

Confidential Account Agreement Individuals



Confidential Account Agreement – Individuals

A Account information (This application may be used for simultaneous opening of multiple Regular and Registered Plan accounts)

Client name

Understanding and completing this account application

Securities regulations require that we have complete and accurate information from our clients. The ScotiaMcLeod Relationship Disclosure Document and Terms and Conditions is incorporated into and forms part of the contract between Scotia Capital Inc. ("ScotiaMcLeod") and you, and will govern the operation of this account. Please read the ScotiaMcLeod Relationship Disclosure Document and Terms and Conditions.

Investment objectives, Risk factors & Time horizon

Investment objectives, Risk factors & Time horizon reflect your intended use for this account. Please review Understanding KYC Information in the ScotiaMcLeod Relationship Disclosure Document and Terms and Conditions.

| Account number *See Account type legend below and enter the applicable code in column L | | | | Account type Summit and SIP accounts may select Income and Cash only. Pinnacle accounts may select Cash only. Joint account applications cannot be combined on the same KYC with Individual accounts. | | | | Special products See Special products legend below, enter the applicable code | Investment objectives (Must total 100%) | | | Risk factors (Must total 100%) | | | Time Horizon | |
|--|---|---|----|--|-------------------------|--------------------------|--------------------|--|--|----------|----------|-----------------------------------|-------|-------|--------------|---------------|
| Account number | T | C | *L | Account type | Margin Long (Type 2) | Margin Short (Type 5) | Income (Type 3) | | Cash (Type 1) | % Income | % Growth | % Speculative Trading | % Low | % Med | % High | Code 01/03/07 |
| Regular | | | | Regular | | | | | Regular | | | | | | | |
| | | | | Individual | | | | | | | | | | | | |
| | | | | "In Trust For" (ITF) ¹ | | | | | | | | | | | | |
| | | | | Joint | | | | | | | | | | | | |
| Registered | | | | Registered | | | | | Registered | | | | | | | |
| | | | | Registered Savings Plan (RSP) ² | | | | | | | | | | | | |
| | | | | Spousal Registered Savings Plan (RSP) ² | | | | | | | | | | | | |
| | | | | Locked-in Retirement Account (LIRA) ² | | | | | | | | | | | | |
| | | | | Restricted Locked-in Savings Plan (RLSP) ² | | | | | | | | | | | | |
| | | | | Locked-in Retirement Savings Plan (LRSP) ² | | | | | | | | | | | | |
| | | | | Life Income Fund (LIF) ² | | | | | | | | | | | | |
| | | | | Prescribed MB Registered Retirement Income Fund (PRRIF) ² | | | | | | | | | | | | |
| | | | | Prescribed SK Registered Retirement Income Fund (PRRIF) ² | | | | | | | | | | | | |
| | | | | Locked-in Retirement Income Fund (LRIF) ² | | | | | | | | | | | | |
| | | | | Federal Restricted Life Income Fund (RLIF) ² | | | | | | | | | | | | |
| | | | | Retirement Income Fund (RIF) ² | | | | | | | | | | | | |
| | | | | Spousal Retirement Income Fund (RIF) ² | | | | | | | | | | | | |
| | | | | Tax Free Savings Account (TFSA) ³ | | | | | | | | | | | | |
| | | | | Registered Education Savings Plan (RESP) ⁴ | | | | | | | | | | | | |
| Group | | | | Group | | | | | Group | | | | | | | |
| | | | | Group Non-Registered Regular Account | | | | | | | | | | | | |
| | | | | Group Registered Savings Plan (RSP) ⁵ | | | | | | | | | | | | |
| | | | | Spousal Group Registered Savings Plan (RSP) ⁵ | | | | | | | | | | | | |
| | | | | Group Locked-In Registered Savings Plan (LRSP) ⁵ | | | | | | | | | | | | |
| | | | | Group Tax Free Savings Account (TFSA) ⁶ | | | | | | | | | | | | |
| | | | | Group Deferred Profit Sharing Plan (DPSP) ⁷ | | | | | | | | | | | | |

Time Horizon Legend **Code 01** 0-3 Years (Short Term) **Code 03** 3-7 Years (Medium Term) **Code 07** >7 Years or longer (Long Term)

