

## **Business/Legal Entity Client Application**

1. Information About The Business Or Leg	gal Entity		
□ NEW         □ EXISTING (Fill           Customer Number         —	l out only applicable sections)	Date	
2. Applicant			
Full legal name of legal entity:			
Trading name(s) (if different from legal name):			
Permanent Address P.O Boxes are Prohibited			Country
Previous Address			Country
Mailing/Registered address if different from phys	ical address (include zip code if applicable	)	Country
Telephone Number	Facsimile Number	Business Tax ID	-
Website Address	Email Addre	ess of Entity	
Entity Registration Number	Date entity was registered	Number of E	mployees
Name of primary bank account for Entity	Branch Transit Location	Account Number	
Is this entity a deemed insider of any public comp	pany?		
☐ No ☐ Yes, enter the company name here—			
Is this entity in a control position of any public co	mnanies?		
<ul> <li>No ☐ Yes, enter the company names here _</li> <li>Provide a brief description of your business or leg</li> </ul>			
Provide a brief description of your products &/or	services .		
Country(ies) where Customers are Located			
Country(ies) where Suppliers are Located			
Country(ies) where Operations are Located			
Year of Incorporation (Corporations only):	Shareholder's Equity :	Annual Gross Sale	s or Income from all sources
Estimated Net Assets of Entity A. Net Liquid Assets (Cash and Securities less liabilities due under 1 yr)	B. Net Fixed Assets (Fixed less liabilit over 1 yr.)	ies due = Total Net Asset	s (A + B)
\$	_ \$	\$	
	INVESTMENT PRODUCTS & SERV	/ICES	
Unit Trust Equities Bonds	☐ Mutual Funds ☐ Other:		
	xpected Activity (12mths) dditions (\$)	ource of ongoing funding	
Source of account initial funding:		Amount	
		<b>\$</b>	
Will you be sending or receiving wires on this acco	ount? Yes No, If yes please comp	plete the Wire Payment Profile f	orm

# **Scotia** Investments.

### **Business/Legal Entity Client Application**

Sole Proprietorship Partnership General or Corporation Not for Profit Corporation/Incorporated Chalassociation/Club (Unincorporated) AND if CEstate Written Trust Foundation Other:  3. Third Party Determination Will this account be used to conduct business on behalassociation and the section of "Associated In this section, we are asking to identify the section of t	harity  nalf of someone or ad Party".  ount(s) you wish natify your willings nancial markets we see in my portfolio ation, for example still the s	another LEGAL ENT  In to open with us ness and ability to ochich resulted in a decomposition of the composition of the composit	assume risk cline in the short	term (i.e. within	
Corporation  Not for Profit Corporation/Incorporated Challes Association/Club (Unincorporated) AND if Calles Estate  Written Trust  Foundation  Other:  Third Party Determination  Ill this account be used to conduct business on behalles No Yes, provide details in section 7 "Associate In this section, we are asking to ider ow would you react if there was a change in the firm Yery Low – I would not be able to tolerate any low Low – I would be able to tolerate moderate for this necessary in the section, we are asking to ider the section of the	aritable Organization harity  malf of someone or and Party".  ount(s) you wishoutify your willings mancial markets we see in my portfolionation, for example stuctuation, for example ston, for example to the identify the investigation.	another LEGAL ENT  In to open with us ness and ability to ochich resulted in a decomposition of the composition of the composit	assume risk cline in the short	term (i.e. within	
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In this section, we are asking you to hat best describes your general approach to inve  My main desire is to protect my principal	identify the inves		or the account(s,	being opened	
My main desire is to grow my principal in the me My main desire is to grow my principal in the long  Your Financial Goals and Time Horizon for You may have one or more financial	edium to long term g term the Account(s) u	you wish to open v		ing.	
		Time Horizo	on when you expe	ect to need the fu	inds for that purpose
	ou Need An track to the contract of the contra	Less Than 2 Yrs	2-5Yrs	5-10Yrs	Greater Than 10 Yrs
iquidity Management	Yes 🗌 No				
Any Other Special Durpose Specify:	Yes No				

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# **Scotia** Investments.

