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## Representations of Person Acting as Power of Attorney/Trading Authority

Name of Person with Power of Attorney/Trading Authority (the "Attorney")

Name of Person who Granted Power of Attorney/Trading Authority (the "Grantor")

### Attorney Information

Your Title

Your First Name and Middle Initial

Your Last Name

You are the spouse of the Grantor named above, and you reside at the same address OR

Your home address, street, apartment, Rural Route (P.O. Boxes only are not acceptable)

City

Province

Postal Code

Date of Birth (MM/DD/YY)

Home Phone Number

Your email Address

Language:  
 English  French

I am a citizen of:  Canada  USA  Other Country \_\_\_\_\_

I am a resident for tax purposes of the following country

Since what date? (MM/DD/YY)

Name of employer (if retired, former employer)

What kind of business is it?

What is your current position/occupation?

How long?

Business Phone No.

Your Employer's Address

City

Prov.

Postal Code

Would you like account information sent to you?  Yes  No

If yes, where do you want it sent?  Home Address  Other address shown below - complete and sign CA 18/19

Address

City

Prov.

Postal Code

How many dependents do you have?

You are:  
 Widowed  Divorced  Single  Married  Living Common-Law

Would you like OnLine Access  Yes  No

Do you have a Scotia Card  Yes  No

If "Yes", indicate your ScotiaCard number

Please provide your mother's maiden name

SIN (Power of Attorneys only)

## Financial Information

### Investment Knowledge

Mutual Funds

- High  
 Moderate  
 Low/None

Bonds

- High  
 Moderate  
 Low/None

Stocks

- High  
 Moderate  
 Low/None

Options

- High  
 Moderate  
 Low/None

Short Sales

- High  
 Moderate  
 Low/None

Overall

- High  
 Moderate  
 Low/None

Insider information: 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: \_\_\_\_\_

Do you own or have **trading authority** or an interest in another ScotiaMcLeod account?

No  Yes - If yes, enter Account Number(s) here: \_\_\_\_\_

Do you **guarantee** other ScotiaMcLeod accounts?

No  Yes - if yes, enter Account Number(s) here: \_\_\_\_\_

As Attorney, do you have the authority to act alone in giving instructions for investments and disbursements?

Yes  No - If no, who else must instruct? \_\_\_\_\_

As Attorney, are there any limitations on your authority to make investments or to deal with account assets?

No  Yes - If yes, specify limitations: \_\_\_\_\_

## Spousal Information (if applicable)

Title of Spouse	First Name and Middle Initial	Last Name
Employer and type of business of Spouse		Position/occupation

## Signature

### Before using your authority as Attorney, you should consult with your legal advisor.

I certify that the above information is complete and accurate and undertake to advise Scotia Capital Inc. ("ScotiaMcLeod") immediately in writing of any changes to this information. I confirm that ScotiaMcLeod is entitled to rely on this information in operating the Account. I have read, understood and agree to all the terms and conditions relating to the account in the ScotiaMcLeod Terms and Conditions Brochure.

I acknowledge that it is my duty and responsibility to ensure that the Account is operated in accordance with the best interests of the person who appointed me Attorney, the terms of the Power of Attorney and any other applicable legal requirements.

I understand that I may not be qualified to act as an Attorney if I am

- (i) under the age of 18;
- (ii) incapable of managing property or incapable of understanding what property is held in the Grantor's account, its value on the effect that my decisions may have on the property in the account and its value; or
- (iii) an undischarged bankrupt;

In addition to the above, in Manitoba a person may not be qualified to act as attorney if they have been convicted in the last ten years and not been pardoned for assault, sexual assault, an act of violence, intimidation, criminal harassment, uttering threats, theft, fraud or breach of trust.

I certify that I am qualified to act as an Attorney and will promptly notify the Grantor and ScotiaMcLeod if I become disqualified.

In consideration of the acceptance of the Account by ScotiaMcLeod and other good and valuable consideration, I agree to indemnify and hold harmless ScotiaMcLeod and each of its officers, directors, employees and agents of and from any liability, costs or expenses of any kind which they may suffer or incur as a result of acting in accordance with my instructions or the information I have provided or authorize another to provide. I have expressly requested that this Agreement and all documents relating to it be in English; J'ai expressément exigé que cette convention et toute autre document afférent soient en langue anglaise.

Signature of Attorney/Authorized Person	Date
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Please note this document should be sent to Name & Address as a second page to the CA2, CA3, or CA9 forms as applicable. Acceptable evidence must be submitted with this documentation for all RESP, TFSA, GTFS, IPP, RCA and Non-Registered accounts.