SCOTIA iTRADE®

SiT3D

Account Number	Account Name

Power of Attorney Granting Full Authority Including Withdrawal of Money

To: Scotia Capital Inc. ("Scotia iTRADE")

1. In connection with the above noted Account(s) which I/we have opened with you, I/we hereby appoint

_____ (hereinafter called my/our Attorney(s))

(Please Print Name(s) of Attorney(s))

as my/our agent(s) and attorney(s) with full power and authority to do on my/our behalf and for my/our risk and in my/our name or number on your books anything that I/we can lawfully do by an attorney in connection with the operation of the Account(s), including buying, selling or trading stocks, bonds, options, commodities, debentures, bills of exchange and any other securities of whatever nature or kind, on margin or otherwise, all in accordance with the terms and conditions for the Account(s), as may be amended from time to time.

2. Without limiting the generality of the foregoing, I/we specifically grant my/our Attorney(s) full power and authority to:
   a. Give instructions for the Account(s), including the address for receipt of confirmations, statements and other communications from Scotia iTRADE;
   b. Deposit with Scotia iTRADE any securities or monies;
   c. Request withdrawals, payments or securities from the Account(s) to be made or delivered to my/our Attorney(s), or to my/our Attorney(s) order, and to give a receipt for the same;
   d. Sell, assign, endorse and transfer any securities of any nature, at any time standing in my/our name(s) and to execute any documents necessary to effect the foregoing;
   e. Receive and acquiesce in the correctness of any and all notices of transactions, statements of account(s) and other records and documents;
   f. Settle, compromise, adjust and give releases with respect to any and all claims, demands, disputes or controversies relating to the Account(s);
   g. Receive requests and demands for payments or securities due, notices of intention to sell or purchase and other notices and demands respecting the Account(s);
   h. Execute and sign tax documentation relating to the Account(s), including international withholding tax certifications.
3. I/We hereby ratify and confirm any and all trades, instructions, transactions and other acts heretofore and hereafter made by my/our Attorney(s) and will indemnify and hold Scotia iTRADE, its successors and assigns and their directors, officers, agents and employees, harmless against, and will pay promptly on demand for, any loss, liability and expense including legal costs arising out of same, if Scotia iTRADE or its successors and assigns is made a party to any action between or by me/us, my/our Attorney(s), or either of our agents, assigns or successors or to which any of them is a party and which relates in any way to the appointment or actions of my/our Attorney(s). The powers hereby granted to my/our Attorney(s) shall continue in full force and effect until you shall have received written notice of its revocation by court order, effective resignation of my/our Attorney(s) or by notice signed by me/us, or in the event of the termination by my/our death, until you shall have received written notice from my/our Attorney(s) or the executor(s) of my/our estate.
4. This Power of Attorney is in addition to and does not revoke any previous power of attorney granted by me/us except to the extent that such previous Power of Attorney granted authority to deal with the Account(s). I/we further undertake to ensure that I/we will not grant any person, other than the Attorney(s) named herein, any authority to deal in any way with the Account(s), without prior notice to Scotia iTRADE. In the event that I/we wish to grant another person power of attorney with authority to deal in any way with the property in the Account(s), I/we undertake to execute another power of attorney in a form acceptable to Scotia iTRADE.
5. I/We hereby acknowledge that I/we have capacity to grant this Power of Attorney and am/are aware of the following:
   (a) I/We know what kind of property I/we have and its approximate value;
   (b) I/We am aware of obligations I/we owe to my/our dependents, if any;
   (c) I/We know that my/our Attorney(s) will be able to do anything with my/our Account(s) that I/we could do if capable, subject to the conditions and restrictions set out in this Power of Attorney;
   (d) I/We know that my/our Attorney(s) must account for his/her dealings with my/our property;
   (e) I/We know that I/we may, if capable, revoke this Power of Attorney;
   (f) I/We appreciate that unless my/our Attorney(s) manages my/our property prudently, the value of my/our property may decline; and
   (g) I/We appreciate the possibility that my/our Attorney(s) could misuse the authority given to him/her.
6. The provisions of this Power of Attorney and indemnity shall enure to the benefit of and be binding on Scotia iTRADE's successors and assigns. This Power of Attorney and indemnity is in addition to (and in no way limits or restricts) any rights which you may have under any other agreement or agreements between us.
7. I/We declare that this Power of Attorney may be exercised during any subsequent legal incapacity on my/our part and comes into force and effect on the date set out below.
8. I/We acknowledge that I/we have been advised to seek independent legal advice before executing this Power of Attorney and, by executing of this Power of Attorney, acknowledge that I/we have either received independent legal advice or declined to do so.
9. I/We acknowledge that I/we have read and understood all of the provisions of this Power of Attorney and that I/we have received a copy of this Power of Attorney.

