

ACCOUNT INSTRUCTION FORM

NAME: _____

ACCOUNT TYPE: _____ **ACCOUNT NO:** _____ **CURRENCY:** _____

ACCOUNT FINANCIAL GOAL: _____

TYPE OF TRANSACTION: _____

- | | | | | | |
|---------------------------------|--------------------------|------------------------------|--------------------------|-------------------|--------------------------|
| WIRE TRANSFER | <input type="checkbox"/> | ADDITION OF JOINT APPLICANTS | <input type="checkbox"/> | STATEMENT CHANNEL | <input type="checkbox"/> |
| ADDITION TO ACCOUNT | <input type="checkbox"/> | CLIENT INFORMATION UPDATE | <input type="checkbox"/> | Electronic | Paper |
| TRANSFER TO OTHER ACCOUNTS | <input type="checkbox"/> | ENCASHMENT | <input type="checkbox"/> | | |
| STANDING ORDERS | <input type="checkbox"/> | EXITING RELATIONSHIP | <input type="checkbox"/> | | |
| HYPOTHECATION OF ACCOUNT | <input type="checkbox"/> | CLOSING WEALTH ACCOUNT | <input type="checkbox"/> | | |
| CLIENT PURCHASING A NEW PRODUCT | <input type="checkbox"/> | OTHER | <input type="checkbox"/> | | |

In keeping with our regulatory obligations client funds should not be held uninvested in excess of five business days.

Funds placed to your settlement account must be invested or returned to you after 5 days

I/we agree that all residual or uninvested funds on my/our settlement account after completed transaction(s) should be handled as follows:

OPTIONS	CHOOSE ONE	PARTICULARS	
CMA/MMF/PFIF	<input type="checkbox"/>	A/C #:	
BANK ACCOUNT ON FILE	<input type="checkbox"/>	Bank Name:	
		Transit:	
		A/C #:	
CHEQUE DISBURSEMENT	<input type="checkbox"/>	PayableTo:	
Other (specify)	<input type="checkbox"/>		

Particulars

I/we agree that Scotia Investments Jamaica Limited (SIJL) and its subsidiaries may act on the above-mentioned instructions and that I/we voluntarily and with free knowledge assume all the responsibility associated therewith.

SIGNATURE _____ **DATE** _____ **ID#** _____

SIGNATURE _____ **DATE** _____ **ID#** _____

WITNESS/OFFICER _____ **DATE** _____

REVIEWER'S SIGNATURE _____ **DATE** _____

INTERNAL USE ONLY*

(A) All KYC documents are on file (B) Some KYC documents are outstanding *

(C) Tax Residency Self Certification form Signed for all accountholders

* Regional Manager (or designate) exceptional approval is required for (B) above. * Where an Existing client is purchasing a new product A is mandatory

Comment: _____

Signature: _____ Date: _____