## **Business/Legal Entity Client Application**

Owner/Shareholder & Ownership %_	Signing Officer 🗌	Director    Officer    PEP    Conta
Personal Name	Occupation	
lome Address (P.O boxes are prohibited )		Country of Residence
revious Addresses In The Last 3 Years (Cayman Mu	itual Fund Clients Only)	Country
Pate of Birth.	Country of Birth	Country of Citizenship
lame of Employer	Current Occupation	Employer's Address
lature of Business	How Long	Tax Payer ID
ome Telephone Number	Cellular Telephone Number	Business Telephone Number
rimary ID Type	ID Number	Place / Country Of ID Issuance
ersonal ID Type	ID Number	Place / Country Of ID Issuance
cotiabank Personal Customer  No Yes, only 1 primary piece of ID is required isider Information: Are you as an authorized person No Yes, enter the company names here	n or your spouse, a deemed insider of any publ	
Control Position: Are you as an authorized person o  No Yes, enter company name(s) here  Are you as an authorized person or your spouse, a Di  No Yes,enter company name(s) here	r your spouse, singularly or as part of a group ir	
he executive, legislative, administrative, military or	lf-sister/brother, spouse/common-law partner judiciary branch of the local or a foreign goverr	and/or in-laws), a current or former senior official nment or the Leader of a local or a foreign political
hildren-including step and/or adopted children hal ne executive, legislative, administrative, military or arty represented in the legislature, an Ambassador ontrolled by the local or a foreign government or H astitution of any such organization or do you maint No Yes, please provide details:	If-sister/brother, spouse/common-law partner judiciary branch of the local or a foreign goverr or Attaché, or a member of a ruling royal fami ead of an international organization establishe ain a close association with any such official, ei	and/or in-laws), a current or former senior official nment or the Leader of a local or a foreign political lies or a senior executive of an enterprise owned or ad by government of states, or the Head of an ther for personal or business reasons?
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hildren-including step and/or adopted children hal ne executive, legislative, administrative, military or arty represented in the legislature, an Ambassador portrolled by the local or a foreign government or Hastitution of any such organization or do you mainto No Yes, please provide details:  Owner/Shareholder & Ownership % ersonal Name  ome Address (P.O boxes are prohibited )  revious Addresses In The Last 3 Years (Cayman Mulate of Birth.  lame of Employer  lature of Business  ome Telephone Number  rimary ID Type  ersonal ID Type  cotiabank Personal Customer  No Yes, only 1 primary piece of ID is required.	If-sister/brother, spouse/common-law partner judiciary branch of the local or a foreign govern or Attaché, or a member of a ruling royal fami ead of an international organization establishe ain a close association with any such official, ei    Signing Officer	and/or in-laws), a current or former senior official nament or the Leader of a local or a foreign political lies or a senior executive of an enterprise owned or do by government of states, or the Head of an other for personal or business reasons?  Director Officer PEP Conta  Country of Residence  Country  Country  Employer's Address  Tax Payer ID  Business Telephone Number  Place / Country Of ID Issuance  Place / Country Of ID Issuance

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# **Scotia** Investments.

#### **Business/Legal Entity Client Application**

PEP = POLITICALLY EXPOSED PERSONS: Are you or any of the account holders, or your (or their) immediate family members (parents, siblings, children-including step and/or adopted children half-sister/brother, spouse/common-law partner and/or in-laws), a current or former senior official in the executive, legislative, administrative, military or judiciary branch of the local or a foreign government or the Leader of a local or a foreign political party represented in the legislature, an Ambassador or Attaché, or a member of a ruling royal families or a senior executive of an enterprise owned or controlled by the local or a foreign government or Head of an international organization established by government of states, or the Head of an institution of any such organization or do you maintain a close association with any such official, either for personal or business reasons?

	Signing Officer Director Officer PEP Conta		
Personal Name	Occupation		
Home Address (P.O boxes are prohibited )	Country of Residence		
Previous Addresses In The Last 3 Years (Cayman Mo	utual Fund Clients Only)	Country	
Date of Birth.	Country of Birth	Country of Citizenship	
Name of Employer	Current Occupation	Employer's Address	
Nature of Business	How Long	Tax Payer ID	
Home Telephone Number	Cellular Telephone Number	Business Telephone Number	
Primary ID Type	ID Number	Place / Country Of ID Issuance	
Personal ID Type	ID Number	Place / Country Of ID Issuance	
Scotiabank Personal Customer			
No Yes, only 1 primary piece of ID is required	d, provide Scotiabank location:		
Insider Information: Are you as an authorized perso			
No Yes, enter the company names here			
Control Position: Are you as an authorized person o	r vour shouse singularly or as part of a group in	a control position of any public companies?	
		a control position of any public companies.	
No Yes, enter company name(s) here Are you as an authorized person or your spouse, a Dii No Yes, enter company name(s) here	rector, Employee, Partner or Officer of a Member	of any stock exchange or of the stock exchange itse	
No Yes, enter company name(s) here Are you as an authorized person or your spouse, a Dii No Yes, enter company name(s) here PEP = POLITICALLY EXPOSED PERSONS: Are you or children-including step and/or adopted children hal the executive, legislative, administrative, military or j party represented in the legislature, an Ambassador controlled by the local or a foreign government or H	rector, Employee, Partner or Officer of a Member any of the account holders, or your (or their) im f-sister/brother, spouse/common-law partner a udiciary branch of the local or a foreign governr or Attaché, or a member of a ruling royal familie ead of an international organization established	of any stock exchange or of the stock exchange itsel amediate family members (parents, siblings, and/or in-laws), a current or former senior official ir ment or the Leader of a local or a foreign political es or a senior executive of an enterprise owned or I by government of states, or the Head of an	
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February, 2021

