



Account Information Change and/or Margin/Options Application (Individuals)

A Account Information (This application may be used for multiple regular and registered plan accounts)

Client name													
Understanding and completing this account application Securities regulations require that we have complete and accurate information from our clients.					Investment objectives, Risk factors & Time horizon reflect your intended use for this account. Review the ScotiaMcLeod Terms and Conditions and Relationship Disclosure Document .								
					Investment objectives (Must total 100%)			Risk factors (Must total 100%)			Time horizon		
Account number	T	C	*L	Advisor code	% Income	% Growth	% Speculative Trading	% Low	% Med	% High	Code 1 0-3 Years Short Term	Code 3 3-7 Years Med Term	Code 7 >7 Years Long Term

B Primary applicant/annuitant or ITF Trustee information

Title	First name and middle initial				Last name								
Home address (number, street, apartment, rural route) (P.O. boxes only are not acceptable)					City			Province/Territory		Postal code		Country	
You are: <input type="radio"/> single <input type="radio"/> married <input type="radio"/> common-law <input type="radio"/> divorced <input type="radio"/> widowed <input type="radio"/> legally separated					Number of dependants			Language <input type="radio"/> English <input type="radio"/> French		Home phone number		Mobile phone number	
You are a citizen of: <input type="radio"/> Canada <input type="radio"/> U.S.A. <input type="radio"/> Other country (specify):				Are you a U.S. Person* for tax purposes? <input type="radio"/> No <input type="radio"/> Yes If yes, you must provide your SSN and also complete a CAW-9 Request for Taxpayer Identification Number and Certification form . *U.S. Persons Include: U.S. citizens (including persons with dual citizenship), U.S. resident aliens, persons born in the U.S.A., U.S. permanent residents (e.g. Green Card holders), entities incorporated or organized in the U.S.A. or persons who meet the Substantial Presence Test for U.S. Residency.									
Canadian SIN		U.S. SSN/TIN		Other country tax number (specify country)			For tax purposes, I am a resident of the following country			Since what date? (mm-dd-yyyy)			
Name of employer (if retired, former employer)					What kind of business is it?								
Employer's address					City			Province/Territory		Postal code		Country	
What is your current position/occupation?				How long?		Business phone number		Ext.	Email address		<input type="radio"/> home	<input type="radio"/> business	

* Account Type Legend (Enter the applicable code in Section A, column L)

H Add Margin (non-registered accounts only)	HM Add Margin/Modify Information (non-registered accounts only)
X Change Advisor/Modify Information	Y Modify Information
	Z Change Advisor

Original - Branch Copy - Client

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Approximate annual gross income and net worth excluding personal residence (Regulatory requirement)						
Approx. annual gross income \$	A Net liquid assets (cash/securities less loans) \$	+ B Net fixed assets (fixed less liabilities) \$	= C Total net worth (A + B) \$			
Investment knowledge (Regulatory requirement)						
Mutual funds	Fixed income	Stocks	Margin	Options	Short sales	Overall
<input type="radio"/> High	<input type="radio"/> High	<input type="radio"/> High	<input type="radio"/> High	<input type="radio"/> High	<input type="radio"/> High	<input type="radio"/> High
<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate
<input type="radio"/> Low/none	<input type="radio"/> Low/none	<input type="radio"/> Low/none	<input type="radio"/> Low/none	<input type="radio"/> Low/none	<input type="radio"/> Low/none	<input type="radio"/> Low/none
Relationship Disclosures (Regulatory requirement)						
Are you, or your spouse, a deemed insider (as defined in the Provincial Securities Acts) of any public companies? <input type="radio"/> No <input type="radio"/> 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? <input type="radio"/> No <input type="radio"/> 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, IIROC member, or of a stock exchange itself? <input type="radio"/> No <input type="radio"/> Yes - If yes, enter the company names here:						
Spousal information (Complete only if you are married or living common-law, and your spouse is not the joint applicant (section C).)						
Title	First name and middle initial	Last name				
Employer and type of business			Position/occupation			
C Joint applicant or ITF Co-Trustee information						
Title	First name and middle initial	Last name				
Home address (number, street, apartment, rural route) (P.O. boxes only are not acceptable) <input type="radio"/> same as primary applicant			City	Province/Territory	Postal code	Country
You are: <input type="radio"/> single <input type="radio"/> married <input type="radio"/> common-law <input type="radio"/> divorced <input type="radio"/> widowed <input type="radio"/> legally separated			Number of dependants	Language <input type="radio"/> English <input type="radio"/> French	Home phone number	Mobile phone number
You are a citizen of: <input type="radio"/> Canada <input type="radio"/> U.S.A. <input type="radio"/> Other country (specify):			Are you a U.S. Person* for tax purposes? <input type="radio"/> No <input type="radio"/> Yes If yes, you must provide your SSN and also complete a CAW-9 Request for Taxpayer Identification Number and Certification form . *U.S. Persons Include: U.S. citizens (including persons with dual citizenship), U.S. resident aliens, persons born in the U.S.A., U.S. permanent residents (e.g. Green Card holders), entities incorporated or organized in the U.S.A. or persons who meet the Substantial Presence Test for U.S. Residency.			
Canadian SIN	U.S. SSN/TIN	Other country tax number (specify country)	For tax purposes, I am a resident of the following country		Since what date? (mm-dd-yyyy)	
Name of employer (if retired, former employer)			What kind of business is it?			
Employer's address			City	Province/Territory	Postal code	Country
What is your current position/occupation?		How long?	Business phone number	Ext.	Email address <input type="radio"/> home <input type="radio"/> business	
Approximate annual gross income and net worth excluding personal residence (Regulatory requirement)						
Approx. annual gross income \$	A Net liquid assets (cash/securities less loans) \$	+ B Net fixed assets (fixed less liabilities) \$	= C Total net worth (A + B) \$			
Investment knowledge (Regulatory requirement)						
Mutual funds	Fixed income	Stocks	Margin	Options	Short sales	Overall
<input type="radio"/> High	<input type="radio"/> High	<input type="radio"/> High	<input type="radio"/> High	<input type="radio"/> High	<input type="radio"/> High	<input type="radio"/> High
<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate
<input type="radio"/> Low/none	<input type="radio"/> Low/none	<input type="radio"/> Low/none	<input type="radio"/> Low/none	<input type="radio"/> Low/none	<input type="radio"/> Low/none	<input type="radio"/> Low/none

Account Information Change and/or Margin/Options Application (Individuals)

Relationship Disclosures (Regulatory requirement)

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, IIROC member, or of a stock exchange itself?

