

Confidential Account Application

LEGAL ENTITY

Understanding and completing this account application

Securities regulations require that we have thorough and accurate information from clients. Please read the enclosed brochure *ScotiaMcLeod Terms and Conditions*.

The *ScotiaMcLeod Terms and Conditions* brochure is incorporated into and forms part of the contract between ScotiaMcLeod and you and will govern operation of this account.





<input type="checkbox"/> Company/Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Foundation	<input type="checkbox"/> Investment Club	BRANCH	ACCOUNT	T	C	ADVISOR CODE	L
<input type="checkbox"/> Estate	<input type="checkbox"/> Written Trust	<input type="checkbox"/> Charity	<input type="checkbox"/> Other						

Special products i:Partner Partnership Plus The Pinnacle Program **Separate program agreements are required**

Additional documents required BNS Referral Transit #

Articles of Incorporation/Association, Financial statements, Trading Authorization, Partnership, Investment Club and Trust/Estate account agreements and other documents as required below. In addition, a photocopy of one piece of acceptable identification for each authorized person, member, beneficiary or trading authority: Driver's License, Passport, Provincial Health Insurance Card (except ON, MB, PEI, voluntary in QC), Canadian Citizenship Card, Permanent Residence Card, Certificate of Indian Status Card, Photo Identification Card (AB, BC, NL, NS, PEI Voluntary ID, and SK Mandatory Photo ID), Canadian Forces ID Card.

A - Legal Entity Profile

Full Legal Name of this Entity: _____ Business Number BN or Trust Number TN on tax return _____

Business address, street, apartment, Rural Route (P.O. Boxes only are not acceptable) _____ Email Address Home Business _____

City _____ Prov. _____ Country _____ Postal Code _____ Business Phone Number _____ Language: English French

Principal business or occupation: _____ Number of employees: _____

Name of Bank account for Legal Entity: _____ Branch Transit Number _____ Account Number _____

Is this entity a deemed **insider** (as defined in the Provincial Securities Acts) of any public companies? No Yes - If yes, enter the company names here: _____

Is this entity in a **control position** (as defined in the Provincial Securities Acts) of any public companies? No Yes - If yes, enter the company names here: _____

B - Authorized Person(s) - authorized to act for this account on behalf of the Legal Entity. Where necessary, add an appendix page to list all authorized persons.

Print Name	Title
1	
2	

C - Third Party Determination

Will this account be used to conduct business on behalf of someone other than the named Entity?
 No Yes - If Yes, complete and attach Third Party Determination Form CA33.

D - Type of Account you are applying for

Cash 1 Margin Long 2 Margin Short 5 COD 9 - Form 873 1063 Income Account

Monthly Payment of Income (Complete CA50 Direct Funds Transfer Agreement): Pay monthly electronic Pay semi-monthly electronic Hold US Funds are paid by cheque only.

Settlement Currency: CDN\$ US\$ ALL CDN\$ - all trades will settle in CDN currency US\$ - all trades will settle in US currency ALL - all trades will settle in the currency of the executing market

Cheque MAPS - order MAPS deposit card Direct Debit - complete CA41 Hold in ScotiaMcLeod name

You would like account information sent to: Business Address Other address shown below - complete and sign CA 18/19

Address of Legal Entity _____ City _____ Prov _____ Postal Code _____

Applicant only: Number of confirms required is 1 OR: _____ Number of statements required is 1 OR: _____

For interested parties only: Number of confirms: _____ Number of statements: _____

Interested Party Name and Address _____ City _____ Prov _____ Postal Code _____

The Investment Objectives and Risk Factors that Reflect the Intended use for this Account.

Please review Guidelines for Investment Objectives and Related Account Risk Factors in the ScotiaMcLeod Terms and Conditions brochure.

Investment Objectives for this account (Total must = 100%)	Income _____%	Long Term Capital Appreciation _____%	Short Term Capital Appreciation / Speculative Trading _____%
Account Risk Factors for this account (Total must = 100%)	Low Risk Tolerance _____%	Medium Risk Tolerance _____%	High Risk Tolerance _____%

E - Corporate Entity only - Identity of all authorized persons authorized to act for this account must be verified. CA199 Legal Entity Verification Documents and additional documents may be required.

