



Scotia Self-Directed Plan No.	Advisor Code
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## Scotia Self-Directed Group Registered Plan Application

In this Application, the terms *you* and *your* refer to the account holder and the terms *we*, *our* and *us* refer to The Bank of Nova Scotia Trust Company (Scotiustrust®).

<b>A Plan Type</b> (Complete a separate form for each plan)						
This application is for a Scotia Self-Directed: <input type="radio"/> Group Retirement Savings Plan (Group RSP) <input type="radio"/> Group Locked-In Retirement Savings Plan (Group LRSP)						
<b>B Applicant information</b> (Mandatory)						
Title	First name and middle initial		Last name		Date of birth (mm-dd-yyyy)	
Home address (number, street, apartment, rural route) (P.O. boxes are <u>not</u> acceptable)			City	Province	Postal code	Country
Home phone number		Business phone number Ext.		Language <input type="radio"/> English <input type="radio"/> French		Canadian SIN
<b>C Spousal or common-law partner information*</b>						
Title	First name and middle initial		Last name		Canadian SIN	
Home address (number, street, apartment, rural route) (P.O. boxes are <u>not</u> acceptable) <input type="radio"/> same as applicant			City	Province	Postal code	Country
<b>D Locked-in plan information</b>						
Your marital status <input type="radio"/> Married/Common-law <input type="radio"/> Other	Spousal waiver <input type="radio"/> Yes <input type="radio"/> No	Consent of spouse/ cohabiting partner** <input type="radio"/> Yes <input type="radio"/> No	Pension plan proceeds calculated based on gender <input type="radio"/> Yes <input type="radio"/> No	This plan is governed by the laws of	Province	Age at which your pension plan allows you to receive a pension
<b>E Employer/Association information</b>						
I hereby designate my Employer/Association named below as my agent to make contributions to this plan, whether through payroll deduction or otherwise, and to otherwise assist in the administration of the plan.						
Employer/Association						
<b>F Beneficiary information</b> (Canada, excluding Quebec)						
You name the following beneficiary to receive the proceeds of this plan after your death. In doing so, you revoke all previous designations of beneficiary you have named for this plan. Please note, the rights of the beneficiary may be restricted as set forth in the Declaration of Trust and Addendum, if any. CAUTION: Your designation of a beneficiary by means of a designation form will not be revoked or changed automatically by any future marriage or divorce. Should you wish to change your beneficiary in the event of a future marriage or divorce, you will have to do so by means of a new designation.				Name of beneficiary		
				Relationship to you		
<b>G What you agree to when you sign this application</b> (Signature required)						
Your signature below confirms that the information on this Application is accurate and complete. It also confirms that:						
<ul style="list-style-type: none"> <li>• you request us to act as trustee of this plan, as outlined in the Declaration of Trust and Addendum, if any, and agree to be bound by the terms described therein.</li> <li>• you request us to apply for this plan to be registered, as applicable, as an RRSP under section 146 of the <i>Income Tax Act</i> (Canada).</li> <li>• you have received the fee schedule and agree to be bound by its terms.</li> <li>• if this is a spousal or common-law partner plan, you acknowledge and understand that the plan cannot be altered from a spousal or common-law partner plan.</li> <li>• if you live in Quebec, you have requested that this Application and all documents relating to this plan be in English. Au Québec, les parties conviennent et exigent expressément que ce contrat ainsi que tous documents et avis émis en vertu de celui-ci ou s'y rattachant soient rédigés en anglais.</li> </ul>						
<b>X</b> Signature of applicant					Date (mm-dd-yyyy)	
<b>H Acceptance of this application</b> (Signature required)						
This Application has been accepted on behalf of Scotiustrust by the representative noted here:						
Signature of authorized representative		Name of authorized representative (please print)			Phone number Ext.	

\* The terms "spouse" and "common-law partner" each have the meaning recognized in the Income Tax Act (Canada).

\*\*The terms "spouse" or "cohabiting partner" or "common-law partner" each have the meaning recognized in the applicable pension legislation.

Original - Branch Copy - Client