*Account type legend

- (Enter the applicable code in column L)
- A** Regular Cash Account, TFSA/Group TFSA, RESP
- B** New Regular Margin and Group Margin
- C** New Registered Plan Account
- D** New Joint Cash Account
- E** New Joint Margin Account
- F** New Joint Cash Account Quebec
- G** New Joint Margin Account Quebec
- H** Modify Account Add Margin
- WJ** New RIF, LIRA, DPSP, LRIF, RLIF, RLSP
- X** Change Advisor, Modify Information
- Y** Modify Information
- Z** Change Advisor

Additional form requirements legend

- 1 CA15** Informal Trust Application
- 2 SSRSP** Scotia Self-Directed Registered Plan Application
- 3 TFSA** Tax-Free Savings Account Application
- 4 CA36, CA36A, CA37, CA38** Registered Education Savings Plan (RESP) forms (as required)
- 5 SSGRSP** Scotia Self-Directed Registered Plan Application for Group Accounts
- 6 GTFSA** Group Tax-Free Savings Account Application
- 7 DPSP** Scotia Self-Directed Deferred Profit Sharing Plan Application
- 8 SUMQ** Summit Program Mandate & Questionnaire
- 9 SIP** ScotiaMcLeod Investment Portfolios

Special products legend

- (Separate product agreements are required)
- IP** i:Partner
- MP** Managed Portfolio Program
- PI** Pinnacle Program
- PP** Partnership Plus
- RE** Regular
- SU** Summit Program⁸
- SM** ScotiaMcLeod Investment Portfolios⁹

Confidential Account Agreement – Individuals



B Primary applicant/annuitant information

| | | | | | |
|--|-------------------------------|---|--|---|----------------------------|
| Title | First name and middle initial | Last name | | | Date of birth (mm-dd-yyyy) |
| Home address (number, street, apartment, rural route) (P.O. boxes only are not acceptable) | | City | Province/Territory | Postal code | Country |
| You are: <input type="radio"/> single <input type="radio"/> married <input type="radio"/> common-law <input type="radio"/> divorced <input type="radio"/> widowed <input type="radio"/> legally separated | | Number of dependants | Language <input type="radio"/> English <input type="radio"/> French | Home phone number | Mobile phone number |
| You are a citizen of: <input type="radio"/> Canada <input type="radio"/> U.S.A. <input type="radio"/> Other country (specify): | | Are you a U.S. Person* for tax purposes? <input type="radio"/> No <input type="radio"/> Yes If yes, you must provide your SSN and also complete a CAW-9 Request for Taxpayer Identification Number and Certification form. *U.S. persons include: U.S. citizens (including persons with dual citizenship), U.S. resident aliens, persons born in the U.S.A., U.S. lawful permanent residents (e.g. Green Card holders), entities incorporated or organized in the U.S.A or persons who meet the Substantial Presence Test for U.S. Residency. | | | |
| Canadian SIN | U.S. SSN/TIN | | | | |
| Are you required to file a tax return in a country other than Canada or U.S. (excluding registered accounts)? <input type="radio"/> No <input type="radio"/> Yes If yes, list up to three countries and the Tax Identification Number (TIN). 1. _____ TIN _____ 2. _____ TIN _____ 3. _____ TIN _____ | | | | | |
| Name of employer (if retired, former employer) | | What kind of business is it? | | | |
| Employer's address | | City | Province/Territory | Postal code | Country |
| What is your current position/occupation? | How long? | Business phone number | Ext. | Email address (required for online access) <input type="radio"/> home <input type="radio"/> business | |

Online access and Scotia eRecords enrolment

| | | | |
|---|---|---|---------------------------------------|
| Do you have a ScotiaCard? <input type="radio"/> No <input type="radio"/> Yes | If yes, indicate your ScotiaCard number | If no, indicate your preference (as applicable) <input type="radio"/> Request new ScotiaCard <input type="radio"/> Request replacement ScotiaCard | Indicate your mother's maiden surname |
|---|---|---|---------------------------------------|

You may elect to receive statements, annual trading summaries, trade confirmations and regulatory materials (prospectuses) via Scotia OnLine instead of a printed version by enrolling in Scotia eRecords. To complete the set-up of eRecords, you must accept the *Terms for Electronic Document Delivery* in Scotia OnLine and select paperless as your preference.

