



Group RSP Special Holdings Purchase/Contribution Authorization For Group Products

Account Number	Advisor Code
Account Name	

To: Scotia Capital Inc. ("ScotiaMcLeod")

- I hereby direct you to use \$ _____ of my plan to purchase for my plan, _____ shares of _____
(Number of Shares)

(Description of Shares and Legal Name of the Corporation)
- I acknowledge that it is my sole responsibility to determine that the _____ shares of _____ are qualified investments for my plan under applicable tax laws governing the investing of funds in my plan, at the time of giving this direction and from time to time thereafter. I realize that as agent of my plan you have a reporting responsibility to Revenue Canada as to whether the shares are a qualified investment. I will therefore supply to you or cause to be supplied to you at your request from time to time such information and documentation as may be necessary to establish that the shares are a qualified investment. I agree, that should you not be supplied with the information or documentation as requested by you, the investment may be reported as non-qualified by you, and in such event I will accept all income tax consequences to me therefore.
- I further acknowledge it is my sole responsibility to ascertain and satisfy myself as to the suitability of the shares for my financial requirements including their liquidity and marketability. I acknowledge ScotiaMcLeod has not reviewed or investigated the merits of the shares, does not guarantee them, or the return of the funds which they represent, does not provide any advice or express any opinion as to the propriety of them, and is under no obligation now or in the future to supply any information which may be in, or come into its possession, regarding them.
- I have obtained independent financial, investment and legal advice to the degree I have felt appropriate in respect to my making the investment. I acknowledge no person has been authorized by ScotiaMcLeod in any way to represent that it endorses the merits of the investment or that it will assume any duties, obligations, or responsibilities other than those expressly provided in the declaration of trust governing my plan.
- I understand that there will be a fee charged of **\$25.00** for each transaction processed in my plan.



Signature of Registered Plan Member

Date