

# Account application

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Corporations  
Partnerships  
Associations  
Sole proprietorships  
Investment clubs



## ACCOUNT APPLICATION PROCESS

### 1. Complete the application as follows:

- Information about the organization and type of account (pages 3 to 7)
- Information about individuals with trading authority or who will guarantee the account (pages 8 to 10)
- Sign the customer agreement (page 12)

### 2. Attach additional documents as required

#### FOR A TRADING AUTHORITY:

Trading Authorization Form #8206317

#### FOR A CORPORATION/PERSONAL HOLDING COMPANY

- A copy of the Articles of Incorporation
- Annual filing of Certificate of Corporate Status
- Guarantee Form #8209111  
(included on page 14 in this application)  
A personal guarantee is required for a Corporation.
- Certificate of Notary Public (Alberta only) #8209219
- Declaration of Beneficial Ownership #8207216  
(included on page 16 in this application)

#### FOR A PARTNERSHIP:

- Certificate of Registration
- Declaration of Beneficial Ownership #8207011

#### FOR AN ASSOCIATION:

- Certificate of Registration
- A copy of the Minutes of Appointment
- CAW-8BEN-E Certificate of Status of Beneficial Owner for United States Tax Withholding and Reporting (Entities) #8988015

#### FOR A SOLE PROPRIETORSHIP:

Certificate of Registration

#### FOR AN INVESTMENT CLUB:

A copy of the Club's Constitution

#### and/or

- A copy of the Minutes of Appointment
- Declaration of Beneficial Ownership #8207011

#### FOR ENTITIES ORGANIZED OR INCORPORATED IN THE U.S. OR IF ANY PARTNERS, MEMBERS, OR SOLE OWNER HAVE U.S. CITIZENSHIP:

A W9 Form for U.S. taxation purposes #8208816

#### FOR A CORPORATION, PERSONAL HOLDING CO.:

Declaration of Beneficial Ownership #8207216  
(included on page 16 in this application)

#### IF YOU ARE TRANSFERRING MONIES OR SECURITIES TO SCOTIA iTRADE FROM ANOTHER INSTITUTION:

Transfer Authorization for Non-Registered Investments Form #8207410

### 3. For regulatory purposes, attach a legible photocopy of one piece of identification\*; and if the following persons do not have a Scotiabank account, a personal cheque for deposit drawn on a Canadian financial institution in the amount of \$1.00 is also required:

- For each Trading Authority. As secondary identification verification we are required to confirm that each 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.
- For a Partnership, each Partner
- For a Sole Proprietorship, the Owner
- For an Investment Club, each Member
- For a Corporation, each Officer/Authorized Person/Controlling Beneficial Owner
- A cheque for \$1.00 drawn on the organization is also required for deposit

\*Only a valid 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.

### 4. 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

### 5. We will contact the designated contact person upon review of this 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.scotiaitrade.com](http://www.scotiaitrade.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 coverage is available upon request.





## INFORMATION ABOUT THE ORGANIZATION

Please note that Scotia iTRADE 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 Scotia iTRADE will not consider your financial situation, investment knowledge, investment objectives and risk tolerance when processing orders placed by you.

### ORGANIZATION'S FULL NAME

#### LEGAL ENTITY TYPE

**COMPANY/CORPORATION** (SELECT ONE OF THE FOLLOWING)

CORPORATION

IS THE CORPORATION A U.S. ENTITY FOR TAX PURPOSES?  YES  NO (SEE **DEFINITION OF U.S. PERSON** ON PAGE 7)

IS THE CORPORATION AN  **ACTIVE ENTITY** OR A  **PASSIVE ENTITY** (SEE **DEFINITION OF ACTIVE AND PASSIVE ENTITY** ON PAGE 4)

INSURANCE COMPANY  TRUST COMPANY  CENTRAL CREDIT UNION & REGIONAL  CAISSE POPULAIRE

CDN CHARTERED BANKS & QSB  PENSION FUNDS  FOREIGN BANK

**NOTE:** WHERE THE CORPORATION IS AN INSURANCE COMPANY, TRUST COMPANY, CENTRAL CREDIT UNION & REGIONAL, CAISSE POPULAIRE, CANADIAN CHARTERED BANK, QUEBEC SAVINGS BANK, PENSION FUND, FOREIGN BANK, OR A QUALIFIED INTERMEDIARY, DO NOT CLASSIFY AS AN ACTIVE OR PASSIVE ENTITY.

**PARTNERSHIP**

IS THE PARTNERSHIP A LIMITED PARTNERSHIP?  YES  NO

IS THE PARTNERSHIP AN  **ACTIVE ENTITY** OR A  **PASSIVE ENTITY** (SEE **DEFINITION OF ACTIVE AND PASSIVE ENTITY** ON PAGE 4)

**COMPANY/CORPORATION (ACCEPTABLE INSTITUTION/ACCEPTABLE COUNTERPARTY)** (SELECT ONE OF THE FOLLOWING)

BANK  CORPORATION  CROWN CORPORATION  TRUST COMPANY  INSURANCE  PENSION FUND

CREDIT OR CAISSE POPULAIRE  OTHER

ACCEPTABLE INSTITUTION/ACCEPTABLE COUNTERPARTY NAME AS IT APPEARS ON [HTTP://AIAC.IIROC.CA/](http://AIAC.IIROC.CA/): \_\_\_\_\_

**PERSONAL HOLDING COMPANY OR NON-OPERATING PRIVATE COMPANY**

IS THE COMPANY AN  **ACTIVE ENTITY** OR A  **PASSIVE ENTITY** (SEE **DEFINITION OF ACTIVE AND PASSIVE ENTITY** ON PAGE 4)

**INVESTMENT COUNSELLOR (DAP)**  **COLLECTIVE INVESTMENT VEHICLE**

IS THE LEGAL ENTITY CONSIDERED A QUALIFIED INTERMEDIARY (QI)?  YES  NO

IF YES, INDICATE WITHHOLDING TYPE:  FULL WITHHOLDING OR  NON-WITHHOLDING

IF YOU HAVE BEEN ISSUED A GLOBAL INTERMEDIARY IDENTIFICATION NUMBER (GIIN) ENTER HERE: \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_

(MUST BE 19 CHARACTERS IN LENGTH) IF YOU HAVE APPLIED FOR A GIIN AND IT HAS NOT YET BEEN ISSUED, LEAVE BLANK.

IS THE LEGAL ENTITY ELIGIBLE FOR A WAIVER OF A PERSONAL GUARANTEE?  YES  NO

**NOTE:** MARGIN OR OPTIONS ACCOUNTS ARE NOT PERMITTED FOR WAIVER OF A PERSONAL GUARANTEE. WAIVER OF A PERSONAL GUARANTEE IS APPLICABLE ONLY FOR COMPANY/CORPORATION AND PERSONAL HOLDING COMPANY OR NON-OPERATING PRIVATE COMPANY.