Banking information

| | | |
|-----------------------|-----------------------|----------------|
| Bank name and address | Branch transit number | Account number |
|-----------------------|-----------------------|----------------|

Approximate annual gross income and net worth excluding principal residence (Regulatory requirement)

| | | | |
|-----------------------------------|---|--|--|
| Approx. annual gross income \$ | A Net liquid assets (cash/securities less loans) \$ | + B Net fixed assets (fixed less liabilities) \$ | = C Total net worth (A + B) \$ |
|-----------------------------------|---|--|--|

Investment knowledge (Regulatory requirement)

| Mutual funds | Fixed income | Stocks | Margin | Options | Short sales | Overall |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="radio"/> High | <input type="radio"/> High | <input type="radio"/> High | <input type="radio"/> High | <input type="radio"/> High | <input type="radio"/> High | <input type="radio"/> High |
| <input type="radio"/> Moderate | <input type="radio"/> Moderate | <input type="radio"/> Moderate | <input type="radio"/> Moderate | <input type="radio"/> Moderate | <input type="radio"/> Moderate | <input type="radio"/> Moderate |
| <input type="radio"/> Low/none | <input type="radio"/> Low/none | <input type="radio"/> Low/none | <input type="radio"/> Low/none | <input type="radio"/> Low/none | <input type="radio"/> Low/none | <input type="radio"/> Low/none |

Relationship Disclosures (Regulatory requirement)

Are you or your spouse a **deemed insider** (as defined in the Provincial Securities Acts) of any public company(ies)?
 No Yes If yes, enter the company name(s):

Are you or your spouse, singularly or as part of a group, in a **control position** (as defined in the Provincial Securities Acts) of any public company(ies)?
 No Yes If yes, enter the company name(s):

Are you or your spouse an **employee, director, partner or officer** of a member of any stock exchange, IIROC member, or of a stock exchange itself?
 No Yes If yes, enter the company name(s):

Do you own or have **trading authority** or an interest in another ScotiaMcLeod account?
 No Yes If yes, enter account number(s):

Do you **guarantee** other ScotiaMcLeod accounts?
 No Yes If yes, enter account number(s):

Spousal information (Complete only if you are married or living common-law, and your spouse is not the joint applicant (Section C) or the power of attorney (Section D).)

| | | | |
|-------------------------------|-------------------------------|---------------------|--|
| Title | First name and middle initial | Last name | |
| Employer and type of business | | Position/occupation | |

Confidential Account Agreement – Individuals



C Applying for a joint account

Are you applying for a joint account?

No Yes

If yes, select account

Joint with rights of survivorship (not applicable in Quebec)

OR

Tenants-in-common with ownership shared as (in Quebec, co-owners)

(Total must equal 100%)

Applicant %

Joint applicant %

Joint applicant information

(If there is more than one joint applicant indicated for this account, add an appendix page to cover the information including signature for all additional joint applicants.)

| | | | | | |
|---|---|---|--|----------------------------|---------------------|
| Title | First name and middle initial | Last name | | Date of birth (mm-dd-yyyy) | |
| Home address (number, street, apartment, rural route) (P.O. boxes only are not acceptable) <input type="radio"/> same as primary applicant | | City | Province/Territory | Postal code | Country |
| You are: | <input type="radio"/> single <input type="radio"/> married <input type="radio"/> common-law <input type="radio"/> divorced <input type="radio"/> widowed <input type="radio"/> legally separated | Number of dependants | Language <input type="radio"/> English <input type="radio"/> French | Home phone number | Mobile phone number |
| You are a citizen of: <input type="radio"/> Canada <input type="radio"/> U.S.A. <input type="radio"/> Other country (specify): | | Are you a U.S. Person* for tax purposes? <input type="radio"/> No <input type="radio"/> Yes If yes, you must provide your SSN and also complete a CAW-9 Request for Taxpayer Identification Number and Certification form. *U.S. persons include: U.S. citizens (including persons with dual citizenship), U.S. resident aliens, persons born in the U.S.A., U.S. lawful permanent residents (e.g. Green Card holders), entities incorporated or organized in the U.S.A or persons who meet the Substantial Presence Test for U.S. Residency. | | | |
| Canadian SIN | U.S. SSN/TIN | | | | |

Are you required to file a tax return in a country other than Canada or U.S. (excluding registered accounts)?

