

Representations of Person Acting as Power of Attorney

Account Number

Name of Person with Power of Attorney (the "Attorney")	Name of Person who Granted Power of Attorney (the "Grantor")
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Attorney Information

Your Title	Your First Name and Middle Initial	Your Last Name
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You are the spouse of the Grantor named above, and you reside at the same address OR

Your home address, street, apartment, Rural Route (P.O Boxes only are <u>not</u> acceptable)	Your email Address
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City	Province	Postal Code	Date of Birth (MM/DD/YY)
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Home Phone Number

Language: English French

I am a citizen of: Canada USA Other Country - **A U.S. Person** (U.S. Citizen or U.S. Dual Citizen) must provide SSN and complete and sign Form CA-W9.

SIN (Optional unless requesting Online Entitlements)
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I am a resident for tax purposes of the following country U.S. resident must sign Form CAW-9	Since what date? (MM/DD/YY)	Name of employer (if retired, former employer)	What kind of business is it?
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What is your current position/occupation?	How long?	Business Phone No.
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Your Employer's Address	City	Prov.	Postal Code
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You would like account information sent to:

Home Address Employer's Address Other address shown below - complete and sign CA 18/19

Address	City	Prov.	Postal Code
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How many dependents do you have?

You are: Widowed Divorced Single Married Living Common-Law

Do you have a Cashstop Card or ScotiaCard? Yes No

If "Yes", indicate your Cashstop Card/ScotiaCard number

Please provide your mother's maiden name
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Financial Information

Investment Knowledge

Mutual Funds

- High
 Moderate
 Low/None

Bonds

- High
 Moderate
 Low/None

Stocks

- High
 Moderate
 Low/None

Options

- High
 Moderate
 Low/None

Short Sales

- High
 Moderate
 Low/None

Overall

- High
 Moderate
 Low/None

Insider information: Are you, or your spouse, a **deemed insider** (as defined in the Provincial Securities Acts) of any public companies?

No Yes - If yes, enter the company names here: _____

Are you, or your spouse, singularly, or as part of a group, **in a control position** (as defined in the Provincial Securities Acts) of any public companies?

No Yes - If yes, enter the company names here: _____

Are you, or your spouse, **an Employee, Director, Partner or Officer** of a Member of any stock exchange, IDA member, or of a stock exchange itself?

No Yes - If yes, enter the company names here: _____

Do you own or have **trading authority** or an interest in another ScotiaMcLeod account?

No Yes - If yes, enter Account Number(s) here: _____

Do you **guarantee** other ScotiaMcLeod accounts?

No Yes - if yes, enter Account Number(s) here: _____

As Attorney, do you have the authority to act alone in giving instructions for investments and disbursements?

Yes No - If no, who else must instruct? _____

As Attorney, are there any limitations on your authority to make investments or to deal with account assets?

No Yes - If yes, specify limitations: _____

Spousal Information (if applicable)

Title of Spouse	First Name and Middle Initial	Last Name
Employer and type of business of Spouse		Position/occupation

Signature

Before using your authority as Attorney, you should consult with your legal advisor.

I certify that the above information is complete and accurate and undertake to advise Scotia Capital Inc. immediately in writing of any changes to this information. I confirm that Scotia Capital Inc. is entitled to rely on this information in operating the Account. I have read, understood and agree to all the terms and conditions relating to the account in the ScotiaMcLeod Terms and Conditions Brochure.

I acknowledge that it is my duty and responsibility to ensure that the Account is operated in accordance with the best interests of the person who appointed me Attorney, the terms of the Power of Attorney and any other applicable legal requirements.

In consideration of the acceptance of the Account by Scotia Capital Inc. and other good and valuable consideration, I agree to indemnify and hold harmless Scotia Capital Inc. and each of its officers, directors, employees and agents of and from any liability, costs or expenses of any kind which they may suffer or incur as a result of acting in accordance with my instructions or the information I have provided or authorize another to provide. I have expressly requested that this Agreement and all documents relating to it be in English; J'ai expressément exigé que cette convention et toute autre document afférent soient en langue anglaise.

Attorney Signature	Date
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Please note this document should be sent to Name & Address as a second page to the CA 2 or CA 3 forms as applicable. Acceptable evidence must be submitted with this documentation.