



# Client Interview Information

## LEGAL ENTITY

### New Account Request

Company/Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Foundation <input type="checkbox"/>	Investment Club <input type="checkbox"/>	Language
Estate <input type="checkbox"/>	Written Trust <input type="checkbox"/>	Charity <input type="checkbox"/>	Other <input type="checkbox"/>	English <input type="checkbox"/>
Separate program agreements are required				French <input type="checkbox"/>

### Legal Entity Information

Legal Entity Name		
Attention to		
Address		
City	Province	Postal Code
Business Number BN or Trust Number TN on tax return	Business Phone Number	Email
Principal business or occupation		Number of employees

### Authorized Person(s) - authorized to act for this account on behalf of Legal Entity - where necessary, add an extra appendix to cover all authorized persons

Print Name	Title
1.	
2.	

### 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.

### Level of Investment Knowledge

Mutual Funds	Fixed Income	Stocks	Margin	Options	Short Sales
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"/>
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"/>

Overall Investment Experience High  Moderate  Low / None

### Regulatory Information

Is this Entity deemed an Insider? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Company
Is this Entity in Control Position of a Public Company? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Company
Declaration of Beneficial Ownership and Director(s) in a Corporation or Similar Entity (CA100A) <input type="checkbox"/>	
Declaration of Beneficial Ownership and Director(s) in a Corporation or Similar Entity (CA100B) <input type="checkbox"/> Declaration of Beneficial Ownership in a Formal Trust (CA100T) <input type="checkbox"/>	

### Banking Information for Legal Entity

Bank Name	Branch Address	Cdn\$ <input type="checkbox"/> or US\$ <input type="checkbox"/>
Account Number	Transit Number	BNS Referral
Type of Account: Chequing <input type="checkbox"/> Savings <input type="checkbox"/>		

### Account Information

Product Type
Regular <input type="checkbox"/> Partnership Plus <input type="checkbox"/> I:Partner <input type="checkbox"/> Pinnacle <input type="checkbox"/>

### Account Type

Cash <input type="checkbox"/> Long Margin <input type="checkbox"/> Short Margin <input type="checkbox"/> Income <input type="checkbox"/>
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### Corporate Entity only

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 Entity	A Net Liquid Assets (Cash/secs less loans)	\$	+ B Net Fixed Assets (Fixed less liabilities)	\$	= Total Net Worth (A+B)	\$	
<input type="checkbox"/> Acceptable Institution or Acceptable Counterparty (AI/AC) as defined on IIROC list <input type="checkbox"/> Qualified Intermediary (QI)							
<input type="checkbox"/> Public corporation listed on the Toronto Stock Exchange trading over \$5.00 a share							
<input type="checkbox"/> Recognized private corporation for which the financial statements indicate a net worth (shareholder equity) of at least \$25 million Canadian							
<input type="checkbox"/> Corporate entities other than above							
<input type="checkbox"/> Personal Holding Company or non-operating private company							
Controlling Shareholder(s) print names in full							

Please note: This is an application form, not a binding agreement. We will use the information provided by you in this application to generate the form and terms of the account agreement to be made between us.