**INVESTMENT CLUB**  **PUBLIC TRUSTEE**  **GOVERNMENT OR INTERNATIONAL ORGANIZATION**

**SOLE PROPRIETORSHIP**  **COMMITTEE**

**WRITTEN TRUST**

GRANTOR TRUST

IS THE GRANTOR ALIVE AND A U.S. PERSON FOR TAX PURPOSES?  YES  NO (SEE **DEFINITION OF U.S. PERSON** ON PAGE 7)

SIMPLE TRUST  COMPLEX TRUST  RETIREMENT COMPENSATION ARRANGEMENT  U.S. TRUST

IS THE WRITTEN TRUST AN  **ACTIVE ENTITY** OR A  **PASSIVE ENTITY** (SEE **DEFINITION OF ACTIVE AND PASSIVE ENTITY** ON PAGE 4 – NOT APPLICABLE FOR U.S. TRUST)

**ESTATE (NON-REGISTERED ONLY)**  LIQUIDATED  MAINTAINED

WAS THE ESTATE CREATED BY A WILL?  YES  NO

WAS THE DECEASED A U.S. PERSON FOR TAX PURPOSES AT THE TIME OF DEATH?  YES  NO (SEE **DEFINITION OF U.S. PERSON** ON PAGE 7)

**MUNICIPALITY**

**CONDOMINIUM CORPORATION**

POPULATION UNDER 50,000  POPULATION OVER 50,000



**NON-PROFIT ORGANIZATIONS**

IS THE LEGAL ENTITY TAX EXEMPT?  YES  NO

IF YES, INDICATE THE CHARITY'S REGISTRATION NUMBER WITH CRA: \_\_\_\_\_

IF NO, ALSO COMPLETE A **CAW-8BEN-E CERTIFICATE OF STATUS OF BENEFICIAL OWNER FOR UNITED STATES TAX WITHHOLDING AND REPORTING (ENTITIES)** FORM

**PRIVATE FOUNDATION**

INDICATE TAX IDENTIFICATION NUMBER: \_\_\_\_\_

IS THE FOUNDATION TAXABLE AT 4% ON U.S. INCOME  YES  NO

**SCHOOL BOARD**

PUBLIC  PRIVATE

**HOSPITAL**

PUBLIC  PRIVATE

**RELIGIOUS ORGANIZATION**

**REGISTERED CHARITY; AND**

**NON-PROFIT ORGANIZATION/ASSOCIATION/OTHER**

DOES THE **ABOVE** NON-PROFIT ORGANIZATION SOLICIT CHARITABLE FINANCIAL DONATIONS FROM THE PUBLIC?  YES  NO

**DEFINITION OF ACTIVE AND PASSIVE ENTITY**

**Active Entity**

- The entity is Non-U.S. and is not a financial institution;
- Entities for which less than 50% of the gross income for the preceding calendar year was passive income **and** less than 50% of the assets held by the entity during the preceding calendar year were assets that produced passive income;
- Corporations with shares that regularly trade on an established securities market;
- Government or international organizations or agencies thereof and registered charities.

**Passive Entity**

A passive entity is any entity that is **neither** a financial institution **nor** an active entity.

Passive income is generally understood to include income from the mere holding of property, such as interest, dividends, rents and royalties.

**LEGAL ENTITY ADDRESS**

**STREET ADDRESS/LEGAL ADDRESS** (ADDRESS **CANNOT** BE A POST OFFICE BOX)

**C/O**

CITY	PROVINCE	POSTAL CODE
_____	_____	_____

DESIGNATED CONTACT PERSON	BUSINESS PHONE NUMBER	EXT.
_____	_____	_____

**EMAIL ADDRESS**  
\_\_\_\_\_

**IN WHICH JURISDICTION WAS THE ENTITY INCORPORATED/ESTABLISHED?**  
\_\_\_\_\_

**MAILING ADDRESS IF DIFFERENT FROM ABOVE**

CITY	PROVINCE	POSTAL CODE
_____	_____	_____



**FINANCIAL INFORMATION**

**GROSS ANNUAL INCOME/REVENUE FROM ALL SOURCES**

\$ \_\_\_\_\_

**ESTIMATED NET WORTH OF ENTITY**

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)

**U.S. ENTITIES AND EACH PARTNER, TRUSTEE OR CLUB MEMBER WHO IS A U.S. PERSON**

**(SEE DEFINITION OF U.S. PERSON ON PAGE 7)**

Is the entity incorporated or organized in the U.S.A.?  Yes  No  
Are any of the partners in the partnership a U.S. Person?  Yes  No  
Is the trustee for the estate or written trust a U.S. Person?  Yes  No  
Is the club member for the investment club a U.S. Person?  Yes  No

If yes is selected for any of the above questions, also complete a **CAW-9 Request for Taxpayer Identification Number and Certification** form.

**HOW DID YOU HEAR ABOUT US?**

SCOTIABANK BRANCH  PERSONAL REFERRAL  NEWSPAPER / MAGAZINE AD  
 STATEMENT ENCLOSURE OR OTHER MAIL  INTERNET  OTHER, SPECIFY \_\_\_\_\_

What is your language preference for telephone customer service?

ENGLISH  FRENCH  CANTONESE  MANDARIN

**INFORMATION REQUIRED BY SECURITIES REGULATORS AND COMPLIANCE**

Is this entity 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)? \_\_\_\_\_

Is this entity 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)? \_\_\_\_\_

Does anyone else other than the entity and its owners have a financial interest in this account?  YES  NO

IF YES, ENTER THE NAME(S) HERE \_\_\_\_\_

Does this entity own any other accounts with Scotia iTRADE?  YES  NO

IF YES, WHAT IS THE ACCOUNT NUMBER(S)? \_\_\_\_\_

Does this entity own any accounts with another securities firm?  YES  NO

IF YES, WHAT IS THE NAME OF THE SECURITIES FIRM? \_\_\_\_\_



## BANKING INFORMATION

Banking information is required by Securities Regulators. Please enter the entity's bank account information in the white boxes below. In addition, this bank account may be used for transfers to and from your Scotia iTRADE Account (e.g. trade payment, settlement proceeds, pre-authorized contributions etc.).

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

Your Name		Cheque No.	
Your Address		DATE _____	
PAY TO THE ORDER OF _____		\$ _____	
_____ /100 DOLLARS			
Banking Institution Name			
Branch Address			
MEMO _____			
Cheque No. ###	Branch Transit No.	Bank Institution No.	Bank Account No.
Type of Account <input type="checkbox"/> Chq <input type="checkbox"/> Svgs		Currency <input type="checkbox"/> CDN <input type="checkbox"/> U.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

- 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, WHAT STRATEGIES DO YOU INTEND TO FOLLOW?
- COVERED CALLS  NAKED PUTS
- PURCHASING PUTS AND CALLS  NAKED CALLS
- SPREADS
- CASH OPTIMIZER INVESTMENT ACCOUNT

## INTENDED USE FOR THIS ACCOUNT

What is the intended use for this account?

