

Scotiabank Delta SkyMiles® Visa credit card application

Just print out this application form, complete it and drop it off at your nearest Scotiabank branch.

Are you a Delta SkyMiles program member? ☐ Yes ☐ No If yes, fill in your Delta SkyMiles # | | | | | | | | | |

PLEASE TELL US MORE ABOUT YOURSELF:

☐ Gold ☐ Platinum

Are you a Scotiabank customer? ☐ Yes ☐ No If yes, Account #: | | | | | | | | | | ScotiaCard #: | | | | | | | | | |

First Name: | | | | | | | | | | Initial: | | | | |

Last Name: Please print last name in full | | | | | | | | | |

Mother's Maiden Name: | | | | | | | | | | Social Security #: | | | | | | | | | |

of Dependents: | | | | | Your Date of Birth: | M | M | D | D | Y | Y |

Residence Address: # | | | | | Street: | | | | | City: | | | | |

State: | | | | | Country: | | | | | Zip Code (if applicable): | | | | |

Mailing Address: # | | | | | Street: | | | | | City: | | | | |

State: | | | | | Country: | | | | | Zip Code (if applicable): | | | | |

Marital Status: ☐ Married ☐ Unmarried ☐ Separated Home Phone #: | | | | | Cell Phone #: | | | | |

Residential Status: ☐ Own ☐ Rent ☐ Living with Parents ☐ Other Monthly mortgage/rent payment? \$ | | | | | Time at current Residence: | Years | Months

If less than 2 years, time at previous Residence: | Years | Months Citizenship Country: | | | | |

Previous Address: # | | | | | Street: | | | | | City: | | | | |

State: | | | | | Country: | | | | | Zip Code: | | | | |

☐ Full-time ☐ Part-time ☐ Self-employed Occupation: | | | | |

Current Employer: | | | | | Employer Address: | | | | |

Time with Employer: | Years | Months Work Phone #: | | | | | If less than 2 years, time with previous Employer: | Years | Months

Previous Employer: | | | | | Phone Number: | | | | |

Time with Previous Employer: | Years | Months

Current Monthly Employment Income: \$ | | | | | ^{††}Other Monthly Income: \$ | | | | |

Existing Mortgage on Home (if applicable): \$ | | | | | Lender Name: | | | | |

Monthly Pymt: \$ | | | | | Bankrupt in the last 7 years? ☐ Yes ☐ No Lawsuits or claims? ☐ Yes ☐ No Have you ever had a judgement filed against you? ☐ Yes ☐ No

Other assets: ☐ Property Value: \$ | | | | | Lender Name (if any): | | | | |

Do you have any loans with Scotiabank? ☐ Yes ☐ No Amount: \$ | | | | | Monthly Pymt: \$ | | | | |

Other Lender? ☐ Yes ☐ No Lender Name: | | | | | Amount: \$ | | | | | Monthly Pymt: \$ | | | | |

Other Credit Card? ☐ Yes ☐ No Lender Name: | | | | | Balance: \$ | | | | | Monthly Pymt: \$ | | | | |

Other assets: ☐ Car Value: \$ | | | | | Lender Name (if any): | | | | | Monthly Pymt: \$ | | | | |

Other assets: ☐ Savings / Deposit Account Balance: \$ | | | | | ☐ Investments/Stocks Value: \$ | | | | |

^{††}Alimony, child support or separate maintenance income need not be revealed if you do not choose to have it considered as a basis for repaying this obligation.

WOULD YOU LIKE AN ADDITIONAL CARD?

☐ Yes, Please issue an additional card on my Scotiabank Credit Card account for:

First Name: | | | | | Initial: | | | | |

Last Name: Please print last name in full | | | | |

Will this credit card be used to conduct transactions for anyone other than the authorized cardholder(s)? ☐ Yes ☐ No if yes, please complete a Third Party Determination Form.

I hereby certify the above information to be true and complete. If this application is accepted by The Bank of Nova Scotia (the "Bank") I request the Scotiabank Credit Card and Scotiabank Credit Card Checks be issued to me as designated above. I hereby authorize and consent to the Bank obtaining further information about me and checking the information I have given here and exchanging information about me with other parties. I agree to read and be bound by the Scotiabank Credit Card Cardholder Agreement. I authorize the Bank to debit my credit card account with the amount of the annual fees in effect from time to time for the card.

☐ Yes, I would like to insure my Scotiabank Credit Card account balance.