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

Spousal information (Complete only if you are married or living common-law, and your spouse is not the primary applicant (section B).)

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

D Consent to receiving electronic communications (e-Communications)

Scotia Capital Inc. ("ScotiaMcLeod") is required to obtain consent in order for you to receive electronic communications from us.

Complete a **CA160 Electronic Communications (e-Communications) Consent** form to indicate electronic communication preference.

E Confirms and statements

Interested party(ies) only

Number of confirms required <input type="radio"/> 1 or <input type="text"/>	Number of statements required <input type="radio"/> 1 or <input type="text"/>	Interested party name			
Address (number, street, apartment, rural route)		City	Province/Territory	Postal code	Country

F Options account application

You have or will complete an **Options Trading Agreement** form and you understand the risks defined in the **Risk Disclosure Statement for Futures & Options**. Please complete this section with your ScotiaMcLeod Wealth Advisor. The advisor may submit the application to DOS for temporary approval. **Approval must be granted before the first trade.** If approved, the advisor will be contacted by Head Office confirming DOS approval. **Do not trade until receipt of this approval.**

Options transaction types

Options level 1 (Purchasing Puts & Calls) and options level 2* (Covered Calls and Purchasing Puts & Calls) are only applicable for Registered Plans, Cash (Type 1) and MPP accounts.

Also complete a **CA17B Options Trading Agreement** or a **CA17C Options Trading Agreement (Quebec Residents only)** form. If Options level 3 and above are selected, the Options account applicant(s) must sign the Margin account application in Section G and complete a **CA17 Options Trading Agreement (Quebec Residents only)** or a **CA17A Options Trading Agreement** form.

<input type="checkbox"/> Level 1 Purchasing Puts & Calls	<input type="checkbox"/> Level 2 Covered Writing* Purchasing Puts & Calls	<input type="checkbox"/> Level 3 Spreads Covered Writing Purchasing Puts & Calls	<input type="checkbox"/> Level 4 Naked Puts Spreads Covered Writing Purchasing Puts & Calls	<input type="checkbox"/> Level 5 Naked Calls Naked Puts Spreads Covered Writing Purchasing Puts & Calls
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Note: Options trading is not permitted for Pinnacle, Summit and SMP accounts

G Margin account application



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. Please read the **Types of Accounts in the ScotiaMcLeod Terms and Conditions and Relationship Disclosure Document**.

By signing here, I/we confirm that:

- I/We are applying for a Margin account and have read, understood and agreed to the *Margin Terms* contained within the *General Terms and Conditions Applicable to All Accounts* section in the **ScotiaMcLeod Terms and Conditions and Relationship Disclosure Document**.
- I/We are aware of the risks involved in trading on margin and are willing to take those risks.

Note: Margin trading is not permitted *Pinnacle, Summit* and *SMP* accounts

Where there is more than one joint applicant indicated for this account, add an appendix page to cover the signature of all joint applicants.

 Signature of Primary applicant/annuitant/trustee	Name of Primary applicant/annuitant/trustee	Date (mm-dd-yyyy)
 Signature of Joint applicant/Co-Trustee	Name of Joint applicant/Co-Trustee	Date (mm-dd-yyyy)

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H What you agree to when you sign this application

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

- 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 and Relationship Disclosure Document](#).
- I understand that the terms and conditions of this application and of the [ScotiaMcLeod Terms and Conditions and Relationship Disclosure Document](#) are incorporated into and form part of the contract between Scotia Capital Inc. ("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.
- [Canada Revenue Agency Certification for Non-Residents of Canada](#)
If I am a resident of a country other than Canada for tax purposes ("Tax Residency"), I hereby confirm and certify that I am the beneficial owner of and, to the best of my knowledge, am entitled to the benefits of the tax treaty, if any, between Canada and my Tax Residency on all of this account's income. I agree to immediately notify ScotiaMcLeod of any changes to my Tax Residency, and I further agree to fully reimburse and indemnify ScotiaMcLeod for any liability that ScotiaMcLeod may incur in connection with under-withholding of tax based on this certification.

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

Where there is more than one joint applicant indicated for this account add an appendix page to cover the information and signatures of all joint applicants.

 Signature of Primary applicant/annuitant/trustee	Name of Primary applicant/annuitant/trustee	Date (mm-dd-yyyy)
 Signature of Joint applicant/Co-Trustee	Name of Joint applicant/Co-Trustee	Date (mm-dd-yyyy)

I For internal use only (To be completed by your ScotiaMcLeod Wealth Advisor and Branch Manager)

Attach account information change documentation received from client by: Fax Letter

Comments

Signature of Advisor	Name of Advisor	Date (mm-dd-yyyy)
Signature of Advisor	Name of Advisor	Date (mm-dd-yyyy)
Signature of Branch Manager	Name of Branch Manager	Date (mm-dd-yyyy)
Signature of Regional Manager	Name of Regional Manager	Date (mm-dd-yyyy)