No Yes

If yes, list up to three countries and the Tax Identification Number (TIN).

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

| | | | | | |
|--|-----------|------------------------------|--------------------|--|---------|
| Name of employer (if retired, former employer) | | What kind of business is it? | | | |
| Employer's address | | City | Province/Territory | Postal code | Country |
| What is your current position/occupation? | How long? | Business phone number | Ext. | Email address (required for online access) <input type="radio"/> home <input type="radio"/> business | |

Online access and Scotia eRecords enrolment

| | | | |
|---|---|---|---------------------------------------|
| Do you have a ScotiaCard? <input type="radio"/> No <input type="radio"/> Yes | If yes, indicate your ScotiaCard number | If no, indicate your preference (as applicable) <input type="radio"/> Request new ScotiaCard <input type="radio"/> Request replacement ScotiaCard | Indicate your mother's maiden surname |
|---|---|---|---------------------------------------|

You may elect to receive statements, annual trading summaries, trade confirmations and regulatory materials (prospectuses) via Scotia OnLine instead of a printed version by enrolling in Scotia eRecords. To complete the set-up of eRecords, you must accept the *Terms for Electronic Document Delivery* in Scotia OnLine and select paperless as your preference.

Banking information

| | | |
|-----------------------|-----------------------|----------------|
| Bank name and address | Branch Transit number | Account number |
|-----------------------|-----------------------|----------------|

Approximate annual gross income and net worth excluding principal residence (Regulatory requirement)

| | | | |
|-----------------------------|---|--|------------------------------------|
| Approx. annual gross income | A Net liquid assets (cash/securities less loans) | + B Net fixed assets (fixed less liabilities) | = C Total net worth (A + B) |
| \$ | \$ | \$ | \$ |

Investment knowledge (Regulatory requirement)

| Mutual funds | Fixed income | Stocks | Margin | Options | Short sales | Overall |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="radio"/> High | <input type="radio"/> High | <input type="radio"/> High | <input type="radio"/> High | <input type="radio"/> High | <input type="radio"/> High | <input type="radio"/> High |
| <input type="radio"/> Moderate | <input type="radio"/> Moderate | <input type="radio"/> Moderate | <input type="radio"/> Moderate | <input type="radio"/> Moderate | <input type="radio"/> Moderate | <input type="radio"/> Moderate |
| <input type="radio"/> Low/none | <input type="radio"/> Low/none | <input type="radio"/> Low/none | <input type="radio"/> Low/none | <input type="radio"/> Low/none | <input type="radio"/> Low/none | <input type="radio"/> Low/none |

Relationship Disclosures (Regulatory requirement)

Are you or your spouse a **deemed insider** (as defined in the Provincial Securities Acts) of any public company(ies)?

No Yes If yes, enter the company name(s) here:

Are you or your spouse, singularly or as part of a group, in a **control position** (as defined in the Provincial Securities Acts) of any public company(ies)?

No Yes If yes, enter the company name(s) here:

Are you or your spouse an **employee, director, partner or officer** of a member of any stock exchange, IIROC member, or of a stock exchange itself?

No Yes If yes, enter the company name(s) here:

Do you own or have **trading authority** or an interest in another ScotiaMcLeod account?

No Yes If yes, enter account number(s) here:

Do you **guarantee** other ScotiaMcLeod accounts?