- SHORT TERM INVESTMENT  RETIREMENT PLANNING
- LONG TERM INVESTMENT  ESTATE/TAX PLANNING
- INCOME GENERATION  CUSTODY OF SECURITIES
- SAVINGS  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 assets from another financial institution?

- YES  NO

IF YES, COMPLETE THE TRANSFER AUTHORIZATION FOR NON-REGISTERED INVESTMENTS FORM.

WHAT IS THE APPROXIMATE DOLLAR AMOUNT OF ACCOUNT TRANSFER ASSET VALUE? \_\_\_\_\_



## SCOTIA eDOCUMENTS ENROLMENT

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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

## SHAREHOLDER COMMUNICATION INSTRUCTIONS

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### PART 1 - DISCLOSURE OF BENEFICIAL OWNERSHIP INFORMATION

- I DO NOT OBJECT to the disclosure of my name, address, electronic mail address, securities holdings and preferred language of communication (English or French) (my account information) to issuers of securities held with you and to other persons or companies in accordance with securities law.
- I OBJECT to the disclosure of my account information as noted above. I understand that by objecting to this disclosure, certain materials may still be required by law to be sent to me, and that I may have to pay the mailing and handling 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

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Will this account be used to conduct business on behalf of an entity other than the named entity?  YES  NO

## DEFINITION OF U.S. PERSON

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**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.



## INFORMATION ABOUT THE TRADING AUTHORITY

ID NUMBER		MOTHER'S MAIDEN SURNAME			
TITLE	FIRST NAME	INITIAL	LAST NAME		
DATE OF BIRTH (MM/DD/YYYY)			COUNTRY OF CITIZENSHIP		
SOCIAL INSURANCE NUMBER (Required for online account access)			SSN/TIN*		

Please provide your ScotiaCard number or Scotia iTRADE User ID if you have one. We require your Mother's Maiden Surname for future identification purposes.

ARE YOU A U.S. PERSON FOR TAX PURPOSES?  NO  YES (SEE **DEFINITION OF U.S. PERSON** ON PAGE 7)  
 IF YES, YOU MUST PROVIDE YOUR SSN AND ALSO COMPLETE **A CAW-9 REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION** FORM.

\*If U.S. citizen or U.S. dual citizen Social Security Number (SSN) required.

## RESIDENTIAL ADDRESS

STREET ADDRESS/LEGAL ADDRESS (ADDRESS CANNOT BE A POST OFFICE BOX)			APT/SUITE NO.		
ADDITIONAL ADDRESS INFORMATION					
CITY	PROVINCE	POSTAL CODE			
HOME PHONE NUMBER	BUSINESS PHONE NUMBER		EXT.		
CELL PHONE NUMBER	PAGER NUMBER				
FAX NUMBER	PRIMARY EMAIL ADDRESS			<input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS	

Which number would you prefer we use to contact you during market hours?

BUSINESS  HOME  CELL

## EMPLOYMENT INFORMATION

EMPLOYMENT STATUS					
<input type="checkbox"/> EMPLOYED <input type="checkbox"/> RETIRED <input type="checkbox"/> STUDENT <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> HOMEMAKER <input type="checkbox"/> NOT WORKING <input type="checkbox"/> OTHER					
EMPLOYER					
POSITION			YEARS WITH THIS EMPLOYER		
EMPLOYER'S ADDRESS					
CITY	PROVINCE	POSTAL CODE			

If retired, we require previous employment information.

If self-employed or consultant, please specify industry".

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

*Note: Certain conditions may apply to accounts for employees of firms in the securities industry and accounts over which such persons have trading authority.*





## FINANCIAL INFORMATION

**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)? \_\_\_\_\_

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 (OPTIONAL)

**Please enter your primary bank account details in the white boxes below. This information can be found on most cheques.**

Your Name Your Address	Cheque No.
	DATE _____
PAY TO THE ORDER OF _____	\$ _____
	_____ /100 DOLLARS
Banking Institution Name _____	
Branch Address _____	
MEMO _____	
Cheque No. ###	Branch Transit No. _____
Bank Institution No. _____	Bank Account No. _____
Type of Account <input type="checkbox"/> Chq <input type="checkbox"/> svgs	Currency <input type="checkbox"/> CDN <input type="checkbox"/> U.S.



**MARITAL STATUS**

SINGLE  MARRIED  COMMON LAW  DIVORCED  LEGALLY SEPARATED  WIDOWED

**INFORMATION ABOUT YOUR SPOUSE**

**TITLE**                      **FIRST NAME**    **INITIAL**                      **LAST NAME**

**EMPLOYMENT STATUS**

EMPLOYED  RETIRED  STUDENT  SELF-EMPLOYED  HOMEMAKER  NOT WORKING  OTHER

**EMPLOYER**

**POSITION**

**IDENTIFICATION REQUIREMENTS**

**TYPE OF IDENTIFICATION DOCUMENT (SELECT ONE)**

DRIVER'S LICENCE     PROV. HEALTH INSURANCE CARD (EXCEPT ON, MB, PEI)     CANADIAN CITIZENSHIP CARD     BIRTH CERTIFICATE (IF UNDER AGE 21)     AGE OF MAJORITY CARD     PASSPORT