I/We have expressly requested that this Agreement and all deeds, documents or notices relating thereto be in the English language; je/nous ai/avons a expressément exigé que cette convention et tout autre contrat, document ou avis afférent soient en langue anglaise.

DATED	SIGNATURE OF WITNESS	SIGNATURE OF WITNESS	SIGNATURE OF CUSTOMER #1
	NAME OF WITNESS - PLEASE PRINT	NAME OF WITNESS - PLEASE PRINT	NAME OF CUSTOMER #1
DATED	SIGNATURE OF WITNESS	SIGNATURE OF WITNESS	SIGNATURE OF CUSTOMER #2
	NAME OF WITNESS - PLEASE PRINT	NAME OF WITNESS - PLEASE PRINT	NAME OF CUSTOMER #2

Witnesses Statement

We have no reason to believe that the Account Holder(s) is/are incapable of giving this power of attorney for property and execute this power of attorney in the presence of the Account Holder(s) and the other witness.

We confirm that we are not: (a) the Attorney(s) appointed hereunder; (b) the spouse or the domestic partner of the Attorney(s); (c) the Account Holder(s) spouse or domestic partner; (d) the Account Holder(s) child or person the Account Holder(s) treat(s) as his /her/their child; (e) a person whose property is under guardianship or who has a guardian of the person; and (f) under 18 years of age.

***NOTE:** For accountholder(s) residing in **British Columbia**, **Ontario** and **Quebec** - 2 witnesses are required in order for this document to be accepted.
For accountholder(s) residing in **Saskatchewan** - 1 witness is required if a lawyer also provides a certificate of legal advice otherwise 2 witnesses are required.
For accountholder(s) residing in **Manitoba** - 1 witness is required. Witness must be a qualified superior or provincial court judge; RCMP or municipal police force; notary; lawyer; medical doctor.
For accountholder(s) residing in **All Other Provinces** and **Territories** - 1 witness is required.

I accept the appointment as Attorney. I understand that I owe a duty to the Account Holder(s) and accordingly have informed myself of the investment objectives of the Account Holder(s) and agree to adhere to same.

DATED	SIGNATURE OF ATTORNEY #1	NAME OF ATTORNEY #1 - PLEASE PRINT
DATED	SIGNATURE OF ATTORNEY #2	NAME OF ATTORNEY #2 - PLEASE PRINT

THE FOLLOWING NEEDS TO BE COMPLETED BY YOUR NAMED POWER OF ATTORNEY.

Client Account Number

INFORMATION ABOUT THE POWER OF ATTORNEY

ID NUMBER **MOTHER'S MAIDEN SURNAME**

TITLE **FIRST NAME** **INITIAL** **LAST NAME**

DATE OF BIRTH (MM/DD/YYYY) **COUNTRY OF CITIZENSHIP**

SOCIAL INSURANCE NUMBER **SSN / TIN***

Please provide your ScotiaCard number or Scotia iTRADE User ID if you have one and Mother's Maiden Surname for Trading Authorities only.

*If U.S. citizens or U.S. dual citizen Social Security Number (SSN) required for Co-Applicant only.
A W9 form is also required.

RESIDENTIAL ADDRESS OF THE POWER OF ATTORNEY

STREET ADDRESS/LEGAL ADDRESS (ADDRESS **CANNOT** BE A POST OFFICE BOX) **APT/SUITE NO.**

ADDITIONAL ADDRESS INFORMATION

CITY **PROVINCE** **POSTAL CODE**

HOME PHONE NUMBER **BUSINESS PHONE NUMBER** **EXT.**

CELL PHONE NUMBER **PAGER NUMBER**

FAX NUMBER **PRIMARY EMAIL ADDRESS**

☐ HOME

☐ BUSINESS

Which number would you prefer we use to contact you during market hours?