Scotia Investments.		Busines	s/Legal Entity Client Application
Insider Information: Are you as an authorized person or your spous  No Yes, enter the company names here			
Control Position: Are you as an authorized person or your spouse, s			
Are you as an authorized person or your spouse, a Director, Employe	e, Partner or C	Officer of a Member of	any stock exchange or of the stock exchange itself?
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8. Investment Knowledge of Signing Officer Making Inve (if more than one complete a separate INVESTM			re by each INVESTMENT DECISION maker)
Name(s) of Signing Officer(s) making Investment Decisions:			
Please indicate below the Types of Investments you have had exp			e your current knowledge of / experience
How would you define your current knowledge of / experience with investments?		with investments?	e your current knowledge of / experience
Very Low		Very Low	
Low		Low	
∐ Medium □		Medium	
☐ High  Provide 1 piece of Identification:		High	
<ul> <li>(i) One (1) primary piece being a government issued photo ID with section (as appropriate):</li> <li>Each majority owner/shareholder of the company (10% owner)</li> <li>All Directors</li> <li>All Signatories</li> <li>Is one or more of the majority owner/shareholder another entity?</li> <li>Business Registration Number &amp; Country of Registration</li> <li>A Corporate family tree tracing ownership to every person OR</li> <li>Documentation to verify Ownership</li> </ul>	ship or great	er OR the % prescribe	ed by local law if less),
9. 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. Unl subsequent purchases or redemptions as well.	ess given oth	er instructions in the f	uture, this model should be applied to any
Scotia Portfolios / AMS Models	Class	Currency	Select Only One
(SBMF) Scotia Conservative			
(SBMF) Scotia Conservative Balanced			
(SBMF) Scotia Balanced			
(SBMF) Scotia Balanced Growth			
(SBMF) Scotia Balanced Growth			
(SIJL) Conservative Income		+	
(SIJL) Income and Conservative Growth			1
(SIJL) Balanced Income and Growth			<del>                                     </del>
(SIJL) Moderate Growth			
(SIJL) Aggressive Growth			

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### **Business/Legal Entity Client Application**

Bank Account U	ie				
		Default	Redemption	Purchase	
	Bank Code				
	Transit Number				
	Bank Account Numbe	r			
	Bank Account Name				
	Bank Account Currence	су			
P	requesting to provide inst ease sign this section	ructions to us by Telep	hone, Fax And/or Elec	tronic Communication.	
By signing here I,	ease sign this section 'We confirm that: We are requesting to provide in	structions to us by Teleph	none/Fax/Electronic Comr	nunication and have read, unde	
By signing here I,  1. I/'	ease sign this section 'We confirm that: We are requesting to provide in	structions to us by Teleph Communication Agreeme	none/Fax/Electronic Comr ent in the General Terms a		
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#### 11. What you agree to when you sign this application

We", "our", "us", "Scotiabank", and the "Bank" mean, as applicable, The Bank of Nova Scotia and its branches and 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:

- You request the services listed and confirm that the information recorded on this Application is true and complete. This includes your representations on the Investment Selector Profile, which you have also acknowledged as being accurate, and which forms part of this Personal Client Application.
- I certify that I am of legal age (ie. 18 years and over) by signing hereunder.
- · 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 risk 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.

**NOTE:** Despite signing this Business/Legal Entity Client Application, the account(s)/services(s) requested are still subject to approval by the Bank prior to opening.