**IDENTIFICATION DOCUMENT NUMBER**

**INFORMATION ABOUT THE GUARANTOR**

**TITLE**                      **FIRST NAME**    **INITIAL**                      **LAST NAME**

**STREET ADDRESS/LEGAL ADDRESS** (ADDRESS CANNOT BE A POST OFFICE BOX)

**CITY**    **PROVINCE**    **POSTAL CODE**

Are you an existing Scotia iTRADE client?  YES  NO

IF YES, WHAT IS THE ACCOUNT NUMBER? \_\_\_\_\_

Do you guarantee other Scotia iTRADE accounts?  YES  NO

IF YES, WHAT IS THE ACCOUNT NUMBER(S)? \_\_\_\_\_

## Order Execution Only Account

### CUSTOMER AGREEMENT BY SIGNING, I CONFIRM THAT:

1. All of the information in this Application is complete, accurate and true, and I will promptly send written notice to Scotia iTRADE of any change in this information. I verify that I have provided to you, and that all photocopies of identification submitted with this Application are true copies of valid identification of each trading authority, partner, member, director, sole owner, or beneficial owner of greater than 10% of the legal entity to which this Application pertains ("Relevant Legal Entity").
2. I have read, understand, and agree to the terms of this Customer Agreement and all of the sections in the Scotia iTRADE Relationship Disclosure Document and Terms and Conditions brochure that apply to this/these account(s).
3. I will provide a cheque for deposit drawn on the Relevant Legal Entity's account at a Canadian financial institution. For each trading authority, partner, member, officer/authorized person, sole owner, or beneficial owner of greater than 10% of the Relevant Legal Entity (each, a "Relevant Person") who does not have a Scotiabank account, I agree to provide a cheque for deposit drawn against each such Relevant Person's own account at a Canadian financial institution to satisfy Canadian Anti-Money Laundering requirements.
4. My Shareholder Communication Instructions are to be followed. I understand that my elections apply to all securities held in this/these account(s).
5. Scotia iTRADE reserves the right to restrict or limit trading activity in this/these account(s) at any time without notice to me. Scotia iTRADE may close this/these account(s) if all required documentation in complete form is not received within two weeks of opening this/these account(s).
6. United States Withholding Tax-Limitation on Benefits Treaty Statement ("Treaty"): I/we meet all provisions of the Treaty that are necessary to claim a reduced rate of withholding, including any limitation on benefits provisions, and I/we derive the U.S. source income within the meaning of section 894 of the Code, and the regulations thereunder, as the beneficial owner(s). [Refer to the Scotia iTRADE Relationship Disclosure Document and Terms and Conditions brochure for details.]
7. If this account was a referral from a Scotiabank Group member, I understand that Scotia iTRADE may share personal information about this/these account(s) with the referring Scotiabank Group member for the purposes of completing the referral, and I consent thereto. 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. 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.
9. 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.
10. If I am resident in Quebec, I have requested that this Application and all documents relating to 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.

### ACKNOWLEDGEMENT

I acknowledge that Scotia iTRADE does not provide personal, client-specific or tailored investment advice or recommendations to me, make any determination of my general investment needs and objectives or any of my investment decisions or transactions, and does not accept any responsibility to advise me on any of the foregoing. I acknowledge that I am responsible for my investment decisions and transactions, as well as for any profits or losses that may arise, and Scotia iTRADE will not consider my financial situation, investment knowledge, investment objectives and risk tolerance when accepting and processing orders placed by me. I acknowledge that 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 I borrow money to purchase securities, my 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. 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.

SIGNATURE(S)

AUTHORIZED SIGNATORY	DATE (MM/DD/YYYY)	AUTHORIZED SIGNATORY	DATE (MM/DD/YYYY)
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### 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 Scotia iTRADE Relationship Disclosure Document and Terms and Conditions brochure.

SIGNATURE(S)

AUTHORIZED SIGNATORY	DATE (MM/DD/YYYY)	AUTHORIZED SIGNATORY	DATE (MM/DD/YYYY)
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### IF YOU ARE APPLYING FOR OPTION 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 Scotia iTRADE Relationship Disclosure Document and Terms and Conditions.

SIGNATURE(S)

AUTHORIZED SIGNATORY	DATE (MM/DD/YYYY)	AUTHORIZED SIGNATORY	DATE (MM/DD/YYYY)
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## CUSTOMER IDENTIFICATION REQUIREMENTS

We are required to verify your identity. Please forward a legible photocopy of one piece of identification and if the following persons do not have a Scotiabank account, a personal cheque for \$1.00 deposit drawn on a Canadian financial institution for **each** Trading Authority, Partner, Member, Officer/Authorized Person, Sole Owner or any Beneficial Owner who owns greater than 10% of the Legal Entity. Only the following identification is acceptable:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Driver's Licence     | <input type="checkbox"/> Canadian Citizenship Card | <input type="checkbox"/> Provincial Health Insurance Card (except ON, MB, PEI) |
| <input type="checkbox"/> Age of Majority Card | <input type="checkbox"/> Passport                  | <input type="checkbox"/> Birth Certificate (under age 21)                      |

FOR BRANCH USE		FOR SCOTIA ITRADE USE	
Name of Officer	Employee Number	Manager	Date
Telephone Number	Transit #	DROP	Date
COMMENTS			AMO

\*Scotia iTRADE is a division of Scotia Capital Inc.

## Account Application

### GUARANTEE

FOR VALUABLE CONSIDERATION the second undersigned (herein called the "Guarantor") hereby personally and unconditionally guarantees payment to Scotia Capital Inc. (herein called the "Member") of all present and future debts and liabilities of the first undersigned (herein called the "Guaranteed Party") to the Member.

**Note:** For Alberta Residents, a Guarantee - Certificate of Notary Public (CA5B) is required.

#### PLEASE PRINT FULL LEGAL NAME OF GUARANTEED PARTY

AND the Guaranteed Party and the Guarantor agree that:

- The Guarantor shall not be released nor the Guarantor's liability hereunder limited or lessened by the Member granting time, taking or giving up securities, accepting compositions, granting releases or discharges or otherwise dealing with the Guaranteed Party or other parties or securities nor by any other thing whatsoever, either of a like nature to the foregoing or otherwise.
- The Member shall not be bound to exhaust its recourse against the Guaranteed Party or other parties or any securities the Member or the Guaranteed Party may hold before being entitled to payment from the Guarantor of the amount hereby guaranteed.
- This guarantee shall be enforceable notwithstanding any change or changes in the name of the Guaranteed Party or, if the Guaranteed Party be a partnership, any change or changes in the members of the partnership, including by death or by the retirement of one or more of the partners or by the introduction of one or more other partners, and notwithstanding any incapacity or lack or limitation of authority or power of the Guaranteed Party, or any of its directors, partners, or agents, or any irregularity, defect, or informality in the borrowing or obtaining of monies or advances by the Guaranteed Party and notwithstanding any change in the business, powers, objects, organization or management of the Guaranteed Party.
- This shall be a continuing guarantee and shall cover all debts and liabilities of the Guaranteed Party to the Member from time to time and shall apply to and secure any ultimate balance due or remaining unpaid to the Member and shall be binding as a continuing security on the Guarantor until receipt by the Member of written notice from the Guarantor (or the executors or administrators of the Guarantor) to make no further advances or extensions of credit on the security of this guarantee; upon receipt by the Member of such notice this guarantee shall not apply to any debts or liabilities of the Guaranteed Party to the Member thereafter incurred. The account of the Guaranteed Party and any assets held therein may be restricted until such time as the debts and liabilities of the Guaranteed Party are satisfactorily discharged or until an alternative Guarantor acceptable to the Member enters into a written guarantee agreement on behalf of the Guaranteed Party.
- Without notice to you, the Guarantor, the Member is entitled to set off any credit balance in any account of the Guaranteed Party against any deficit in any other account of the Guaranteed Party or any other debt or obligation of the Guaranteed Party owed to the Member. In addition, the Member may transfer securities among the Guaranteed Party's various accounts, including joint accounts and those guaranteed by the Guarantor without notice and without affecting, limiting or discharging the Guarantor's liability under this guarantee.
- All securities, cash, coins, commodities, contracts for the future delivery thereof, commodity options and forward commodity and foreign exchange contracts, held or carried by the Member for the account of the Guarantor, shall be pledged and shall be maintained as collateral security for the payment of any debts and liability of the Guaranteed Party to the Member to the extent of the liability of the Guarantor hereunder. All such securities and other property may be transferred from time to time without notice at the Member's sole discretion to any of the Guaranteed Party's accounts to satisfy part or all of the debts and liabilities of the Guaranteed Party to the Member, and the Member may without notice to the Guarantor sell or contract to sell any or all of the assets pledged as collateral to this guarantee or held by the Member for the account of the Guarantor to satisfy any debt or liabilities of the Guaranteed Party to the Member, and the Member shall not be liable to the Guarantor for any loss of or in respect of the transfer or sale of such assets, and no enforcement of this pledge or right to transfer or sell will in any way affect the Guarantor's obligations and liability under this guarantee and no proceedings to enforce this guarantee will in any way diminish this pledge or the Member's right to transfer or sell such securities and other property.
- The Guarantor and the Guaranteed Party acknowledge, and the Guaranteed Party specifically consents to, the Guarantor receiving at the Member's discretion copies of the Guaranteed Party's statements of account as generated.
- The Member shall have no obligation to provide the Guarantor with any information concerning the relationship and dealings between it and the Guaranteed Party. The Guarantor acknowledges that the extent of the Guarantor's responsibility under the guarantee will fluctuate, and that such responsibility is not limited.
- The Guarantor acknowledges having had an opportunity to consider whether to seek independent legal advice before delivering this guarantee to the Member and that the Member recommended that the Guarantor do so. The Guarantor acknowledges having read and understood the terms and conditions of this guarantee before signing and delivering it.
- If the Guarantor is a spouse of the Guaranteed Party, the Guarantor is advised to seek independent legal advice before executing this guarantee and, by execution of this guarantee, the Guarantor either acknowledges having received independent legal advice or acknowledges being urged to seek independent legal advice although the Guarantor has declined to do so.
- This instrument is in addition and supplemental to all other guarantees held or which may hereafter be held by the Member and shall enure to the benefit of and be binding upon the respective heirs, executors, administrators, successors and assigns of the Member and the Guarantor.



12. Personal Information (for individuals only). The Guarantor hereby consents to the Member collecting personal information about the Guarantor from third persons such as personal information agents, present and past employers, personal and credit references, credit reporting agencies, a credit bureau, advertising agencies, collection agencies, and any person or corporation with whom the Guarantor has or may have financial relations and to the release by third parties to the Member of such information. The Guarantor also consents to the disclosure by the Member of the Guarantor's personal information to third persons including personal information agents, creditors, persons to whom the Guarantor has applied for credit, financial institutions, collection agencies, bailiffs, marketing and advertising agencies, credit reporting agencies, a credit bureau or any person or corporation with whom the Guarantor has or may have financial relations or any supplier of services relating to the account or to any other person to whom the Member deems it necessary for the purpose of fulfilling the object of the file created by the Member under the name of the Guarantor. The Guarantor acknowledges that it understands the consequences of giving such a consent, which is given freely and will be valid and irrevocable for so long as it is needed in order to achieve the object of the file.

The object of the file maintained on the Guarantor is to assist the Member in: (i) making its decision with respect to this guarantee and (ii) monitoring, evaluating, servicing and collecting indebtedness owing to the Member. The personal information in this file will be used to make any relevant decisions in order to achieve the object of the file and will be made available only to the Member's employees who require it for the performance of their duties. The file will be kept at the address of the Member as indicated from time to time to the Guarantor. The Guarantor has the right to access the file and rectify any personal information in the file which may be obsolete or incorrect. To exercise the right of access and rectification, please attend at the designated office of the Member, or write to the Member, and the information in the file will be provided.

- 13. The Guarantor acknowledges that the Member shall not review the suitability of transactions in the accounts of the Guaranteed Party.
- 14. All indebtedness and liabilities, present and future, of the Guaranteed Party to the Guarantor are hereby assigned to the Member and postponed to the debts and liabilities of the Guaranteed Party to the Member, and all monies received by the Guarantor in respect thereof shall be received in trust for the Member and forthwith upon receipt shall be paid over to the Member, the whole without in any way limiting or lessening the liabilities of the Guarantor under this guarantee and this assignment and postponement is independent of the guarantee and shall remain in effect until repayment in full to the Member of all liabilities of the Guaranteed Party to the Member.
- 15. This guarantee constitutes the entire agreement of Guarantor and the Member relative to the subject matter hereof. No modification of, or supplement to, this guarantee shall bind the Member unless the same is in writing and is signed by an authorized officer of the Member. In the event that any part of this guarantee is declared invalid, illegal or unenforceable, then the remaining terms, clauses and provisions of this guarantee shall not be affected by such declaration and all of the remaining clauses of this Guarantee shall remain valid, binding and enforceable. The Guarantor hereby waives diligence, presentment, demand of payment, filing of claims with the court in the event of a receivership or bankruptcy of the Guaranteed Party, protest or notice with respect to the Guaranteed Party's obligations and all demands whatsoever and covenants that the obligations of the Guarantor will not be discharged, except by complete performance of the obligations contained herein.
- 16. Except when the Guarantor or the Guaranteed Party is a resident of Quebec, this guarantee is governed by and shall be construed in accordance with the laws of Ontario, and the Guarantor agrees that any legal suit, action or proceeding arising out of or relating to this guarantee may be instituted in such province, and the Guarantor hereby accepts and irrevocably submits to the jurisdiction of the courts of such province.
- 17. If this guarantee is executed by more than one Guarantor to guarantee the debts and liabilities of the Guaranteed Party, all agreements and covenants in the guarantee and all liability arising under the guarantee (whether in one or more instruments) shall be joint and several.

**If either the Guarantor or the Guaranteed Party is a resident of Quebec, the following applies:**

- 18. This guarantee shall be governed by, and construed in accordance with, the laws of the Province of Quebec. This guarantee shall not be deemed to create any right in any person except as provided herein and shall inure to the benefit of the successors and assigns of the Member and all obligations of Guarantor shall be binding upon the successors, assigns, heirs, executors, administrators and legal personal representatives, as the case may be, of Guarantor. This guarantee constitutes the entire agreement of Guarantor and the Member relative to the subject matter hereof. No modification of, or supplement to, this guarantee shall bind the Member unless the same is in writing and is signed by an authorized officer of the Member. In the event that any part of this guarantee is declared invalid, illegal or unenforceable, then the remaining terms, clauses and provisions of this guarantee shall not be affected by such declaration and all of the remaining clauses of this Guarantee shall remain valid, binding and enforceable. The Guarantor hereby waives diligence, presentment, demand of payment, filing of claims with the court in the event of a receivership or bankruptcy of the Guaranteed Party, protest or notice with respect to the Guaranteed Party's obligations and all demands whatsoever and covenants that the obligations of the Guarantor will not be discharged, except by complete performance of the obligations contained herein. The parties acknowledge that they have required that this agreement and all related documents be drawn up in English. Les parties reconnaissent avoir exigé que la présente convention et tous les documents connexes soient rédigés en anglais.