No Yes If yes, enter account number(s) here:

Spousal information (Complete only if you are married or living common-law, and your spouse is not the primary applicant (Section B) or power of attorney (Section D).)

| | | | |
|-------------------------------|-------------------------------|---------------------|--|
| Title | First name and middle initial | Last name | |
| Employer and type of business | | Position/occupation | |

Confidential Account Agreement – Individuals



D Power of Attorney information

Does anyone (other than the applicant) have any trading authority over or any financial interest in the account?
 No Yes If yes, indicate either Full authority (also complete a **CA3 Power of Attorney - Full Authority** form)
 Limited authority (also complete a **CA2 Power of Attorney - Limited Authority** form)

| | | | | |
|--|-------------------------------|--|--|---|
| Title | First name and middle initial | Last name | | Date of birth (mm-dd-yyyy) |
| Home address (number, street, apartment, rural route) (P.O. boxes only are not acceptable) <input type="radio"/> same as primary applicant | | City | Province/Territory | Postal code |
| You are: <input type="radio"/> single <input type="radio"/> married <input type="radio"/> common-law <input type="radio"/> divorced <input type="radio"/> widowed <input type="radio"/> legally separated | | Number of dependants | Language <input type="radio"/> English <input type="radio"/> French | Home phone number |
| You are a citizen of: <input type="radio"/> Canada <input type="radio"/> U.S.A. <input type="radio"/> Other country (specify): | | Name of employer (if retired, former employer) | | What kind of business is it? |
| Employer's address | | City | Province / Territory | Postal code |
| What is your current position/occupation? | How long? | Business phone number | Ext. | Email address (required for online access) <input type="radio"/> home <input type="radio"/> business |

Online access and Scotia eRecords enrolment

Do you have a ScotiaCard? No Yes If yes, indicate your ScotiaCard number
 If no, indicate your preference (as applicable)
 Request new ScotiaCard Request replacement ScotiaCard

Indicate your mother's maiden surname Canadian SIN

You may elect to receive statements, annual trading summaries, trade confirmations and regulatory materials (prospectuses) via Scotia OnLine instead of a printed version by enrolling in Scotia eRecords. To complete the set-up of eRecords, you must accept the *Terms for Electronic Document Delivery* in Scotia OnLine and select paperless as your preference.

Investment knowledge (Regulatory requirement)

| Mutual funds | Fixed income | Stocks | Margin | Options | Short sales | Overall |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="radio"/> High | <input type="radio"/> High | <input type="radio"/> High | <input type="radio"/> High | <input type="radio"/> High | <input type="radio"/> High | <input type="radio"/> High |
| <input type="radio"/> Moderate | <input type="radio"/> Moderate | <input type="radio"/> Moderate | <input type="radio"/> Moderate | <input type="radio"/> Moderate | <input type="radio"/> Moderate | <input type="radio"/> Moderate |
| <input type="radio"/> Low/none | <input type="radio"/> Low/none | <input type="radio"/> Low/none | <input type="radio"/> Low/none | <input type="radio"/> Low/none | <input type="radio"/> Low/none | <input type="radio"/> Low/none |

Relationship Disclosures (Regulatory requirement)

Are you or your spouse a **deemed insider** (as defined in the Provincial Securities Acts) of any public company(ies)?
 No Yes If yes, enter the company name(s):

Are you or your spouse, singularly or as part of a group, in a **control position** (as defined in the Provincial Securities Acts) of any public company(ies)?
 No Yes If yes, enter the company name(s):

Are you or your spouse an **employee, director, partner or officer** of a member of any stock exchange, IIROC member, or of a stock exchange itself?
 No Yes If yes, enter the company name(s):

Do you own or have **trading authority** or an interest in another ScotiaMcLeod account?
 No Yes If yes, enter account number(s):

Do you **guarantee** other ScotiaMcLeod accounts?
 No Yes If yes, enter account number(s):

Spousal information (Complete only if you are married or living common-law, and your spouse is not the primary applicant (Section B) or the joint applicant (Section C).)

| | | |
|-------------------------------|-------------------------------|---------------------|
| Title | First name and middle initial | Last name |
| Employer and type of business | | Position/occupation |

E Leverage Risk Disclosure

Are you using borrowed funds to invest in any of the accounts you are opening? No Yes
 If yes, you must also complete a **CA163 Leverage Risk Disclosure** form for each account.

F Third party determination

Will this account be used to conduct business on behalf of someone other than the named applicant, joint applicant, trustee or annuitant in a registered plan?
 No Yes If yes, also complete a **CA33 Third Party Determination** form.

