



Client Interview Information

INDIVIDUALS AND/OR JOINT

Information about the applicant, ITF trustee or primary contact in a joint regular account; planholder in a registered account

Name:		Title:	Birthdate (MM/DD/YYYY):	
Citizenship:	Since (MM/DD/YYYY):	SIN <input type="checkbox"/> / SSN <input type="checkbox"/> / TIN <input type="checkbox"/>		
Are you a US Person* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> *US Persons include: US citizens (including persons with dual citizenship), US resident aliens, persons born in the USA, US lawful permanent residents (e.g. Green Card Holders); or, persons who reside in the US for more than 183 days during the calendar year.				
Address:				
City:		Province:	Postal Code:	
Home Phone #:	Bus Phone #:	Cell Phone #:	Fax #:	
Email:		Home <input type="checkbox"/> or Bus <input type="checkbox"/>	Which number should we contact you at during the business day? Home <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/>	

OnLine Access

Do you wish to view your accounts online? Yes <input type="checkbox"/> No <input type="checkbox"/>	ScotiaCard Number:	New Card Req'd: Yes <input type="checkbox"/> No <input type="checkbox"/>	Replacement Card Req'd: Yes <input type="checkbox"/> No <input type="checkbox"/>
Mother's Maiden Surname:	Primary Email Address: Home <input type="checkbox"/> Business <input type="checkbox"/>		

Employment Information (Former Employer if Retired)

Employment Status:	Employer:	Type of Business:	
Employer's Address:	Position:	How Long:	
Employed by Scotiabank Group?	Applicant or Member of Household considered a PRO? Yes <input type="checkbox"/> No <input type="checkbox"/>	Insider of Scotiabank? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Financial Information

Annual Gross Income:	Net Liquid Assets:	Net Fixed Assets:
----------------------	--------------------	-------------------

Level of Investment Knowledge

Mutual Funds: High <input type="checkbox"/> Moderate <input type="checkbox"/> Low / None <input type="checkbox"/>	Fixed Income: High <input type="checkbox"/> Moderate <input type="checkbox"/> Low / None <input type="checkbox"/>	Stocks, Equities: High <input type="checkbox"/> Moderate <input type="checkbox"/> Low / None <input type="checkbox"/>	Margin: High <input type="checkbox"/> Moderate <input type="checkbox"/> Low / None <input type="checkbox"/>	Equity Options: High <input type="checkbox"/> Moderate <input type="checkbox"/> Low / None <input type="checkbox"/>	Short Sales: High <input type="checkbox"/> Moderate <input type="checkbox"/> Low / None <input type="checkbox"/>
Overall Investment Experience: High <input type="checkbox"/> Moderate <input type="checkbox"/> Low / None <input type="checkbox"/>					

Regulatory Information

Are you, or your spouse, deemed an Insider?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Company:
Are you, or your spouse, in Control Position of a Public Company?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Company:
Employer, Director, Partner or Officer of any Exchange or IIROC Member firm?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Company:
Trading Authority or Interest in another SM Account:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Account #(s) & Type:
Trading Authority or Interest in another Securities Firm:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Account #(s) & Type: Firm Name:

Banking Information

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

Marital Status & Spouse Information

Marital Status:	Title:	Spouse Name:	Birthdate (MM/DD/YYYY):	Spouse SIN / SSN / TIN
Spouse Employer:	Spouse Position:		Type of Business:	
Employment Status:	# of Dependents:			

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?	Photo ID Type:	ID #:
Care and Management of Your account:	Consent <input type="checkbox"/> Do Not Consent <input type="checkbox"/>	How did you hear about us?	

Account Information

Product Type:			Language: English <input type="checkbox"/> French <input type="checkbox"/>	
Regular <input type="checkbox"/>	Partnership Plus <input type="checkbox"/>	I:Partner <input type="checkbox"/>	Pinnacle <input type="checkbox"/>	Group Acct: Yes <input type="checkbox"/> No <input type="checkbox"/>
Account Type:				Pledge Account
Cash <input type="checkbox"/>	Long Margin <input type="checkbox"/>	Short Margin <input type="checkbox"/>	Income <input type="checkbox"/>	Options <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

Group Account:

Group Non-Registered Regular Account <input type="checkbox"/>	Group Non-Registered Payroll Account <input type="checkbox"/>	Group RSP <input type="checkbox"/>	Spousal Group RSP <input type="checkbox"/>	Group TFSA <input type="checkbox"/>	Group Locked-In RSP <input type="checkbox"/>	Group DPSP <input type="checkbox"/>
---	---	------------------------------------	--	-------------------------------------	--	-------------------------------------

Group Instructions

Group Code:	Employer/Association:	Sub Acct Type:	Deduction include Spousal Contributions
Investment Instructions:			

Non-Registered

Individual Account <input type="checkbox"/>	Joint: With Rights of Survivorship <input type="checkbox"/> or Tenants In Common * <input type="checkbox"/>	Informal (Oral) Trust <input type="checkbox"/>	Informal (Oral) Trust Multiple Trustees <input type="checkbox"/>
---	--	--	--

* Allocations for Tenants in Common (must total 100%) 1. _____ % 2. _____ % 3. _____ % 4. _____ %

Registered Accounts (if Spousal Plan, complete Marital Status & Spouse Information above)

