											
ACCOUNT NUMBER												
	WHICH I MAINTAIN WITH SCOTIAMCLEOD DIRECT INVESTING (THE "ACCOUNT"), I HEREBY APPOINT											

(the "Agent") as my agent with full power and authority to do on my behalf and for my risk and in my name anything that I may lawfully do by an agent, including but not limited to buying, selling or trading stocks, bonds, options, commodities, debentures, bills of exchange and other securities of whatsoever nature or kind on margin or otherwise, including providing settlement instructions and otherwise dealing with the maintenance and operation of the Account. This power and authority further includes, but is not limited to receiving and acquiescing to the correctness of any and all notices of transactions, statements of account and other communications from ScotiaMcLeod Direct Investing, and settling, compromising adjusting and executing releases with respect to any and all claims, demands, disputes or controversies, and receiving requests and demands for payment or securities due, notices of intention to sell or purchase and other notices and demands in accordance with the terms and conditions applicable to the operation of the Account as they may be amended from time to time, subject to the following restrictions;

- a) my Agent may not make, draw, sign, or endorse my name on any stock certificate, bond, debenture or other evidence of any interest in any securities on my behalf, and
- b) my Agent may not instruct you to transfer, convey or otherwise distribute from the Account, assets of any sort to any party, save for purposes of settlement of trades executed for the Account.

1. I hereby ratify and confirm any and all trades, instructions, transactions and other acts heretofore and hereafter made by my Agent. I hereby agree to indemnify and hold ScotiaMcLeod Direct Investing, its directors, officers, employees and agents, harmless against, and will pay promptly on demand for, any loss, liability and expense including legal costs arising out of same, if ScotiaMcLeod Direct Investing is made a party to any action between or by either of the undersigned or to which either of the undersigned is a party which relates in any way to the appointment of the Agent hereby. The powers hereby granted to the Agent shall continue in full force and effect until your receipt of written notice of the termination of this Trading Authorization, such notice to be delivered to ScotiaMcLeod Direct Investing, Compliance Department at its Head Office.

2. The provisions of this Trading Authorization shall enure to the benefit of and be binding on ScotiaMcLeod Direct Investing's successors and assigns. This Trading Authorization and indemnity is in addition to (and in no manner limits or restricts) any rights which you may have under any other agreement or agreements between us.

3. I declare that this Trading Authorization may be exercised during any subsequent legal incapacity on my part and comes into force and effect on the date set out below.

4. If my Agent is my spouse I have been advised to seek independent legal advice before executing this Trading Authorization and, by execution of this Trading Authorization, I either acknowledge having received independent legal advice or acknowledge being urged to seek independent legal advice although I have declined to do so.

5. I acknowledge that I have read and understand all of the provisions contained in this Trading Authorization.

The undersigned have expressly requested that this Agreement and all deeds, documents or notices relating thereto be in the English language; les soussignés ont expressément exigé que cette convention et toute autre contrat, document ou avis afférent soient en langue anglaise.

STATEMENT OF WITNESSES:

We have no reason to believe that the person granting this Trading Authorization is incapable of granting it or making decisions in respect of which instructions are contained in this Trading Authorization. We have signed this Trading Authorization in the presence of the Customer and in the presence of each other.

NOTE: This Trading Authorization may not be witnessed by the Agent or Agent's spouse or partner, the Grantor's spouse or partner, a child of the Grantor or a person whom the Grantor has demonstrated a settled intention to treat as his or her child, a person whose property is under guardianship or who is a guardian of the person or a person who is less than eighteen years old.

SIGNATURE OF WITNESS	DATE (MM/DD/YYYY)		
NAME OF WITNESS (PLEASE PRINT)			
SIGNATURE OF WITNESS	DATE (MM/DD/YYYY)		
NAME OF WITNESS (PLEASE PRINT)			
SIGNATURE OF CUSTOMER (SEAL)	DATE (MM/DD/YYYY)		
NAME OF CUSTOMER			
SIGNATURE OF CUSTOMER (SEAL)	DATE (MM/DD/YYYY)		
NAME OF CUSTOMER			

STATEMENT OF AGENT:

I accept the appointment as Agent, and have informed myself of the investment objectives of the Customer and agree to adhere to the same

SIGNATURE OF AGENT	DATE (MM/DD/YYYY)
NAME OF AGENT (PLEASE PRINT)	
ADDRESS OF AGENT	
EMPLOYMENT/OCCUPATION OF AGENT	

Direct Investing



® Registered trademark of The Bank of Nova Scotia. ScotiaMcLeod Direct Investing is a service of Scotia Direct Investing, a division of Scotia Capital Inc., Member CIPF.
Scotia Direct Investing does not provide investment advice or recommendations and investors are responsible for their own investment decisions.