



Advisor Code

Pre-Authorized Contributions

Cash/Margin, RSP, TFSA, Group RSP
 Frequency - Bi-weekly, Monthly

New Change Cancel

A Registered Owner (Account Holder/Annuitant) Information

Name	Social Insurance Number
Association Name*	Association Plan Code*

B Authorization Instructions

I hereby authorize Scotia Capital Inc. ("ScotiaMcLeod") to debit my bank account identified under the Bank Information section below (the "Bank Account") for credit to my account/plan as follows:

Account Information and Investment Instructions (Select as applicable)

Must be Canadian \$ denominated mutual funds only. If left blank, your contributions will not be invested in any mutual fund, but left as "cash".

Account Number:	Amount:	Start date (mm-dd-yyyy):		
Account Type (select one)				
<input type="radio"/> Cash/Margin <input type="radio"/> Registered Savings Plan (RSP) Contribution Type (select one): <input type="radio"/> Regular or <input type="radio"/> Spousal <input type="radio"/> Tax-Free Savings Account (TFSA) <input type="radio"/> Group RSP Contribution Type (select one): <input type="radio"/> Regular or <input type="radio"/> Spousal				
Frequency (select one)				
<input type="radio"/> Bi-weekly (every 2nd Thursday) <input type="radio"/> Monthly (on the 1st) <input type="radio"/> Monthly (on the 15th)				
Mutual Fund Description	Mutual Fund Code		%	(Must total 100%)
			%	
			%	
			%	

Account Number:	Amount:	Start date (mm-dd-yyyy):		
Account Type (select one)				
<input type="radio"/> Cash/Margin <input type="radio"/> Registered Savings Plan (RSP) Contribution Type (select one): <input type="radio"/> Regular or <input type="radio"/> Spousal <input type="radio"/> Tax-Free Savings Account (TFSA) <input type="radio"/> Group RSP Contribution Type (select one): <input type="radio"/> Regular or <input type="radio"/> Spousal				
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Mutual Fund Description	Mutual Fund Code		%	(Must total 100%)
			%	
			%	
			%	

* Required if Group RSP

Original - Branch Copy - Client

®Registered trademark of The Bank of Nova Scotia, used under licence. ™Trademark of The Bank of Nova Scotia, used under licence. Scotia Wealth Management™ consists of a range of financial services provided by The Bank of Nova Scotia (Scotiabank®); The Bank of Nova Scotia Trust Company (Scotiastrust®); Private Investment Counsel, a service of 1832 Asset Management L.P.; 1832 Asset Management U.S. Inc.; Scotia Wealth Insurance Services Inc.; and ScotiaMcLeod®, a division of Scotia Capital Inc. Wealth advisory and brokerage services are provided by ScotiaMcLeod, a division of Scotia Capital Inc. Scotia Capital Inc. is a member of the Canadian Investor Protection Fund and the Investment Industry Regulatory Organization of Canada.

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Mutual Fund Description		Mutual Fund Code		% % % % (Must total 100%)	
Spousal Contributor Information - RSP/Group RSP					
Name				Social Insurance Number	
Is PAC to be a spousal contribution? <input type="radio"/> No <input type="radio"/> Yes If Yes, please provide % of contribution that is to be spousal <input style="width: 50px;" type="text"/> %					
Is spousal contribution to be applied to an existing Spousal Group RSP? <input type="radio"/> No <input type="radio"/> Yes If Yes, Spousal Group account number <input style="width: 100px;" type="text"/>					
Bank Information					
Bank Name					
Bank Address					
Bank Institution Number		Bank Transit Number		Bank Account Number	
0					
Type of Account: (choose one) <input type="radio"/> Chequing (please attach a void cheque) OR <input type="radio"/> Savings					
X Signature of Joint Bank Account Holder (if applicable)					Date (mm-dd-yyyy)
C Account Holder/Annuitant Agreement (Signature required)					
I have read, understood and agreed to all of the terms and conditions relating to this agreement in the relevant sections of the ScotiaMcLeod Terms and Conditions brochure, including without limitation the Pre-authorized Contribution and Investment Instructions Agreement. I acknowledge that any change to the information or instructions given above will require the completion of a new form.					
I have expressly requested that this agreement and all deeds, documents or notices relating thereto be in the English language. Le soussigné a expressément exigé que cette convention et tout autre contrat, document ou avis afférent soient en langue anglaise.					
X Signature of Account Holder/Annuitant					Date (mm-dd-yyyy)