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## **Business/Legal Entity Client Application**

Affix Corporate Seal for Corporations  Trading Name:	
Trading Name:  Signature:  Name and Title  X Signature:  Name and Title  Name and Title  X Signature:  Name and Title  X Signature:  Name and Title  Name and Title  X Signature:  Name and Title  Name and Title  X Signature:  Name and Title  X Signature:  Name and Title  Name and Title  X Signature:  Name and Title  Name and Title  Name and Title  Name and Title  X Signature:  Name and Title  Name	
Signature:  Name and Title	
Name and Title	
Name and Title	Date
Name and Title	Date
Name and Title  12. Comments section will be completed by your Advisor  Initial Deposit Amount  \$	
Name and Title  12. Comments section will be completed by your Advisor  Initial Deposit Amount  Or Transfer in  \$  Have you met the client face to face? No Yes How long have you known the client  Referral by: SPCG Scotiabank Existing Client Personal Contact Other:  Other comments:  Original KYC information se en and copies certified in accordance with the Bank's standard	Date
12. Comments section will be completed by your Advisor Initial Deposit Amount  Or Transfer in  \$  Have you met the client face to face?  No Yes How long have you known the clie Referral by:  SPCG Scotiabank Existing Client Personal Contact Other: Other comments: Original KYC information se en and copies certified in accordance with the Bank's standard	Date
Anount  Or Transfer in  Substitute the client face to face? No Yes How long have you known the client face to face? No Fersonal Contact Other:  Other comments:  Original KYC information se en and copies certified in accordance with the Bank's standard	
\$	
Have you met the client face to face? No Yes How long have you known the client SPCG Scotiabank Existing Client Personal Contact Other:  Other comments:  Original KYC information se en and copies certified in accordance with the Bank's standard	Value:
Have you met the client face to face?  No Yes How long have you known the client SPCG Scotiabank Existing Client Personal Contact Other:  Other comments:  Original KYC information se en and copies certified in accordance with the Bank's standard	
Original KYC information se en and copies certified in accordance with the Bank's standard	
Advisor Signature: Advisor Name:	s for certification: No Yes
	Date
X	
Approver Signature: Approver Name:	Date
X	

Scotia Investments.	Business/Legal Entity Client Application Checklis
Appendix	
Sole Proprietorship	<ul> <li>Registration (if required in your jurisdiction)</li> <li>Tax Compliance Certificate (TCC) or other equivalent official confirmation from the relevant tax authorities of compliance with income tax obligations;</li> <li>Audited/Public Accountant Prepared/in-House Income &amp; Expense Statement (as applicable)</li> </ul>
☐ Partnership → ☐ General or ☐ Limited	Partnership Business Registration (if required) Partnership Agreement (if required) Partnership Deed (or other instrument in writing which is duly signed by the Partners and which confirms the fact of the establishment of thePartnership Tax Compliance Certificate (TCC) of other equivalent official confirmation from the relevant tax authorities of compliance with income tax obligations Audited/Public Accountant Prepared/in-House Income & Expense Statement (as applicable)
☐ Corporation	Certificate of Incorporation (if required in your jurisdiction)  Memorandum & Articles of Association/Articles of Incorporation & By Laws  Annual Return/Certificate of Good Standing (entities greater than 1 year old)  Register of Directors, Officers & Members (if required in your jurisdiction)  For companies incorporated outside of jurisdiction obtain Certificate of Continuation or Extra Territorial Registration  Tax Compliance Certificate (TCC) of other equivalent official confirmation from the relevant tax authorities of compliance with income tax obligations  Audited/public Accountant Prepared/in-House & Expense Statement (as applicable)
Not for Profit Corporation/Incorporated Charitable Organization AND if Charity	Registration (Charter or Statute of instrument by which it is established) Charitable Registration Audited/public Accountant Prepared/in-House & Expense Statement (as applicable)
Association/Club (Unincorporated) AND if Charity	Register of Directors, Officers Registration (Charter or Statute of instrument by which it is established) Audited/public Accountant Prepared/in-House & Expense Statement (as applicable) If governed by an umbrella body and not independently registered the following should be obtained: Letter from the governing body confirming that the entity is authorized to operate. Copy of the registration document of the governing body (eg Articles of Incorporation, Certificate of Incorporation) Document outlining the purpose and general operations
Estate	Stamped Letters of Probate / Letter of Administration/ Notarized Copy of Will (where applicable)
Written Trust	☐ Certified True Copy of Written Trust ☐ Register of Trustees and Beneficiaries
Foundation	Certified True Copy of Foundation Charter  Register of Directors/Trustees of Foundation  Registration(Incorporation, or charter or Statute or instrument by which it

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