G Consent to receiving electronic communications (e-Communications)

ScotiaMcLeod is required to obtain consent in order for you to receive electronic communications from us.
 Complete a **CA160 Electronic Communications (e-Communications) Consent** form to indicate electronic communication preference.

Confidential Account Agreement – Individuals



H Informal/Oral trust account information

If you are applying for an "In Trust For" account, indicate the account name (also complete a **CA15 Informal Trust Account Application** form):

Provide information about the named beneficiary below

| | | | | | |
|--|-------------------------------|-----------|----------------------------|-------------|---------|
| Title | First name and middle initial | Last name | Date of birth (mm-dd-yyyy) | | |
| Home address (number, street, apartment, rural route) (P.O. boxes only are not acceptable) | | City | Province/Territory | Postal code | Country |

I Guarantor information

Will any other person or persons guarantee this account?

No Yes If yes, guarantor to also complete a **CA5A Guarantee** form (In Alberta, both **CA5A** and **CA5B Guarantee** forms are required).

| | | | | | |
|---|-------------------------------|---|----------------------------|-------------|---------|
| Title | First name and middle initial | Last name | Date of birth (mm-dd-yyyy) | | |
| Address (number, street, apartment, rural route) (P.O. Boxes only are not acceptable) | | City | Province/Territory | Postal code | Country |
| Existing margin account number | | Other guaranteed ScotiaMcLeod account numbers (as applicable) | | | |

J Confirms and statements

| | | |
|--|--|---|
| Number of confirms required <input type="radio"/> 1 or <input type="text"/> | Number of statements required <input type="radio"/> 1 or <input type="text"/> | Send account information to: <input type="radio"/> home address, or <input type="radio"/> other address (also complete a CA18/19 Direction to Deliver Correspondence to an Alternate Mailing Address form) |
|--|--|---|

Interested party(ies) only

| | | | | | |
|--|--|-----------------------|--------------------|-------------|---------|
| Number of confirms required <input type="radio"/> 1 or <input type="text"/> | Number of statements required <input type="radio"/> 1 or <input type="text"/> | Interested party name | | | |
| Address (number, street, apartment, rural route) | | City | Province/Territory | Postal code | Country |

Interested party(ies) only

| | | | | | |
|--|--|-----------------------|--------------------|-------------|---------|
| Number of confirms required <input type="radio"/> 1 or <input type="text"/> | Number of statements required <input type="radio"/> 1 or <input type="text"/> | Interested party name | | | |
| Address (number, street, apartment, rural route) | | City | Province/Territory | Postal code | Country |

K Shareholder communication instructions

Please read the *Shareholder Communication* section in the **ScotiaMcLeod Relationship Disclosure Document and Terms and Conditions**.

Part 1 – Disclosure of beneficial ownership information (For Summit/SIP choose "I Object")

- 1. **I DO NOT OBJECT** to the disclosure of my name, address, 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.
- 2. **I OBJECT** to the disclosure of my name, address, electronic mail address, securities holdings and preferred language of communication 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 (For Summit/SIP choose "I Decline")

- 3. **I WANT** to receive ALL securityholder materials sent to beneficial owners of securities.
- 4. **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.)
- 5. **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 will be as I have indicated in Section B of this agreement. **I understand that the materials I receive will be in my preferred language of communication if the materials are available in that language.**

L Options account application

You have or will complete an **Options Trading Agreement** form and you understand the risks defined in the **Risk Disclosure Statement for Futures & Options**. Please complete this section with your ScotiaMcLeod Wealth Advisor. The advisor may submit the application to DOS for temporary approval. **Approval must be granted before the first trade.** If approved, the advisor will be contacted by Head Office confirming DOS approval. **Do not trade until receipt of this approval.**

Options transaction types (choose all that apply)

Options level 1 (Purchasing Puts & Calls) and options level 2* (Covered Calls and Purchasing Puts & Calls) are only applicable for Registered Plans, Cash (Type 1) and MPP accounts. Also complete a **CA17B Options Trading Agreement** or a **CA17C Options Trading Agreement (Quebec Residents only)** form. If Options level 3 and above are selected, the Options account applicant(s) must sign the Margin account application in Section M and complete a **CA17 Options Trading Agreement (Quebec Residents only)** or a **CA17A Options Trading Agreement** form.

