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Account Name

Pre-authorized Contribution Agreement

New Change Cancel

Client Information

Employer/Association Name	Type of Account	
Name	Social Insurance Number	
Address		
City	Province	Postal Code

To: Scotia Capital Inc. ("ScotiaMcLeod")

Please accept this letter as my authorization and direction to you to debit my bank account for credit to the above noted ScotiaMcLeod Account as follows:

Authorized Amount: \$ _____
 Contribution type: Regular Spousal
 Frequency: 1st day of each month **OR** 15th day of each month

I warrant that all persons whose signatures are required to sign on this bank account have signed this agreement below.
 I acknowledge that delivery of this authorization to ScotiaMcLeod constitutes delivery by me to the above-noted institution.
 The branch of the financial institution at which I maintain the account is not required to verify that the payments are drawn in accordance with this authorization.
 I will notify ScotiaMcLeod in writing of any changes in the account information or termination of this authorization prior to the next due date of the pre-authorized debit.
 I hereby acknowledge and agree that I will be fully liable for any charges incurred if the debits cannot be made due to insufficient funds or any other reason for which I may be held accountable, and that this direction may be rendered null and void at ScotiaMcLeod's discretion without notice.
 I acknowledge that amounts debited pursuant to this agreement will be reimbursed only where notification is given by me to the branch of the financial institution at which I maintain the above account within 90 days of the debit and only under the following conditions:
 (a) I never provided an authorization and direction to ScotiaMcLeod; or
 (b) The pre-authorized debit was not drawn in accordance with this authorization and direction; or
 (c) My authorization and direction was revoked; or
 (d) The debit was posted to the wrong account due to invalid/ incorrect account information supplied by ScotiaMcLeod.
 I understand that a written declaration setting out the grounds for reimbursement must be given to my financial institution.

Bank Information

Bank Name		
Bank Address		
Bank Institution Number	Bank Transit Number	Bank Account Number
0		
Type of Account: (choose one) <input type="checkbox"/> Chequing OR <input type="checkbox"/> Savings		Signature of Joint Bank Account Holder

I acknowledge that I have no immediate entitlement to reimbursement on any debit 90 days after the debit is made. After 90 days has elapsed, all disputes with respect to debits will be resolved solely between myself and ScotiaMcLeod.
 For accepting and complying with this authorization and direction, I hereby waive notification of the aforementioned transactions and hereby ratify any and all such transactions heretofore and hereafter made. I assume full responsibility for ensuring contributions made pursuant to this authorization and direction do not cause me to exceed my annual registered retirement savings plan deduction limit as defined in the Income Tax Act (Canada). ScotiaMcLeod shall have no liability or responsibility for any loss or damage suffered or incurred by me in connection with the debits contemplated by this authorization and direction including, without limitation, any loss of interest, penalty under the Income Tax Act (Canada) or other losses or damages caused by, or resulting from complying with or any delay in complying with this authorization and direction. I agree to indemnify and hold ScotiaMcLeod harmless against, and will pay ScotiaMcLeod promptly on demand for, any loss, liability and expense, including legal costs, suffered or incurred by ScotiaMcLeod arising out of compliance with this authorization and direction.
 This authorization and direction and the indemnity herein contained is a continuing one and shall remain in full force and effect unless revoked by me by prior written notice addressed and delivered to ScotiaMcLeod, but such revocation shall not affect any liability resulting from, or the waiver of liability and indemnity relating to, transactions initiated prior to such revocation. Revocation of this authorization and direction will not alter any other agreement existing between us.
 This authorization and direction is not effective until accepted by ScotiaMcLeod head office.

Signature

The Client has expressly requested that this Agreement and all deeds, documents or notices relating thereto be in the English language; le client a expressément exigé que cette convention et tout autre contrat, document ou avis afférent soient en langue anglaise.

Signature	Date
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PLEASE NOTE: Void Cheque Must be Attached