

Account Application Summary

INDIVIDUALS

Note: This is an application form, not a binding agreement. We will use the information provided by you in this application to generate the form and terms of the account agreement to be made between us.



Client Information

| | | | | |
|----------------------------------|--------------------------------|--------------------------------------|---|--|
| Account Type: | Cash <input type="checkbox"/> | Margin Long <input type="checkbox"/> | Margin Short <input type="checkbox"/> | Income <input type="checkbox"/> |
| Primary <input type="checkbox"/> | Joint <input type="checkbox"/> | Guarantor <input type="checkbox"/> | Trading Authority – Full <input type="checkbox"/> | Trading Authority – Partial <input type="checkbox"/> |

Personal Information

| | | | | | |
|--|---------------|--|----------|---|--|
| Title | Name | | | Birthdate (MM/DD/YY) | |
| Citizenship | SIN/SSN/TIN | * Scotiacard Number | | * Request New Card <input type="checkbox"/> | Language |
| | | | | * Replacement Card <input type="checkbox"/> | English <input type="checkbox"/> French <input type="checkbox"/> |
| Address | | | | Mother's Maiden Name: | |
| City | Prov | Postal Code | Country | | |
| Employer or Former Employer - if Retired | | Type of Business | Position | How Long? | |
| Employer's Address | | | | | |
| Employed Scotiabank Group? | | Applicant or Member of household considered PRO? | | | Insider of Scotiabank? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Resident of Country Since? (MM/DD/YYYY) | Home Phone # | Business Phone # | | Cell Phone # | |
| Fax # | Email Address | | | | |

Financial Information

| | | |
|---------------------|-------------------|------------------|
| Annual Gross Income | Net Liquid Assets | Net Fixed Assets |
|---------------------|-------------------|------------------|

Banking Information

| | | |
|--------------------------|----------------|---|
| Bank Name & Branch | | |
| Bank Address | | |
| Bank ID / Branch Transit | Account Number | Type of Account Chequing <input type="checkbox"/> Savings <input type="checkbox"/> |

Marital Status & Spouse Information

| | | |
|-----------------|-----------------|--------------------------------------|
| Marital Status | # of Dependants | Spouse Name |
| Spouse Employer | Spouse Position | Spouse Type of Business / Profession |

Financial Information

| | | |
|---------------------|-------------------|------------------|
| Annual Gross Income | Net Liquid Assets | Net Fixed Assets |
|---------------------|-------------------|------------------|

Level of Investment Knowledge

| | | | | | |
|---|---|---|---|--|--|
| Mutual Funds: <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low / None | Fixed Income: <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low / None | Stocks: <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low / None | Equity Options: <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low / None | Short Sales: <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low / None | Overall Investment Experience: <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low / None |
|---|---|---|---|--|--|

Insider Information

| | | |
|---|--|-----------------|
| Deemed an Insider? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Name of Company |
| In a Control Position of Public Company | Yes <input type="checkbox"/> No <input type="checkbox"/> | Name of Company |
| Employer, Director, Partner or Officer of any Exchange, IDA member? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Name of Company |
| Trading Authority or Interest in another SM Account | Yes <input type="checkbox"/> No <input type="checkbox"/> | Acct # |
| Trading Authority or Interest in another Securities Firm | Yes <input type="checkbox"/> No <input type="checkbox"/> | Acct # |

*Mother's maiden name will be required

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| Information about : <input type="checkbox"/> Joint Applicant <input type="checkbox"/> ITF Beneficiary <input type="checkbox"/> Account Guarantor <input type="checkbox"/> Trading Authority <input type="checkbox"/> | | | | | | | | | | | |
|--|--|---|-------------------|---|--|---|---|--|-----------------|--|--|
| Joint Applicant only: Tenants in common <input type="checkbox"/> With rights of Survivorship <input type="checkbox"/> Allocations for Tenants in Common (must total 100%) 1. _____ % 2. _____ % 3. _____ % 4. _____ % | | | | | | | | | | | |
| Name | | | | | | | | Birthdate (MM/DD/YY) | | | |
| Citizenship | | SIN/SSN/TIN | | * Scotiacard Number | | | | * Request New Card <input type="checkbox"/> * Replacement Card <input type="checkbox"/> | | | |
| Address | | | | | | | | | | | |
| City | | | Prov | | Postal Code | | Country | | | | |
| Employer | | | Type of Business | | Position | | | How Long? | | | |
| Employer's Address | | | | | | | | | | | |
| Home Phone # | | | | Business Phone # | | | | | | | |
| Financial Information | | | | | | | | | | | |
| Annual Gross Income | | | Net Liquid Assets | | | Net Fixed Assets | | | | | |
| Banking Information | | | | | | | | | | | |
| Bank Name & Branch | | | | Bank Address | | | | | | | |
| Bank ID / Branch Transit | | | | Account Number | | | Type of Account Chequing <input type="checkbox"/> Savings <input type="checkbox"/> | | | | |
| Level of Investment Knowledge | | | | | | | | | | | |
| Mutual Funds: <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low / None | | Fixed Income: <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low / None | | Stocks: <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low / None | | Equity Options: <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low / None | | Short Sales: <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low / None | | Overall Investment Experience: <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low / None | |
| Insider Information | | | | | | | | | | | |
| Deemed an Insider? | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Name of Company | | | | | |
| In a Control Position of Public Company | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Name of Company | | | | | |
| Employer, Director, Partner or Officer of any Exchange, IDA member? | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Name of Company | | | | | |
| Trading Authority or Interest in another SM Account | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Acct # | | | | | |
| Trading Authority or Interest in another Securities Firm | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Acct # | | | | | |
| Evidence Provided (for JT etc. record information for all parties) | | | | | | | | | | | |
| <input type="checkbox"/> Drivers' License | | | | <input type="checkbox"/> Health Card (where applicable) | | | | | | | |
| <input type="checkbox"/> Passport | | | | <input type="checkbox"/> Citizenship Card | | | | | | | |
| <input type="checkbox"/> Other | | | | | | | | | | | |
| Met Client Face to Face Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | How long have you known the Client? | | | | | | | |
| Investment Objectives (must total 100%) | | Income _____ % | | LT Growth _____ % | | ST Growth _____ % | | | | | |
| Risk Factors (must total 100%) | | Low Risk _____ % | | Medium _____ % | | High _____ % | | | | | |
| Guarantor Only | | | | | Consent to Share (does not apply to Guarantor) | | | | | | |
| Do you guarantee other accounts? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | Privacy & Disclosure Consent <input type="checkbox"/> Do not Consent <input type="checkbox"/> | | | | | | |
| Shareholder Communications | | | | | | | | | | | |
| Disclose Beneficial Owner Information to Security Holder? Do Not Object <input type="checkbox"/> Object <input type="checkbox"/> | | | | | Receive Security Holder Material? I Wish <input type="checkbox"/> Do Not Wish <input type="checkbox"/> | | | | | | |
| Applicant hereby certifies accuracy of this information | | | | | | | X | | Date (MM/DD/YY) | | |
| Joint applicant hereby confirms this information | | | | | | | X | | Date (MM/DD/YY) | | |
| Name of Advisor(s) recording this information | | | | | | | X | | Date (MM/DD/YY) | | |

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Building Relationships for Life