| | | | | |
|--|--|--|--|---|
| <input type="checkbox"/> Level 1 Purchasing Puts & Calls | <input type="checkbox"/> Level 2 Covered Writing* Purchasing Puts & Calls | <input type="checkbox"/> Level 3 Spreads Covered Writing Purchasing Puts & Calls | <input type="checkbox"/> Level 4 Naked Puts Spreads Covered Writing Purchasing Puts & Calls | <input type="checkbox"/> Level 5 Naked Calls Naked Puts Spreads Covered Writing Purchasing Puts & Calls |
|--|--|--|--|---|

Note: Options trading is not permitted for Pinnacle, Summit and SIP accounts

M Margin account application

The use of leverage may not be suitable for all investors. Using borrowed money, whether through a margin account or any other method of borrowing, to finance the purchase of securities involves greater risk than using cash resources only. If you borrow money to purchase securities, your responsibility to repay the loan, pay interest, and meet margin calls (as required by the margin terms) remains the same even if the value of the securities purchased declines. Please read the Types of Accounts section in the ScotiaMcLeod Relationship Disclosure Document and Terms and Conditions.

By signing here, I/we confirm that:

- I/We are applying for a Margin account and have read, understood and agreed to the Margin Terms contained within the General Terms and Conditions Applicable to All Accounts section in the **ScotiaMcLeod Relationship Disclosure Document and Terms and Conditions**.
- I/We are aware of the risks involved in trading on margin and are willing to take those risks.

Note: Margin trading is not permitted for Pinnacle, Summit and SIP accounts

Where there is more than one joint applicant indicated for this account, add an appendix page to cover the signature of all joint applicants.

| | | |
|---|-------------------------------------|-------------------|
| X Signature of Primary applicant/annuitant | Name of Primary applicant/annuitant | Date (mm-dd-yyyy) |
| X Signature of Joint applicant | Name of Joint applicant | Date (mm-dd-yyyy) |

N What you agree to when you sign this agreement

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

(Select agreement 4 for a Joint account, select agreement 5 for a Resident of Quebec account.)

- All of the information in this application is complete and accurate and I have read, understood and agreed to all of the terms and conditions relating to this account in the relevant sections of the **ScotiaMcLeod Relationship Disclosure Document and Terms and Conditions** and in the **Terms and Conditions (RESP)**, as applicable.
- I understand that the terms and conditions of this application and of the **ScotiaMcLeod Relationship Disclosure Document and Terms and Conditions** are incorporated into and form part of the contract between ScotiaMcLeod and me and govern operation of this account. They may be supplemented by written agreement but not replaced by the terms of other specific agreements between ScotiaMcLeod and me as the nature of the account may require.
- I have been provided with, read and understand the **Shareholder Communication – National Instrument 54-101 Communication with Beneficial Owners of Securities of a Reporting Issuer** section in the **ScotiaMcLeod Relationship Disclosure Document and Terms and Conditions** and as my securities held with you are registered in your name or the name of your agent, I request that the above arrangements be made as indicated. I understand that these elections apply to all securities held in my account with you that are not registered in my name, unless I have given other instructions regarding securities in another account. I understand that these instructions may be changed at any time in writing and that you will use reasonable efforts to act upon changes in instructions where advice is received between the record date and meeting date.
- We are applying for a Joint account, and we have read, understood and agreed to the terms and conditions in the **Joint Account Agreement** section contained within the **ScotiaMcLeod Relationship Disclosure Document and Terms and Conditions**. We have chosen to have our account established as indicated here and relied on our own counsel rather than yours. We understand this arrangement is subject to all applicable laws.
- If I live in Quebec, I have requested that this Application and all documents relating to this account 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.
- My Wealth Advisor does not have a direct or indirect ownership interest in this account.
- 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.
- 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 ScotiaMcLeod of any changes to my Tax Residency, and I further agree to fully reimburse and indemnify ScotiaMcLeod for any liability that ScotiaMcLeod may incur in connection with under-withholding of tax based on this certification.
- I acknowledge that ScotiaMcLeod is a separate entity from The Bank of Nova Scotia. Unless otherwise advised, securities purchased from or through ScotiaMcLeod (a) are not insured by a government deposit insurer, (b) are not guaranteed by a Canadian financial institution, and (c) may fluctuate in value.