Year of Incorporation: _____ Shareholder's Equity: 1. Less than \$500k 2. \$501k to \$1mm 3. \$1mm to \$5mm 4. \$5mm to \$25mm 5. Over \$25mm **Equity Code:** _____

Annual Gross Income of Corporation (from all sources) 1. Less than \$50k 2. \$51k to \$100k 3. \$101k to \$250k 4. \$251k to \$500k 5. Over \$500k **Code** _____

Estimated Net Worth of Corporation **A** Net Liquid Assets (Cash/secs less loans) \$ _____ **+ B** Net Fixed Assets (Fixed less liabilities) \$ _____ = Total Net Worth (A+B) \$ _____

Acceptable Institution or Acceptable Counterparty (AI/AC) as defined on IIROC list Qualified Intermediary (QI) - Complete CAW-8IMY Certificate of Foreign Intermediary US Tax.

Public corporation listed on the Toronto Stock Exchange trading over \$5.00 a share.

Recognized private corporation for which the financial statements indicate a net worth (shareholder equity) of at least \$25 million Canadian.

Corporate entities other than above attach CA5A or CA5B Guarantee*. *In Alberta, both CA5A and CA5B are required.

Personal Holding Company or non-operating private company attach CA5A or CA5B Guarantee*. *In Alberta, both CA5A and CA5B are required.

Controlling Shareholder(s) print names in full _____

F - Other Legal Entity only - Identity of all authorized persons, trustees, executors, partners and club members must be verified. Additional Documents may be required.

Annual Gross Income of Other Legal Entity (from all sources) 1. Less than \$50k 2. \$51k to \$100k 3. \$101k to \$250k 4. \$251k to \$500k 5. Over \$500k **Code** _____

Estimated Net Worth of Entity **A** Net Liquid Assets (Cash/secs less loans) \$ _____ **+ B** Net Fixed Assets (Fixed less liabilities) \$ _____ = Total Net Worth (A+B) \$ _____

Estate - attach CA199 Legal Entity Verification Documents.

Investment Club - attach CA14 Investment Club Agreement.

Partnership - attach CA199 Legal Entity Verification Documents, Partnership Registration documents, CA10 Partnership Account Agreement.

Written Trust - attach CA199 Legal Entity Verification Documents, Written Trust Agreement, CA15 Trust/Estate Application.

Private Foundation, Condominium Corporation, Municipal Governments, Schools and Hospitals - attach CA11 Trading Authorization for Foundations, Fraternal Organizations, Lodges, Religious Bodies and other Associations.

Entity is incorporated or organized in USA Partners in a Partnership are US Persons Trustee for an Estate or Written Trust is a US Person

US Entity and each US partner, trustee, club member must complete CAW-9 Request For Taxpayer Identification Number and Certification.

J. New Regular Cash Account K. New Margin Account L. Modify Account Add Margin Y. Modify N&A information / Risk / Objectives Z. Advisor Change

G - OnLine Access and Scotia eRecords Enrolment

If client requires online access to the corporate account, the ScotiaCard must be issued to an individual and cannot belong to the corporation. You must also ensure this client has Trading Authority over the corporate account.

Do you have a Cashstop Card or ScotiaCard? Yes No If "Yes", indicate your Cashstop Card/ScotiaCard number _____ Please provide your mother's maiden surname _____

You may elect to receive statements, annual trading summaries, trade confirmations and regulatory materials (prospectuses) via Scotia OnLine instead of a printed version by enrolling in Scotia eRecords. To complete set-up of eRecords you must accept the Terms for Electronic Document Delivery in Scotia OnLine, and select paperless as your preference.

H - Authorized person 1 - Section B - authorized to act for this account on behalf of Legal Entity. Where necessary, add an appendix page to cover all authorized persons.

