

Account Type Single Ownership Trading Account Joint Trading Account Trading Account(s) for another person

Name of Account Holder (s)	CIF# Official use only
1.	
2.	
3.	
4.	

Account Mailing & Email Address

Primary Holder Mailing Address:

Primary Holder Email Address:

INVESTMENT PRODUCTS & SERVICES

Unit Trust Equities Bonds Mutual Funds Other:

Wealth Account No.	Currency	Expected Activity (12mths) Additions (\$)	Source of ongoing funding

Source of account initial funding:

Initial Amount

\$

Will you be sending or receiving wires on this account? No Yes, please complete the Wire Payment Profile form

THIRD PARTY DETERMINATION

Will this account be used to conduct business on behalf of someone other than the named applicants?

No Yes, provide details of the third party by completing the Third Party Appendix

IF YOU ARE APPLYING FOR A MUTUAL FUND ACCOUNT

Asset Allocation Model (AMS) Information

AMS Account? No Yes, proceed to select AMS option.

Please assign this Asset Allocation Model (AMS) to my account. Unless given other instructions in the future, this model should be applied to any subsequent purchases or redemptions as well.

Scotia Portfolios / AMS Models	Class	Currency	Select Only One
(SBMF) Scotia Conservative			<input type="checkbox"/>
(SBMF) Scotia Conservative Balanced			<input type="checkbox"/>
(SBMF) Scotia Balanced			<input type="checkbox"/>
(SBMF) Scotia Balanced Growth			<input type="checkbox"/>
(SBMF) Scotia Growth			<input type="checkbox"/>
(SIJL) Conservative Income			<input type="checkbox"/>
(SIJL) Income and Conservative Growth			<input type="checkbox"/>
(SIJL) Balanced Income and Growth			<input type="checkbox"/>
(SIJL) Moderate Growth			<input type="checkbox"/>
(SIJL) Aggressive Growth			<input type="checkbox"/>

Banking Information

Bank Account Use

 Default

 Redemption

 Purchase

Bank Code
Transit Number
Bank Account Number
Bank Account Name
Bank Account Currency

Financial Goal

 Education
 Emergency Savings
 Income
 Retirement
 Major Purchase

 Other Please comment: _____

If you are requesting to provide instructions to us by telephone, fax and/or electronic communication. Please sign this section

By signing here I/We confirm that:

1. I/We are requesting to provide instructions to us by Telephone/Fax/Electronic Communication and have read, understood and agreed to the Telephone/Fax/Electronic Communication Agreement in the General Terms and Conditions applicable to all accounts
2. I/We are aware of the risk involved and are willing to take those risks

Primary Applicant/Tenant's Name	Primary Applicant/Tenant's Signature:	Date
_____	X _____	_____
Joint Applicant/Tenant's Name (if applicable)	Joint Applicant/Tenant's Signature:	Date
_____	X _____	_____
Additional Applicant/Tenant's Name (if applicable)	Additional Applicant/Tenant's Signature:	Date
_____	X _____	_____
Additional Applicant/Tenant's Name (if applicable)	Additional Applicant/Tenant's Signature:	Date
_____	X _____	_____

Account Authority

"We", "our", "us", "Scotiabank", and the "Bank" mean, as applicable, The Bank of Nova Scotia and its branches and the subsidiaries and affiliates operating outside of Canada. "Scotiabank Group" means collectively, The Bank of Nova Scotia and all its subsidiaries and affiliates throughout the world.

"You" and "Your", means the individual(s), that owns this Account, or any signatory on this Account(s) Application.

"I", "me" and "my" means the applicant and any joint applicant, and includes an individual, corporation, trust, partnership or any other form of unincorporated organization.

By signing below, you and your signing authorities certify to the bank:

- I certify that I am of legal age by signing hereunder (i.e 18 years and over).
- Your investment advisor does not have a direct or indirect ownership in this account.
- Unless otherwise advised, securities purchased in the account are not insured by a government deposit Insurer, are not guaranteed by the Scotiabank Group and may fluctuate in value.
- You acknowledge receipt and agreement of an investment recommendation based on your financial goals and time horizon for the account.

Unless otherwise indicated by you, the account will be opened as non-discretionary, i.e. you have to confirm all trades / transactions before execution.

The use of leverage may not be suitable for all investors. Using borrowed money, to finance the purchase of securities involves greater risks than using cash resources only. If you use borrowed money to purchase securities, your responsibility to repay the loan, pay interest, remains the same even if the value of the purchased securities decline.

Primary Applicant/Tenant's Name	Primary Applicant/Tenant's Signature:	Date
_____	X _____	_____
Joint Applicant/Tenant's Name (if applicable)	Joint Applicant/Tenant's Signature:	Date
_____	X _____	_____
Additional Applicant/Tenant's Name (if applicable)	Additional Applicant/Tenant's Signature:	Date
_____	X _____	_____
Additional Applicant/Tenant's Name (if applicable)	Additional Applicant/Tenant's Signature:	Date
_____	X _____	_____

For Official Use Only.

Advisor Name	Advisor Signature:	Date
_____	X _____	_____
Approver Name	Approver Signature:	Date
_____	X _____	_____

Appendix Third Party Determination

Last Name : _____ First Name : _____ Middle Name : _____

Date of Birth: (DD/MM/YY)

Permanent Address (P.O. Boxes are prohibited)

Previous Address

Mailing Address If Different From Permanent Address (Include Postal Code If Applicable)

Principal Business / Occupation

Relationship Between the Third Party and Client