Confidential Account Agreement – Individuals



KYC

10. ScotiaMcLeod shares office space with its wholly owned insurance agency subsidiary, Scotia Wealth Insurance Services Inc., which is a separate legal entity from ScotiaMcLeod.
11. I understand that my account information is shared within the Scotiabank group of companies to help provide me with better service across our entire relationship. My consent to share affords me greater opportunity to access the many resources of this organization whether they are with my advisor, at a bank branch, or on the Internet. By signing below, I consent to you sharing my information in accordance with the Scotiabank Group Privacy Agreement. I am aware that the Scotiabank group of companies is committed to maintaining the privacy of my information and strictly adheres to the measures outlined in the agreement to accomplish this.

My consent is not a condition of doing business with ScotiaMcLeod and I may withdraw it at any time by contacting my ScotiaMcLeod Wealth Advisor.

I consent I do not consent

Please read the Scotiabank Group Privacy Agreement contained in the ScotiaMcLeod Relationship Disclosure Document and Terms and Conditions.

Accounts of ScotiaMcLeod clients are covered by The Canadian Investor Protection Fund (within prescribed limits).

Where there is more than one joint applicant indicated for this account add an appendix page to cover the information and signatures of all joint applicants.

| | | |
|---|-------------------------------------|-------------------|
| X Signature of Primary applicant/annuitant | Name of Primary applicant/annuitant | Date (mm-dd-yyyy) |
| X Signature of Joint applicant | Name of Joint applicant | Date (mm-dd-yyyy) |

For internal use only (To be completed by your ScotiaMcLeod Wealth Advisor and Branch Manager)

Payment of income (payments in U.S. funds are made by cheque only)

- monthly electronic semi-monthly electronic (also complete an **Electronic Funds Transfer Agreement** form)
- hold in account

Settlement currency

- CDN\$ (trades will settle in CDN currency) US\$ (trades will settle in US currency) ALL (trades settle in currency of executing market)

Note: For *MPP*, *Summit* and *SIP* accounts, select **All** for settlement currency

Payment for purchases

- cheque direct debit (also complete a **CA41 Account Debit Agreement** form)

Account classification

- PRO BNS designated

Investment counsellor
(as applicable) ▶

Initial order

- buy sell solicited unsolicited

| | | |
|----------|----------------------|-------------|
| Quantity | Security description | Value \$ |
|----------|----------------------|-------------|

Initial deposit amount

\$ **OR** \$ Account transfer asset value (if over \$5 million in the first 120 days, also complete a **CA93** form)

Have you met the client face-to-face?

- No Yes If no, a photocopy of the identity document used to verify client's identity and a cheque in the amount of \$1.00 is required. A credit bureau check must also be conducted.

CA200 Evidence Documents form – attach acceptable evidence documents for all applicants of Non-Registered, TFSA and RESP accounts

How long have you known this client?

Since (mm/yyyy) ▶

Referral by

- advertising lead personal contact phone-in walk-in

Partnership Plus

CA45

i:Partner

CA21

AMO

Pinnacle

CA34 **CA34B**

Managed Portfolio Program

CA45F **CA141**

Summit Program

CA67 **SUMQ**

ScotiaMcLeod Investment Portfolios

SIP

Does the client have accounts with other brokerage firms?

- No Yes If yes, specify firms and type of accounts ▶

Is advisor registered in the province in which the client resides?

- No Yes If no, refer to out-of-province licensing policy.

Have copies of all documentation been provided to the client?

- No Yes If no, explain ▶

Comments

| | | |
|-------------------------------|--------------------------|-------------------|
| Signature of Advisor | Name of Advisor | Date (mm-dd-yyyy) |
| Signature of Advisor | Name of Advisor | Date (mm-dd-yyyy) |
| Signature of Branch Manager | Name of Branch Manager | Date (mm-dd-yyyy) |
| Signature of Regional Manager | Name of Regional Manager | Date (mm-dd-yyyy) |