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Other Legal Entity only							
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)		\$
<input type="checkbox"/> Estate - attach notarized Certificate of Appointment of Estate Trustee (Ontario)							
<input type="checkbox"/> Committee / Public Trustee							
<input type="checkbox"/> Investment Club							
<input type="checkbox"/> Sole Proprietorship							
<input type="checkbox"/> Partnership - attach Partnership Registration certificate							
<input type="checkbox"/> Written Trust - For a non-U.S. Complex Trust (Neither a Simple Trust nor a Grantor Trust)							
<input type="checkbox"/> Private Foundation, Condominium Corporation, Municipal Governments, Schools and Hospitals							
<input type="checkbox"/> Registered Charity / Non Profit Organization / Association Does this entity solicit charitable financial donations from the public? <input type="checkbox"/> Yes <input type="checkbox"/> No							
<input type="checkbox"/> Entity is incorporated or organized in USA <input type="checkbox"/> Partners in a partnership are US Persons <input type="checkbox"/> Trustee for an Estate or Written Trust is a US Person US Entity and each US partner, trustee, club member must complete CA-W9 Request For Taxpayer Identification Number and Certification.							
Option Strategies - Non-Reg							
Purchasing Puts & Calls <input type="checkbox"/>		Covered Writing <input type="checkbox"/>		Spreads <input type="checkbox"/>		Naked Puts <input type="checkbox"/>	
						Naked Writing <input type="checkbox"/>	
The Investment Objectives that reflect the Intended use for this Account (Must Total 100%)							
Income %		Long Term Growth %			Short Term Growth %		
The Risk Factors that reflect the Intended use for this Account (Must Total 100%)							
Low Risk %		Medium Risk %			High Risk %		
Settlement Instructions							
Payment Instructions for Purchases:		Settlement Currency:		Cheque <input type="checkbox"/>		Hold in ScotiaMcLeod Name <input type="checkbox"/>	
Cheque <input type="checkbox"/> EFT <input type="checkbox"/> MAPS <input type="checkbox"/>		All <input type="checkbox"/> Can \$ <input type="checkbox"/> US \$ <input type="checkbox"/>		MAPS <input type="checkbox"/>		Direct Debit <input type="checkbox"/>	
Scotia eRecords Enrolment (OnLine Access is required)							
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 enroll in this service, select "Yes" below.							
Would you like to enroll in Scotia eRecords? Yes <input type="checkbox"/> No <input type="checkbox"/>							
<b>Note:</b> If this is the client's first time using Scotia eRecords, the client will be required to sign the Terms for Electronic Document Delivery through Scotia OnLine. <i>Paperless preferences will not be activated until the client agrees to the Terms for Electronic Delivery in Scotia OnLine.</i>							
<b>Select the documents you would like to receive electronically:</b> Statements <input type="checkbox"/>							
Annual Trading Summaries <input type="checkbox"/>							
Trade Confirmations & Mutual Fund Prospectuses <input type="checkbox"/>							
Confirms & Statements:							
Number of Confirms: 1 or				Number of Statements: 1 or			
Mailing Address (if different from Legal Entity address)							
Address							
City		Province		Postal Code		Country	
Shareholder Communication Instructions							
Disclosure of Beneficial Ownership Information to Security Holder				I Do Not Object <input type="checkbox"/>		I Object <input type="checkbox"/>	
Electronic Delivery of Security Holder material				I Wish <input type="checkbox"/>		I Do Not Wish <input type="checkbox"/>	
Receiving ALL Security Holder materials				I Wish <input type="checkbox"/>		I Do Not Wish <input type="checkbox"/>	
or, Receive ONLY proxy-related materials that are sent in connection with a special meeting				I Wish <input type="checkbox"/>			
Account Roles / Interested Party (Personal, financial and regulatory information must be provided for all interested parties named)							
Guarantor <input type="checkbox"/>		Name					
Do you guarantee other accounts? Yes <input type="checkbox"/> No <input type="checkbox"/>				If Yes, provide account numbers			
Authorized person 1 - OnLine Access for Trading Authority							
ScotiaCard Number				New Card Required		Replacement Card Required	
				Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mother's Maiden Surname				Primary Email Address Home <input type="checkbox"/> Business <input type="checkbox"/>			
Authorized person 1 - authorized to act for this account on behalf of Legal Entity - where necessary, add an extra appendix 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)					City		Prov.
							Postal Code
Home Phone Number		Business Phone Number		Cell Phone Number		Date of Birth (MM/DD/YYYY)	
						I am a citizen of: Canada <input type="checkbox"/>	
						USA <input type="checkbox"/> Other Country <input type="checkbox"/>	
Name of employer (if retired, former employer)				What kind of business is it?			
What is your current position/occupation?				For how long?		Business Phone Number	
Your employer's address					City		Prov.
							Postal Code