**If the Guarantor is an individual, this document must not be signed under Corporate Seal.**

SIGNATURE OF GUARANTEED PARTY	DATE (MM/DD/YYYY)
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NAME OF GUARANTEED PARTY (PLEASE PRINT)
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GUARANTEED PARTY'S ACCOUNT NO.(S)
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SIGNATURE OF GUARANTOR	DATE (MM/DD/YYYY)
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NAME OF GUARANTOR (PLEASE PRINT)
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GUARANTOR'S ACCOUNT NO.(S)
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**Note:** For Guarantee relationships involving multiple parties please attach appropriate number of forms.



# Declaration of Beneficial Ownership in a Legal Entity

## Corporation and Personal Holding/Non-Operating Private Company

### Identify and document Beneficial Owners with greater than 10% ownership interest

The information requested in this form is in compliance with regulatory requirements.

A Account information							
Legal Entity name (for this account)			Legal Entity name (with an ownership interest in this account as indicated on the CA100T form)				
Account type and classification							
<input type="radio"/> <b>Corporation</b> (Not an <b>Acceptable Institution/Acceptable Counterparty</b> on IIROC listing) Is the Corporation an <input type="radio"/> <b>Active Entity</b> or a <input type="radio"/> <b>Passive Entity</b> (see <b>Definition of Active and Passive Entity</b> on page 4 – <i>not applicable for U.S. Trust</i> ) <b>Note:</b> Where the Corporation is an Insurance Company, Trust Company, Central Credit Union & Regional, Caisse Populaire, Canadian Chartered Bank, Quebec Savings Bank, Pension Fund, Foreign Bank, or a Qualified Intermediary, do NOT classify as an Active or Passive Entity.							
<input type="radio"/> <b>Personal Holding/Non-Operating Private Company</b> Is the Company an <input type="radio"/> <b>Active Entity</b> or a <input type="radio"/> <b>Passive Entity</b> (see <b>Definition of Active and Passive Entity</b> on page 4) Is the <b>Corporation</b> or <b>Company</b> a U.S. Entity for tax purposes? <input type="radio"/> No <input type="radio"/> Yes (see <b>Definition of U.S. Person</b> on page 4) If yes, also complete a <b>CAW-9 Request for Taxpayer Identification Number and Certification</b> form.							
Instructions for completing this form							
Does any natural person or entity have a greater than 10% direct or indirect ownership interest in this account? (select one)							
(a) <input type="radio"/> <b>NO</b> If no, complete section B only. (b) <input type="radio"/> <b>YES</b> Ownership interests greater than 10% are held by INDIVIDUALS ONLY. Complete section B and C. (c) <input type="radio"/> <b>YES</b> Ownership interests greater than 10% are held by INDIVIDUALS and/or OTHER LEGAL ENTITIES. Complete all sections. <i>For complex ownership structures, attach a diagram if available.</i>							
<b>Note:</b> The regulatory requirement is to identify all individuals who have a <b>greater than 10% direct or indirect ownership interest</b> in the account. This requires a review of corporate or similar owners of your entity and assigning <u>ownership interests</u> to all share classes.							
B Directors (List all directors. Where there are more directors, append additional CA100A Declaration of Beneficial Ownership in a Legal Entity forms.)							
Director name			Occupation				
C Identify the Beneficial Ownership Interest for this account							
<i>(Partnerships or Written Trusts that declare an ownership interest on this form must also complete a CA100T Declaration of Beneficial Ownership in a Legal Entity form and identify all partners and beneficiaries. Attach or forward evidence documents along with a copy of the completed form.) Where there are more beneficial owners, append additional CA100A Declaration of Beneficial Ownership in a Legal Entity forms.</i>							
Select Beneficial Owner type (If a Corporation or Personal Holding/Non-Operating Private Company is selected, also complete section D)							
Owner's Information	<input type="radio"/> <b>Individual</b> <input type="radio"/> <b>Partnership</b> <input type="radio"/> <b>Written Trust</b> <input type="radio"/> <b>Corporation</b> <input type="radio"/> <b>Personal Holding/Non-Operating Private Company</b>						
	First name and middle initial		Last name		Entity name		
	Address (number, street, apartment, rural route) (P.O. Boxes only are not acceptable)			City	Province/Territory	Postal code	Country
	Are you a U.S. Person (Individual or Entity) for tax purposes? <input type="radio"/> No <input type="radio"/> Yes (see <b>Definition of U.S. Person</b> on page 4) If yes, you must provide SSN and also complete a <b>CAW-9 Request for Taxpayer Identification Number and Certification</b> form.				Are you a director of the Legal Entity for this account (as indicated in section A)? <input type="radio"/> No <input type="radio"/> Yes		
	You are a citizen of <input type="radio"/> Canada <input type="radio"/> U.S.A. <input type="radio"/> Other country (specify):						
	Canadian SIN		United States SSN/TIN		Other country tax number (specify country)	Date of Birth (mm-dd-yyyy)	
	Employer name			What is your current position/occupation?			
	Are you a <b>deemed insider</b> (as defined in the Provincial Securities Act) of any public companies? <input type="radio"/> No <input type="radio"/> Yes If yes, enter the company name(s):						
	Are you in a <b>control position</b> (as defined in the Provincial Securities Act) of any public companies? <input type="radio"/> No <input type="radio"/> Yes If yes, enter the company name(s):						
	Evidence attached (indicate document type and reference number - if an entity, provide legal documents)						
#1	Indicate class of shares or other type of beneficial ownership interest					Ownership interest %	