Your title _____ Your first name and middle initial _____ Your last name _____

Your home address, street, apartment, Rural Route (P.O. Boxes only are not acceptable) _____ Your email address _____

City _____ Prov. _____ Postal Code _____ Home Phone _____ Date of Birth (MM/DD/YY) _____ I am a citizen of: Canada USA Other Country

Name of employer (if retired, former employer) _____ What kind of business is it? _____

What is your current position/occupation? _____ For how long? _____ Business phone # _____

Your employer's address _____ City _____ Prov. _____ Postal Code _____

Investment Knowledge		Options		Short Sales		Overall	
<input type="checkbox"/> High	<input type="checkbox"/> High	<input type="checkbox"/> High	<input type="checkbox"/> High	<input type="checkbox"/> High	<input type="checkbox"/> High	<input type="checkbox"/> High	<input type="checkbox"/> High
<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate
<input type="checkbox"/> Low / None	<input type="checkbox"/> Low / None	<input type="checkbox"/> Low / None	<input type="checkbox"/> Low / None	<input type="checkbox"/> Low / None	<input type="checkbox"/> Low / None	<input type="checkbox"/> Low / None	<input type="checkbox"/> Low / None

Insider information: Are you as an authorized person 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 as an authorized person 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 as an authorized person or your spouse, **an Employee, Director, Partner or Officer** of a Member of any stock exchange, IIROC member, or of a stock exchange itself? No Yes - If yes, enter the company names here: _____

Do any of the authorized person(s) have **trading authority or an interest in another ScotiaMcLeod account?** No Yes - If yes, please provide your Account Number(s) here: _____

Will any other entity or persons **guarantee** this account? No Yes - If yes, Guarantor must sign CA5A or CA5B* _____ *In Alberta, both CA5A and CA5B are required.

How many dependents do you have? _____ You are: Widowed Divorced Single Married Living Common-Law

Title of spouse _____ First name and middle initial _____ Last name _____ Employer and type of business of Spouse _____ Position/occupation _____

I - OnLine Access and Scotia eRecords Enrolment

If client requires online access to the corporate account, the ScotiaCard must be issued to an individual and cannot belong to the corporation. You must also ensure this client has Trading Authority over the corporate account.

Do you have a Cashstop Card or ScotiaCard? Yes No If "Yes", indicate your Cashstop Card/ScotiaCard number _____ Please provide your mother's maiden surname _____

You may elect to receive statements, annual trading summaries, trade confirmations and regulatory materials (prospectuses) via Scotia OnLine instead of a printed version by enrolling in Scotia eRecords. To complete set-up of eRecords you must accept the Terms for Electronic Document Delivery in Scotia OnLine, and select paperless as your preference.

J - Authorized person 2 - Section B - authorized to act for this account on behalf of Legal Entity. Where necessary, add an appendix page to cover all authorized persons.

Your title _____ Your first name and middle initial _____ Your last name _____

Your home address, street, apartment, Rural Route (P.O. Boxes only are not acceptable) _____ Your email address _____

City _____ Prov. _____ Postal Code _____ Home Phone _____ Date of Birth (MM/DD/YY) _____ I am a citizen of: Canada USA Other Country

Name of employer (if retired, former employer) _____ What kind of business is it? _____

What is your current position/occupation? _____ For how long? _____ Business phone # _____

Your employer's address _____ City _____ Prov. _____ Postal Code _____

Investment Knowledge		Options		Short Sales		Overall	
<input type="checkbox"/> High	<input type="checkbox"/> High	<input type="checkbox"/> High	<input type="checkbox"/> High	<input type="checkbox"/> High	<input type="checkbox"/> High	<input type="checkbox"/> High	<input type="checkbox"/> High
<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate
<input type="checkbox"/> Low / None	<input type="checkbox"/> Low / None	<input type="checkbox"/> Low / None	<input type="checkbox"/> Low / None	<input type="checkbox"/> Low / None	<input type="checkbox"/> Low / None	<input type="checkbox"/> Low / None	<input type="checkbox"/> Low / None

Insider information: Are you as an authorized person 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 as an authorized person 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 as an authorized person or your spouse, **an Employee, Director, Partner or Officer** of a Member of any stock exchange, IIROC member, or of a stock exchange itself? No Yes - If yes, enter the company names here: _____

Do any of the authorized person(s) have **trading authority or an interest in another ScotiaMcLeod account?** No Yes - If yes, please provide your Account Number(s) here: _____

Will any other entity or persons **guarantee** this account? No Yes - If yes, Guarantor must sign CA5A or CA5B* _____ *In Alberta, both CA5A and CA5B are required.