You understand that to be eligible for coverage, you must be 18 years of age and under 70 to enroll; and that your coverage will be bound by the Terms and Conditions stated in your Certificate of Insurance. Furthermore you authorize the Bank to provide the insurer with your Scotiabank Credit Card account number, monthly statement balance and any other necessary information; and you authorize the insurer to charge monthly premiums to your Scotiabank Credit Card account.

I understand that I (the Primary Cardholder) am solely liable for all charges incurred on the account by an Additional Cardholder.

| | | | | M | M | D | D | Y | Y | | | | | M | M | D | D | Y | Y |

Applicant's (Primary Cardholder's) Signature

Date

Additional Cardholder's Signature (if requesting)

Date

(03/09)

Annual percentage rate for purchases:

Gold Visa 16.50%;

Platinum Visa 15.50%.

APR cash advances, Scotiabank Credit Card Checks and Balance Transfers: 19.99%.

Penalty rate: 19.99%. The penalty rate is applied to all existing balances. All rates may increase up to a maximum of 19.99% annual percentage rate if one of the following conditions exists: if the minimum account payment has not been received for two (2) consecutive billing periods; or if you pay after the due date twice (2x) during a 6 month period.

Annual fee: Gold Visa \$50; Platinum Visa \$75

Additional card fee: \$0

Grace period for new purchases: from 25 days

Balance computation method for purchases: Two-Cycle Average Daily Balance (including new purchases)

Cash advance fee: 3% of the amount

Balance transfer fee: 3% of the amount

Late payment fee: \$30

Returned check fee: \$25

Over credit limit fee: \$30

Minimum payment: 3% of outstanding balance; minimum payment of \$25

Minimum finance charge: no minimum finance charge

The information on card costs described is correct as of September 1, 2008. This information may have changed after this date. To verify what may have changed, write us at Scotiabank, PO Box 420, St. Thomas, VI 00804, or visit a branch nearest you.

Activation bonus SkyMiles (Gold 10,000 and Platinum 15,000) are awarded for the first purchase. Activation SkyMiles are only rewarded once within a 36-month period. In the case where a Scotiabank

Delta SkyMiles Visa Gold cardholder upgrades to a Platinum card, the difference between the Gold and Platinum bonus SkyMiles will be awarded.

Scotiabank Delta SkyMiles Visa cards are intended for personal use only and SkyMiles will not be awarded for business purchases.

Primary cardholders are eligible to receive SkyMiles upon yearly renewal of their card.

Additional cards received are not eligible for activation SkyMiles, Balance Transfer SkyMiles or annual fee renewal SkyMiles. To receive the 500 bonus SkyMiles for additional cards, the additional cards must be requested within 180 days of activation of primary cardholder's card.

Cardholder will receive additional SkyMiles for purchases directly from Delta for purchases of qualifying Delta, Delta Connection®, Delta Shuttle®, and Song® flights of fares that are eligible for SkyMiles mileage credit, and certain other Delta products and services such as lounge memberships, lounge passes, upgrades, change fees and excess baggage, excluding Delta Vacations® packages and other all-inclusive packages only when payment is made in full using their Scotiabank Delta SkyMiles Visa cards.

Redemption of SkyMiles for Award Travel on flights operated by Delta partner airlines is subject to the program rules of each partner, and partners are subject to change at any time.

Taxes and fees for award travel are the responsibility of the passenger and must be paid at the time the ticket is booked. Award travel seats are limited and may not be available on all flights or in all markets. All SkyMiles program rules apply. To review the rules, please visit delta.com/skymiles. Partner offers subject to the terms and conditions of each individual offer. Partners subject to change. Offers void where prohibited by law. Other restrictions may apply. Offers and rules subject to change without notice. ©Delta Air Lines Inc.

To be eligible to receive bonus SkyMiles, cardmember's account must be active and not in default at time of bonus fulfillment. Express Cash and U.S. Savings Bonds transactions do not apply. In each year of cardmembership, your SkyMiles are limited to \$100,000 of eligible spending for Gold Delta SkyMiles credit cardholders and unlimited for Platinum Delta SkyMiles credit cardholders, not including bonuses.

Cardholder will receive double SkyMiles for purchases directly from Delta for purchases of qualifying Delta, Delta Connection®, Delta Shuttle®, and Song® flights of fares that are eligible for SkyMiles mileage credit, and certain other Delta products and services, excluding Delta Vacations® packages and other all-inclusive packages. Redemption of SkyMiles for Award Travel on flights operated by Delta partner airlines is subject to the program rules of each partner, and partners are subject to change at any time.