# Declaration of Beneficial Ownership in a Legal Entity

## Corporation and Personal Holding/Non-Operating Private Company

Ownership #2	Select Beneficial Owner type (If a Corporation or Personal Holding/Non-Operating Private Company is selected, also complete section D)					
	<input type="radio"/> Individual <input type="radio"/> Partnership <input type="radio"/> Written Trust <input type="radio"/> Corporation <input type="radio"/> Personal Holding or Non-Operating Private Company					
	First name and middle initial		Last name		Entity name	
	Address (number, street, apartment, rural route) (P.O. Boxes only are not acceptable)			City	Province/Territory	Postal code    Country
	Are you a U.S. Person (Individual or Entity) for tax purposes? <input type="radio"/> No <input type="radio"/> Yes (see <b>Definition of U.S. Person</b> on page 4) If yes, you must provide SSN and also complete a <b>CAW-9 Request for Taxpayer Identification Number and Certification</b> form.				Are you a director of the Legal Entity for this account (as indicated in section A)? <input type="radio"/> No <input type="radio"/> Yes	
	You are a citizen of <input type="radio"/> Canada <input type="radio"/> U.S.A. <input type="radio"/> Other country (specify):					
	Canadian SIN		United States SSN/TIN		Other country tax number (specify country)	Date of Birth (mm-dd-yyyy)
	Employer name			What is your current position/occupation?		
	Are you a <b>deemed insider</b> (as defined in the Provincial Securities Act) of any public companies? <input type="radio"/> No <input type="radio"/> Yes If yes, enter the company name(s):					
	Are you in a <b>control position</b> (as defined in the Provincial Securities Act) of any public companies? <input type="radio"/> No <input type="radio"/> Yes If yes, enter the company name(s):					
Evidence attached (indicate document type and reference number - if an entity, provide legal documents)						
Indicate class of shares or other type of beneficial ownership interest					Ownership interest %	
Ownership #3	Select Beneficial Owner type (If a Corporation or Personal Holding/Non-Operating Private Company is selected, also complete section D)					
	<input type="radio"/> Individual <input type="radio"/> Partnership <input type="radio"/> Written Trust <input type="radio"/> Corporation <input type="radio"/> Personal Holding or Non-Operating Private Company					
	First name and middle initial		Last name		Entity name	
	Address (number, street, apartment, rural route) (P.O. Boxes only are not acceptable)			City	Province/Territory	Postal code    Country
	Are you a U.S. Person (Individual or Entity) for tax purposes? <input type="radio"/> No <input type="radio"/> Yes (see <b>Definition of U.S. Person</b> on page 4) If yes, you must provide SSN and also complete a <b>CAW-9 Request for Taxpayer Identification Number and Certification</b> form.				Are you a director of the Legal Entity for this account (as indicated in section A)? <input type="radio"/> No <input type="radio"/> Yes	
	You are a citizen of <input type="radio"/> Canada <input type="radio"/> U.S.A. <input type="radio"/> Other country (specify):					
	Canadian SIN		United States SSN/TIN		Other country tax number (specify country)	Date of Birth (mm-dd-yyyy)
	Employer name			What is your current position/occupation?		
	Are you a <b>deemed insider</b> (as defined in the Provincial Securities Act) of any public companies? <input type="radio"/> No <input type="radio"/> Yes If yes, enter the company name(s):					
	Are you in a <b>control position</b> (as defined in the Provincial Securities Act) of any public companies? <input type="radio"/> No <input type="radio"/> Yes If yes, enter the company name(s):					
Evidence attached (indicate document type and reference number - if an entity, provide legal documents)						
Indicate class of shares or other type of beneficial ownership interest					Ownership interest %	
Ownership #1	Select Beneficial Owner type (If a Corporation or Personal Holding/Non-Operating Private Company is selected, also complete section D)					
	<input type="radio"/> Individual <input type="radio"/> Partnership <input type="radio"/> Written Trust <input type="radio"/> Corporation <input type="radio"/> Personal Holding or Non-Operating Private Company					
	First name and middle initial		Last name		Entity name	
	Address (number, street, apartment, rural route) (P.O. Boxes only are not acceptable)			City	Province/Territory	Postal code    Country
	Are you a U.S. Person (Individual or Entity) for tax purposes? <input type="radio"/> No <input type="radio"/> Yes (see <b>Definition of U.S. Person</b> on page 4) If yes, you must provide SSN and also complete a <b>CAW-9 Request for Taxpayer Identification Number and Certification</b> form.				Are you a director of the Legal Entity for this account (as indicated in section A)? <input type="radio"/> No <input type="radio"/> Yes	
	You are a citizen of <input type="radio"/> Canada <input type="radio"/> U.S.A. <input type="radio"/> Other country (specify):					
	Canadian SIN		United States SSN/TIN		Other country tax number (specify country)	Date of Birth (mm-dd-yyyy)
	Employer name			What is your current position/occupation?		
	Are you a <b>deemed insider</b> (as defined in the Provincial Securities Act) of any public companies? <input type="radio"/> No <input type="radio"/> Yes If yes, enter the company name(s):					
	Are you in a <b>control position</b> (as defined in the Provincial Securities Act) of any public companies? <input type="radio"/> No <input type="radio"/> Yes If yes, enter the company name(s):					
Evidence attached (indicate document type and reference number - if an entity, provide legal documents)						



# Declaration of Beneficial Ownership in a Legal Entity

## Corporation and Personal Holding/Non-Operating Private Company

I n t e r e s t	Are you a <b>deemed insider</b> (as defined in the Provincial Securities Act) of any public companies? <input type="radio"/> No <input type="radio"/> Yes If yes, enter the company name(s):	
	Are you in a <b>control position</b> (as defined in the Provincial Securities Act) of any public companies? <input type="radio"/> No <input type="radio"/> Yes If yes, enter the company name(s):	
	Evidence attached (indicate document type and reference number - if an entity, provide legal documents)	
# 4	Indicate class of shares or other type of beneficial ownership interest	Ownership interest %

### D Complete this section if you have identified that a Corporation or Personal Holding/Non-Operating Private Company holds an ownership interest in section C

(Indicate the corresponding number of the Beneficial Owner as indicated in the Ownership Interest field in section C. Attach or forward evidence documents along with a copy of the completed form.) **Where there are more beneficial owners, append additional CA100A Declaration of Beneficial Ownership in a Legal Entity forms.**