How many dependents do you have? _____ You are: Widowed Divorced Single Married Living Common-Law

Title of spouse _____ First name and middle initial _____ Last name _____ Employer and type of business of Spouse _____ Position/occupation _____

K - Shareholder Communication Instructions - Please read the Shareholder Communication section in the ScotiaMcLeod Terms and Conditions brochure.

PART 1 - Disclosure of Beneficial Ownership Information

1. I DO NOT OBJECT to the disclosure of my name, address, electronic mail address, securities holdings and preferred language of communication (English or French) to issuers of securities held with you and to other persons or companies in accordance with securities law. I understand that by objecting to the disclosure of my account information noted above to issuers of securities that I hold with you, certain materials may still be required by law to be sent to me, and that I may have to pay the costs of having these materials provided to me.

2. I OBJECT

I WISH To disclose my email address to security issuers, for the electronic delivery of securityholder materials to me. My email address will be as I have indicated in section A on page 1 or: Home Business

I DO NOT WISH

PART 2 - Receiving Securityholder Materials

3. I WANT to receive ALL securityholder materials sent to beneficial owners of securities.

4. I DECLINE to receive ALL securityholder materials sent to beneficial owners of securities. (Even if I decline to receive these types of materials, I understand that a reporting issuer or other person or company is entitled to send these materials to me at its expense).

5. I WANT to receive ONLY proxy-related materials that are sent in connection with a special meeting.

Important Note: These instructions do not apply to any specific request you give or may have given to a reporting issuer concerning the sending of interim financial statements of the reporting issuer. In addition, in some circumstances, the instructions you give in this client response form will not apply to annual reports or financial statements of an investment fund that are not part of proxy-related materials. An investment fund is also entitled to obtain specific instructions from you on whether you wish to receive its annual report or financial statements, and where you provide specific instructions, the instructions in this form with respect to financial statements will not apply.

PART 3 - Preferred Language of Communication

ENGLISH / FRENCH My preferred language of communication (English/French) will be as I have indicated in Section A, page 1. I understand that the materials I receive will be in my preferred language of communication if the materials are available in that language.

L - If you are applying for an Option Account, by completing this section you confirm that:

You have or will complete and sign an **Options Trading Agreement CA17** (Quebec residents only) or CA17A form and you understand the risks defined in the **Options Disclosure Statement attached to the CA17 (Quebec residents only) or the CA17A form. Option Account applicant must sign the margin agreement in section M below.** Please complete this section with your ScotiaMcLeod Wealth Advisor. Advisor may FAX this application to D.R.O.P. for temporary approval. Approval must be granted before first trade. If approved, an email will be sent to you confirming Head Office D.R.O.P. approval. Do not trade until receipt of this approval.

Anticipated type(s) of option transactions: CODE 1 Purchasing Puts & Calls CODE 2 Covered Writing CODE 3 Spreading CODE 4 Naked Puts CODE 5 Naked Writing

M - If you are applying for a Margin Account please sign this section

The use of leverage may not be suitable for all investors. Using borrowed money, whether through a margin account or any other method of borrowing, to finance the purchase of securities involves greater risk than using cash resources only. If you borrow money to purchase securities, your responsibility to repay the loan, pay interest, and meet margin calls as required by the margin terms remains the same even if the value of the securities purchased declines.

By signing here I/we confirm that: (Please read **Types of Accounts** in the ScotiaMcLeod Terms and Conditions brochure.)

1. I/We are applying for a **Margin Account** and have read, understood and agreed to the **Margin Terms** and conditions within the **General Terms and Conditions Applicable to All Accounts** contained in the ScotiaMcLeod Terms and Conditions brochure.

2. I/We are aware of the risks involved in trading on margin and are willing to take those risks.

Where there are more than two persons authorized to give instructions in respect of the account, add an appendix page to cover all signatures.

Signature	Title	Date	MM/DD/YY
Signature	Title	Date	MM/DD/YY

N - What you agree to when you sign this application

In this agreement the terms I, we, my, and our refer to the owner(s) and/or authorized person(s) of a ScotiaMcLeod account whose signature(s) appear below and I confirm that:

1. All of the information in this application is complete and accurate and I have read, understood and agreed to all of the terms and conditions relating to this account in the relevant sections of the ScotiaMcLeod Terms and Conditions brochure.