Retirement Savings Plan (RSP) <input type="checkbox"/>	Spousal Retirement Savings Plan (RSP) <input type="checkbox"/>	Locked-in RSP (LRSP) <input type="checkbox"/>	Retirement Income Plan (RIF) <input type="checkbox"/>	Spousal Ret Income Plan (RIF) <input type="checkbox"/>
Locked-in Retirement Acct (LIRA) <input type="checkbox"/>	Life Income Fund (LIF) <input type="checkbox"/>	Saskatchewan Prescribed RRIF <input type="checkbox"/>	Manitoba Prescribed RRIF <input type="checkbox"/>	Locked-In Retirement Income Fund (LRIF) <input type="checkbox"/>
Registered Education Savings Plan (RESP) <input type="checkbox"/>	Federal Restricted LIF (RLIF) <input type="checkbox"/>	Restricted Locked-In Savings Plan (RLSP) <input type="checkbox"/>	Tax-Free Savings Plan (TFSA) <input type="checkbox"/>	

RIF or LIF Payment Instructions (if Spousal Plan, complete Marital Status & Spouse Information above)

Frequency: Monthly <input type="checkbox"/> or Quarterly <input type="checkbox"/> or Semi-Annual <input type="checkbox"/> or Annual <input type="checkbox"/>		
Monthly: Mid <input type="checkbox"/> or End <input type="checkbox"/>	Semi-Annual - June & Dec Mid <input type="checkbox"/> or End <input type="checkbox"/>	Annual - Month: _____ Mid <input type="checkbox"/> or End <input type="checkbox"/>
Minimum Payment only: Yes <input type="checkbox"/> No <input type="checkbox"/>	If No - Amount \$:	LIF Only: Min <input type="checkbox"/> or Max <input type="checkbox"/>
Proceeds: EFT (As provided previously) <input type="checkbox"/>	Credit Cash Account <input type="checkbox"/> #	
Election of spouse as successor annuitant Yes <input type="checkbox"/> No <input type="checkbox"/>	Election to use spouse's age Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, spouse's Date of Birth (MM/DD/YY)

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.

Registered trademark of The Bank of Nova Scotia, used by ScotiaMcLeod under license. ScotiaMcLeod is a division of Scotia Capital Inc. Scotia Capital Inc. is a member of the Canadian Investor Protection Fund.

Details Regarding Locked in Account:			
Plan governed by the laws of (Province):	Type of Plan:	Plan allows retirement at: Age 65 <input type="checkbox"/>	Age: () <input type="checkbox"/>
Were the funds that originated with the pension plan determined on the basis of gender: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Option Strategies - Non-Reg Account			
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"/>
Option Strategies - Reg Account			
Purchasing Puts & Calls <input type="checkbox"/>	Covered Writing <input type="checkbox"/>		
Investment Objectives (Must Total 100%)			
Income _____%	Long Term Growth _____%	Short Term Growth _____%	
Risk Factors (Must Total 100%)			
Low Risk _____%	Medium Risk _____%	High Risk _____%	
Settlement Instructions			
Payment Instructions for Purchases: Cheque <input type="checkbox"/> EFT <input type="checkbox"/> MAPS <input type="checkbox"/>	Settlement Currency: All <input type="checkbox"/> Can \$ <input type="checkbox"/> US \$ <input type="checkbox"/>	Hold in ScotiaMcLeod Name <input type="checkbox"/> or Register & Ship <input type="checkbox"/>	
Systematic Withdrawal			
Would you like to receive income payments from the Mutual Funds in this account: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Pre-Authorized Contributions			
Would you like to arrange Pre-Authorized Contributions?: Yes <input type="checkbox"/> No <input type="checkbox"/>	Frequency	Fund Code	Amount
Transfer Requests:			
Do you want us to transfer any of your assets from another institution?: Yes <input type="checkbox"/> No <input type="checkbox"/> (Attach appendix page(s) if more than 1 transfer)			
Institution assets transferring from:			Acct No:
Address (Incl Postal Code):			
What will you transfer:	All in Kind <input type="checkbox"/>	All in Cash <input type="checkbox"/>	Partial - (Attach list) <input type="checkbox"/> All Assets - Mixed in Cash and Kind <input type="checkbox"/>
Attach copy of relinquishing firm statement or provide details of Partial or Mixed			
Monthly Transfers to Your Bank			
Would you like to transfer a fixed amount to your bank account? Yes <input type="checkbox"/> No <input type="checkbox"/>			Fixed monthly amount of \$
Mailing Address (if different from residential address):			
Address:			
City:	Province:	Postal Code:	Country
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"/>			
Note: 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>			
Select the documents you would like to receive electronically:			
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	
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"/>	Power of Attorney-Full <input type="checkbox"/>	Power of Attorney-Partial <input type="checkbox"/>	Joint Applicant <input type="checkbox"/> Trust Beneficiary - In Trust Beneficiary <input type="checkbox"/>
Name:			
Question for Guarantor only:			
Do you guarantee other accounts?: Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, provide account numbers:	
Designated Beneficiary For Registered Plans (Successor and/or Beneficiary for TFSA)			
#1 Name:		Relationship:	
Address:		Beneficiary S.I.N.:	
#2 Name:		Relationship:	
Address:		Beneficiary S.I.N.:	
In the case of more than one beneficiary, indicate how the assets are to be allocated (Must total 100%) Ben #1: _____% Ben #2: _____% Ben #3: _____% Ben #4: _____%			
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, please enter the Branch Transit number:
			#
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 applicant, joint applicant, trustee, or registered plan holder?:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Applicant hereby certifies accuracy of this information			Date (MM/DD/YY)
Joint applicant hereby confirms this information			Date (MM/DD/YY)
Name of Advisor(s) recording this information			Advisor Code Date (MM/DD/YY)