<b>Ownership Interest Number</b>	Indicate Beneficial Owner type <input type="radio"/> Individual <input type="radio"/> Entity			
First name and middle initial		Last name		Entity name
Address (number, street, apartment, rural route) (P.O. Boxes only are not acceptable)			City	Province/Territory Postal code Country
Are you a U.S. Person (Individual or Entity) for tax purposes? <input type="radio"/> No <input type="radio"/> Yes (see <b>Definition of U.S. Person</b> on page 4) If yes, you must provide SSN and also complete a <b>CAW-9 Request for Taxpayer Identification Number and Certification</b> form. You are a citizen of <input type="radio"/> Canada <input type="radio"/> U.S.A. <input type="radio"/> Other country (specify):				Are you a director of the Legal Entity for this account (as indicated in section A)? <input type="radio"/> No <input type="radio"/> Yes
Canadian SIN	United States SSN/TIN	Other country tax number (specify country)		Date of birth (mm-dd-yyyy)
Employer name			What is your current position/occupation?	
Are you a <b>deemed insider</b> (as defined in the Provincial Securities Act) of any public companies? <input type="radio"/> No <input type="radio"/> Yes If yes, enter the company name(s):				
Are you in a <b>control position</b> (as defined in the Provincial Securities Act) of any public companies? <input type="radio"/> No <input type="radio"/> Yes If yes, enter the company name(s):				
Evidence attached (indicate document type and reference number - if an entity, provide legal documents)				
Indicate class of shares or other type of beneficial ownership interest				Ownership interest %
<b>Ownership Interest Number</b>	Indicate Beneficial Owner type <input type="radio"/> Individual <input type="radio"/> Entity			
First name and middle initial		Last name		Entity name
Address (number, street, apartment, rural route) (P.O. Boxes only are not acceptable)			City	Province/Territory Postal code Country
Are you a U.S. Person (Individual or Entity) for tax purposes? <input type="radio"/> No <input type="radio"/> Yes (see <b>Definition of U.S. Person</b> on page 4) If yes, you must provide SSN and also complete a <b>CAW-9 Request for Taxpayer Identification Number and Certification</b> form. You are a citizen of <input type="radio"/> Canada <input type="radio"/> U.S.A. <input type="radio"/> Other country (specify):				Are you a director of the Legal Entity for this account (as indicated in section A)? <input type="radio"/> No <input type="radio"/> Yes
Canadian SIN	United States SSN/TIN	Other country tax number (specify country)		Date of birth (mm-dd-yyyy)
Employer name			What is your current position/occupation?	
Are you a <b>deemed insider</b> (as defined in the Provincial Securities Act) of any public companies? <input type="radio"/> No <input type="radio"/> Yes If yes, enter the company name(s):				
Are you in a <b>control position</b> (as defined in the Provincial Securities Act) of any public companies? <input type="radio"/> No <input type="radio"/> Yes If yes, enter the company name(s):				
Evidence attached (indicate document type and reference number - if an entity, provide legal documents)				
Indicate class of shares or other type of beneficial ownership interest				Ownership interest %





# Declaration of Beneficial Ownership in a Legal Entity

## Corporation and Personal Holding/Non-Operating Private Company

<b>Ownership Interest Number</b>	Indicate Beneficial Owner type <input type="radio"/> Individual <input type="radio"/> Entity				
First name and middle initial		Last name		Entity name	
Address (number, street, apartment, rural route) (P.O. Boxes only are not acceptable)			City	Province/Territory	Postal code
Are you a U.S. Person (Individual or Entity) for tax purposes? <input type="radio"/> No <input type="radio"/> Yes (see <b>Definition of U.S. Person</b> on page 4) If yes, you must provide SSN and also complete a <b>CAW-9 Request for Taxpayer Identification Number and Certification</b> form.				Are you a director of the Legal Entity for this account (as indicated in section A)? <input type="radio"/> No <input type="radio"/> Yes	
You are a citizen of <input type="radio"/> Canada <input type="radio"/> U.S.A. <input type="radio"/> Other country (specify):					
Canadian SIN	United States SSN/TIN		Other country tax number (specify country)		Date of birth (mm-dd-yyyy)
Employer name			What is your current position/occupation?		
Are you a <b>deemed insider</b> (as defined in the Provincial Securities Act) of any public companies? <input type="radio"/> No <input type="radio"/> Yes If yes, enter the company name(s):					
Are you in a <b>control position</b> (as defined in the Provincial Securities Act) of any public companies? <input type="radio"/> No <input type="radio"/> Yes If yes, enter the company name(s):					
Evidence attached (indicate document type and reference number - if an entity, provide legal documents)					
Indicate class of shares or other type of beneficial ownership interest					<b>Ownership interest</b> %
<b>Definition of Active and Passive Entity</b>					
<b>Active Entity</b> • The entity is Non-U.S. and is not a financial institution; • Entities for which less than 50% of the gross income for the preceding calendar year was passive income <b>and</b> less than 50% of the assets held by the entity during the preceding calendar year were assets that produced passive income; • Corporations with shares that regularly trade on an established securities market; and • Government or international organizations or agencies thereof and registered charities.					
<b>Passive Entity</b> A passive entity is any entity that is <b>neither</b> a financial institution <b>nor</b> an active entity. Passive income is generally understood to include income from the mere holding of property, such as interest, dividends, rents and royalties.					
<b>Definition of U.S. Person</b>					
<b>U.S. Persons include:</b> 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. Individuals and entities that are U.S. Persons must also complete a <b>CAW-9 Request for Taxpayer Identification Number and Certification</b> form.					
<b>E Certification</b> (Signature(s) required)					
<b>The undersigned authorized person certifies and agrees that:</b>					
<ul style="list-style-type: none"> <li>• <b>The above is a full and complete disclosure of information with respect to the above account holder and to all natural persons, entities and directors holding a greater than 10% ownership interest (direct or indirect) in the above named account;</b></li> <li>• We will maintain accurate up-to-date information respecting all beneficial owners by notifying Scotia Capital Inc. of material changes and provide confirmation and up-to-date information about beneficial owners as requested under the Proceeds of Crime (Money Laundering) and Terrorist Financing Act, Qualified Intermediary, Canadian Tax Regulations related to the Foreign Account Tax Compliance Act and Investment Industry Regulatory Organization of Canada regulations, or by an external auditor of Scotia Capital Inc. At the time of an external audit examination, we understand that we may be contacted by Scotia Capital Inc. and requested to provide to their auditors information on the current beneficial owners to validate that the current file at Scotia Capital Inc. is up-to-date and accurate, or to provide new information about beneficial owners as required, and agree to do so;</li> <li>• The income to which this form relates is: (a) not effectively connected with the conduct of a trade or business in the United States, (b) effectively connected but is not subject to tax under an income tax treaty, or (c) the partner's share of a partnership's effectively connected income, <b>and</b> for broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions;</li> <li>• We acknowledge that information contained in this form and information regarding my Scotia iTRADE account(s) (including information on account balances and payments received) may be reported to the Canada Revenue Agency (CRA), and that the CRA may provide the information to any additional country I have listed above as being a country in which I am a resident for tax purposes;</li> <li>• The authorized person below has the capacity to sign this form for the beneficial owner(s) named on this form; and</li> <li>• We will provide the required verification documents for this entity and the personal identity documents for authorized persons and individual beneficial owners and submit a new form within 30 days of such change in circumstances if any certification on this form becomes incorrect as required under current legislation and regulations.</li> </ul>					
<b>X</b> Signature of authorized person				Date (mm-dd-yyyy)	
Name of authorized person			Position within organization (CEO, President, Secretary, Trustee, etc)		
Signature of Branch manager				Date (mm-dd-yyyy)	



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