2. I understand that the terms and conditions of this application and of ScotiaMcLeod Terms and Conditions brochure are incorporated into and form part of the contract between ScotiaMcLeod and me, and govern operation of this account. They may be supplemented by written agreement but not replaced by the terms of other specific agreements between ScotiaMcLeod and me as the nature of the account may require.

3. I have been provided with, read and understand the **Shareholder Communication NATIONAL INSTRUMENT 54-101** - explanatory statement within the ScotiaMcLeod Terms and Conditions brochure and as my securities held with you are registered in your name or the name of your agent, I request that the above arrangements be made as indicated. I understand that these elections apply to all securities held in my account with you that are not registered in my name, unless I have given other instructions regarding securities in another account. I understand that these instructions may be changed at any time in writing and that you will use reasonable efforts to act upon changes in instructions where advice is received between record date and meeting date.

4. My Wealth Advisor does not have a direct or indirect ownership interest in this account.

5. If I have indicated in this application form that I am a resident of a province or territory of Canada, this agreement shall be governed by and construed in accordance with the laws of that jurisdiction. Otherwise, this agreement shall be governed by and construed in accordance with the laws of the province of Ontario and the laws of Canada applicable therein.

6. I acknowledge that Scotia Capital Inc. is a separate entity from The Bank of Nova Scotia. Unless otherwise advised, securities purchased from or through Scotia Capital Inc. (a) are not insured by a government deposit insurer, (b) are not guaranteed by a Canadian financial institution, and (c) may fluctuate in value.

7. I understand that my account information is shared within the Scotiabank Group to help provide me with better service across our entire relationship. My consent to share affords me greater opportunity to access the many resources of this organization whether they are with my advisor, at a bank branch, or on the Internet. By signing below I consent to you sharing my information in accordance with the Scotiabank Group Privacy Agreement. The Scotiabank Group is committed to maintaining the privacy of my information and strictly adheres to the measures outlined in the agreement to accomplish this. My consent is not a condition of doing business with ScotiaMcLeod and I may withdraw it at any time by contacting my ScotiaMcLeod Wealth Advisor or Scotiabank branch.

I consent I do not consent **Please read the Scotiabank Group Privacy Agreement contained in Terms and Conditions.**

Accounts of ScotiaMcLeod clients are covered by The Canadian Investor Protection Fund (within prescribed limits).

Where there are more than two persons are authorized to give instructions in respect of this account, add an appendix page to cover the signatures of all authorized persons.

Signature	Title	Date	MM/DD/YY
Signature	Title	Date	MM/DD/YY

O - This comments section will be completed by your Wealth Advisor and Branch Manager

Customer type: PRO BNS Designated Initial Order Buy Sell Solicited Unsolicited

Account Class: Account Transfer Asset Value \$ If over \$5 million, must complete CA93

Investment Counsellor, if applicable: Value \$

Quantity: Description: OR: Description: Value \$

Initial deposit amount: \$ OR: Account Transfer Asset Value \$ If over \$5 million, must complete CA93

Have you met the client face to face? Yes No If No, required from client copy of acceptable Identity Document, cheque for \$1.00, and credit bureau check must be conducted.

How long have you known the client? (MM/YYYY)

AMO: Referral By: Advertising lead Personal contact Phone in Walk in

i:PARTNER CA21 Partnership Plus CA45 Pinnacle CA34 CA16 PIN A

Does the client have any other accounts and / or control the trading in other accounts? Yes No **If Yes, identify accounts**

Does the client have accounts with other brokerage firms? Yes No **If Yes, specify firms and type of accounts**

Other comments:

Is advisor registered in the province in which the client resides? Yes No **Refer to out of province licensing policy.**

Documentation below has been forwarded to client by mail, return mail envelope OR by courier, return courier envelope

Indicate CA Form Number and/or agreement description

CA199 Legal Entity Verification Documents: + copies of Articles of Incorporation/Association, Trust Agreement, Partnership Registration, will etc.

CA200 Evidence – attach acceptable evidence documents for each authorized person, trading authority, member or beneficiary.

Advisor(s) Signature	Date	MM/DD/YY
B.M. approval	R.M.	Date