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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

You would like account information sent to:

Home Address Employer's 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 Cashstop Card or Scotia Card Yes No

If "Yes", indicate your Cashstop Card/ScotiaCard number

Please provide your mother's maiden name

SIN (Optional unless requesting Online Entitlements)

Financial Information

Investment Knowledge

Mutual Funds	Bonds	Stocks	Options	Short Sales	Overall
<input type="checkbox"/> 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

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. immediately in writing of any changes to this information. I confirm that Scotia Capital Inc. 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 Scotia Capital Inc. if I become disqualified.

In consideration of the acceptance of the Account by Scotia Capital Inc. and other good and valuable consideration, I agree to indemnify and hold harmless Scotia Capital Inc. 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, CA9 or CA11 forms as applicable. Acceptable evidence must be submitted with this documentation for all RESP, TFSA, GTFS, IPP, RCA and Non-Registered accounts.