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Level of Investment Knowledge					
<b>Mutual Funds</b>	<b>Fixed Income</b>	<b>Stocks</b>	<b>Margin</b>	<b>Options</b>	<b>Short Sales</b>
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"/>
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"/>
<b>Overall Investment Experience</b> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low / None <input type="checkbox"/>					
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 <input type="checkbox"/> Yes <input type="checkbox"/> - 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 <input type="checkbox"/> Yes <input type="checkbox"/> - 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 <input type="checkbox"/> Yes <input type="checkbox"/> - 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 <input type="checkbox"/> Yes <input type="checkbox"/> - If yes, please provide your Account Number(s) here:					
Will any other entity or persons guarantee this account? No <input type="checkbox"/> Yes <input type="checkbox"/>					
Does the client have any other accounts and/or control the trading in other accounts No <input type="checkbox"/> Yes <input type="checkbox"/> - If yes, identify accounts:					

Identification Requirements		
Have you met the client face to face? Yes <input type="checkbox"/> No <input type="checkbox"/>	How long have you known the client?	Marital Status
Evidence Type	ID Number	Other SM Accounts

Authorized person 2 - OnLine Access for Trading Authority		
ScotiaCard Number	New Card Required Yes <input type="checkbox"/> No <input type="checkbox"/>	Replacement Card Required Yes <input type="checkbox"/> No <input type="checkbox"/>
Mother's Maiden Surname	Primary Email Address Home <input type="checkbox"/> Business <input type="checkbox"/>	

Authorized person 2 - authorized to act for this account on behalf of Legal Entity - where necessary, add an extra appendix 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)			City	Prov.	Postal Code
Home Phone Number	Business Phone Number	Cell Phone Number	Date of Birth (MM/DD/YYYY)	I am a citizen of: Canada <input type="checkbox"/> USA <input type="checkbox"/> Other Country <input type="checkbox"/>	
Name of employer (if retired, former employer)		What kind of business is it?			
What is your current position/occupation?			For how long?	Business Phone Number	
Your employer's address			City	Prov.	Postal Code

Level of Investment Knowledge					
<b>Mutual Funds</b>	<b>Fixed Income</b>	<b>Stocks</b>	<b>Margin</b>	<b>Options</b>	<b>Short Sales</b>
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"/>
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"/>
<b>Overall Investment Experience</b> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low / None <input type="checkbox"/>					
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 <input type="checkbox"/> Yes <input type="checkbox"/> - 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 <input type="checkbox"/> Yes <input type="checkbox"/> - 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 <input type="checkbox"/> Yes <input type="checkbox"/> - 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 <input type="checkbox"/> Yes <input type="checkbox"/> - If yes, please provide your Account Number(s) here:					
Will any other entity or persons guarantee this account? No <input type="checkbox"/> Yes <input type="checkbox"/>					
Does the client have any other accounts and/or control the trading in other accounts No <input type="checkbox"/> Yes <input type="checkbox"/> - If yes, identify accounts:					

Identification Requirements		
Have you met the client face to face? Yes <input type="checkbox"/> No <input type="checkbox"/>	How long have you known the client?	Marital Status
Evidence Type	ID Number	Other SM Accounts

Internal Branch Information			
Initial Order: Buy <input type="checkbox"/> Sell <input type="checkbox"/>	Solicited <input type="checkbox"/> Unsolicited <input type="checkbox"/>	Sec Description:	Value:
Initial Deposit: Cash: \$	or Account Asset Transfer Value:	If this is a Scotiabank referral, enter the Branch Transit number:	
Monthly Transfers No <input type="checkbox"/> Yes <input type="checkbox"/>	Fixed Amount	SWP <input type="checkbox"/> PAC <input type="checkbox"/>	
Has the Advisor another interest in the account other than the commission charged?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Will this account be used to conduct business on behalf of someone other than the named Entity and its owners?			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Authorized Person hereby certifies accuracy of this information</b>			Date (MM/DD/YY)
<b>Authorized Person hereby certifies this information</b>			Date (MM/DD/YY)
<b>Name of Advisor(s) recording this information</b>			Advisor Code Date (MM/DD/YY)

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