

CLIENT AND ACCOUNT INFORMATION GATHERING SHEETS

Your Group RRSP Investment Advisor:

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Investment firms are required by securities laws to obtain the following information about their clients to ensure that appropriate investment advice is provided and also to comply with current money laundering regulations. Please answer the following questions and be assured this information will be kept strictly confidential. Incomplete applications may cause delays in processing. If you have any concerns about disclosing this information, please contact our investment team.

Type of Account (please select one):

Registered Account:

Group RRSP Regular or Spousal

RRIF

Locked-in RRSP Provincial Jurisdiction _____

LIRA Provincial Jurisdiction _____

RESP

Other, eg. Pinnacle, Summit, etc. _____

The following four questions need to be answered only if a spousal RRSP is required

Spousal Contributor's Full Legal Name _____

Social Insurance number of Spousal Contributor _____

Date of Birth of Spousal Contributor (Month, Day, Year) _____

Percentage of contributions to be spousal _____

Non-Registered Account:

Please note: if a non-registered joint account is being requested, each joint owner(s) will need to complete a separate copy of the Client and Account Information Gathering Sheets.

Individual or Joint or ITF (In Trust For) or Legal Entity

Other _____

Personal Information (Annuitant or Legal Entity)

Your Full Legal Name: _____

Address _____ Telephone (Home) _____

(Note: P.O. Boxes not acceptable)

City _____ (Work) _____

Province/Territory/State _____ (Fax) _____

Country _____ (Cell) _____

Postal Code _____ Email Address _____

Date of Birth (Month, Day, Year) _____ Social Insurance Number _____

Citizenship _____ Resident of Country Since (Month, Year) _____

Name of Employer _____ Your Occupation _____

Type of Business _____

Employer Address _____

How Long have you been employed in this position? _____

If Retired – Former Employer & Address _____

Number of Financial Dependents _____

Marital Status: Married Common Law Single Divorced Widowed

Spouse's Name _____ Name of Spouse's Employer _____

Spouse's Position _____ Spouse's Type of Business _____

Applicant or Member of household considered a PRO (re. licensed to buy/sell securities) Yes No

Are you or your spouse deemed an Insider? Yes No

If so, please state the name of company(s): _____

Are you or your spouse in a Control Position of a Public Company? Yes No

Are you or your spouse an Employer, Director, Partner or officer of an Exchange or IDA member? Yes No

If so, name of company(s): _____

Do you have trading authority or Interest in another ScotiaMcLeod account? Yes No

If so what is the account number(s)? _____

Do you have trading authority or interest in an account(s) at another Securities Firm(s)? Yes No

If so, what is the name of the Securities Firm(s)? _____

Online Access

Would you like Online Access (provides viewing access only to your account)? Yes No

If so, do you presently have a ScotiaCard? Yes No

If you presently have a ScotiaCard, what is the number? _____

If you would like Online Access, what is your Mother's Maiden Name? _____

Beneficiary Information (for registered account only)

Would you like to name a beneficiary on your RRSP account? Yes No

If yes, provide full legal name of the beneficiary _____

Relationship of beneficiary to annuitant (owner of account) _____

Address of beneficiary _____

Financial Information (Required by securities laws)

Your Approximate Annual income: \$ _____ /Year

Net Worth

Liquid Assets = Cash and securities less loans outstanding against securities

(Liquid assets would include investment vehicles such as a bank account, cashable GIC's, treasury bills, savings bonds – re, investment vehicles that are very liquid)

Fixed Assets = Fixed assets less liabilities outstanding against fixed assets, excluding principal residence

(Fixed assets would include vehicles such as the value of a RRSP, non-registered trading account including stocks and bonds, the net value of a rental property or vacation property – re. investments that are not very liquid nor would you normally sell in order to raise cash)

Liquid Assets \$ _____ + Fixed Assets \$ _____ = Net Worth \$ _____

Your Investment Knowledge in regards to:

- | | | | |
|--------------------------------|------------------------------|-----------------------------------|-------------------------------|
| Mutual Funds: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |
| Fixed Income: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |
| Stocks: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |
| Margin: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |
| Equity Options: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |
| Short Sales: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |
| Overall Investment Experience: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |

Investment Objectives for this account:

% _____ Income _____ Long Term Growth _____ Short Term Growth (total 100%)

Risk Factors for this account:

% _____ Low Risk _____ Medium _____ High Risk (total 100%)

Guarantor Only:

Do you guarantee other accounts? Yes No

Consent to Share Information:

Do you consent to the sharing of account information with The Bank of Nova Scotia? Yes No

Shareholder Communications:

Disclose Beneficial Owner Information to Security Holder? Do not object Object

Disclose Your Email Address to Security Issuers for Electronic Delivery of Security Material? Do not object Object

Receive Security Holder Material? Do not object Object

Banking Information (Required by law):

Financial Institution Name _____

Bank Address _____

Bank ID Number or institutional code (normally 3 digits) _____

Bank Transit number (normally 5 digits) _____

Bank Account Number (normally 7 digits) _____

Type of Account Chequing Savings

Evidence (Required by law):

Driver's License Number or Passport Number _____

Jurisdiction License or Passport was issued from _____

Please include a photocopy of the front and back of your driver's license and a cheque made payable to "ScotiaMcLeod" for \$1.00 with this application (this is to comply with money laundering regulations).

*****Note: these are not legal documents. Once your account is opened on our system, formal documents will be mailed to your home address for your signature. Please check these documents over, sign, date and return them to our office in the self addressed stamped envelope that will be provided in the mailing.*****

For ScotiaMcLeod Use Only:

Has the advisor met the client(s) in person?: Yes No

How long has the advisor known the client(s)?: _____

Group Code: _____