☐ BUSINESS ☐ HOME ☐ CELL

EMPLOYMENT INFORMATION OF THE POWER OF ATTORNEY

EMPLOYMENT STATUS

☐ EMPLOYED ☐ RETIRED ☐ STUDENT ☐ SELF-EMPLOYED ☐ HOMEMAKER ☐ NOT WORKING ☐ OTHER

If retired, we require previous employment information.

EMPLOYER

POSITION **YEARS WITH THIS EMPLOYER**

EMPLOYER'S ADDRESS

CITY **PROVINCE** **POSTAL CODE**

Are you employed by the Scotiabank Group? ☐ YES ☐ NO

IF YES, SPECIFY. _____

Are you an Insider of Scotiabank or have you been advised that you are a Designated Person by Scotiabank's Compliance Department? ☐ YES ☐ NO

Are you or members of your household employed by an IIROC (Investment Industry Regulatory Organization of Canada) Member firm (Pro)? ☐ YES ☐ NO

Note: Certain conditions may apply to accounts for employees of firms in the securities industry and accounts over which such persons have trading authority.

Client Account Number

HAVE YOU OWNED OR TRADED? Select your level of knowledge.

☐ MUTUAL FUNDS	☐ LOW	☐ MODERATE	☐ HIGH
☐ FIXED INCOME (OTHER THAN CSBs)	☐ LOW	☐ MODERATE	☐ HIGH
☐ STOCKS	☐ LOW	☐ MODERATE	☐ HIGH
☐ MARGIN	☐ LOW	☐ MODERATE	☐ HIGH
☐ OPTIONS	☐ LOW	☐ MODERATE	☐ HIGH
☐ SHORT SALES	☐ LOW	☐ MODERATE	☐ HIGH
☐ OVERALL INVESTMENT EXPERIENCE	☐ LOW	☐ MODERATE	☐ HIGH

INFORMATION REQUIRED BY SECURITIES REGULATORS AND COMPLIANCE ABOUT THE POWER OF ATTORNEY

Are you or your spouse considered to be an Insider (as defined in a Provincial Securities Act) of any public companies?

☐ YES ☐ NO IF YES, WHAT IS THE NAME OF THE COMPANY(IES)?

Are you, or your spouse, singularly, or as part of a group, in a Control Position (as defined in a Provincial Securities Act) of any public companies?

☐ YES ☐ NO IF YES, WHAT IS THE NAME OF THE COMPANY(IES)?

Are you, or your spouse an employee, Director, Partner or Officer of a member of any Stock Exchange, IIROC Member firm or of a Stock Exchange itself?

☐ YES ☐ NO IF YES, WHAT IS THE NAME OF THE COMPANY(IES)?

Do you own, or have trading authority or an interest in another Scotia iTRADE Account?

☐ YES ☐ NO IF YES, WHAT IS THE ACCOUNT NUMBER(S)?

Do you own, or have trading authority over any other accounts with another securities firm?

☐ YES ☐ NO IF YES, WHAT IS THE NAME OF THE SECURITIES FIRM(S)?

MARITAL STATUS OF THE POWER OF ATTORNEY

☐ SINGLE ☐ MARRIED ☐ COMMON LAW ☐ DIVORCED ☐ LEGALLY SEPARATED ☐ WIDOWED

INFORMATION ABOUT THE SPOUSE OF THE POWER OF ATTORNEY

TITLE **FIRST NAME** **INITIAL** **LAST NAME**

EMPLOYMENT STATUS OF THE SPOUSE OF THE POWER OF ATTORNEY

☐ EMPLOYED ☐ RETIRED ☐ STUDENT ☐ SELF-EMPLOYED ☐ HOMEMAKER ☐ NOT WORKING ☐ OTHER

EMPLOYER

POSITION

IDENTIFICATION REQUIREMENTS OF THE POWER OF ATTORNEY (MANDATORY FOR NON-REGISTERED ACCOUNTS)

TYPE OF IDENTIFICATION DOCUMENT

☐ DRIVER'S LICENCE ☐ PROV. HEALTH INSURANCE CARD (EXCEPT ON, MB, PEI) ☐ CANADIAN CITIZENSHIP CARD ☐ BIRTH CERTIFICATE (IF UNDER AGE 21) ☐ AGE OF MAJORITY CARD ☐ PASSPORT

IDENTIFICATION DOCUMENT NUMBER

Please include a cheque in the amount of $1.00, as well as Photo Identification when submitting the form to Scotia iTRADE