



**FORM 10**

**MATERIAL CHANGE REPORT**

**Pursuant to Section 64 of the Securities Act, 2012**

<b>General Instructions:</b>	<p>Please complete all relevant sections; where the allocated space is insufficient, you may continue on a separate page and attach to the completed form. All supporting information and attached pages should be appropriately numbered and referenced.</p> <p>This report and any attachments should be certified by a Senior Officer of the Reporting Issuer. Completed reports should be submitted to:</p> <p>The Director Market Regulation and Surveillance Trinidad and Tobago Securities and Exchange Commission 57-59 Dundonald Street Port of Spain Trinidad</p>
<b>Item 1</b>	State the name of the reporting issuer, and include its business address.
<b>Item 2</b>	State the date on which the material change occurred.
<b>Item 3</b>	Provide sufficient disclosure regarding the material change to enable a reader to appreciate the nature and substance of the material change without having to refer to any other sources. Examples of matters that would be subject to disclosure include: dates, parties, terms and conditions, effect on financial condition, value, reasons for the change, purpose of the change, and a general comment on the probable impact of the material change on the reporting issuer.
<b>Item 4</b>	State whether the issuer is seeking an exemption for publishing a notice in accordance with Section 64(2) of the Securities Act 2012, and complete the associated "yes" or "no" sections of the form accordingly.
<b>Item 5</b>	Give the name, position, business telephone number and email address of a senior officer of the reporting issuer who may be contacted to discuss further details regarding the material change.
<b>Item 6</b>	Include the signature of the Senior Officer identified in Item 5, confirming the material change report, and certifying the statement outlined.

**FORM 10**  
**MATERIAL CHANGE REPORT**

Pursuant to section 64 of the Securities Act, 2012



**1. NAME OF REPORTING ISSUER**

<b>Name of Reporting Issuer</b>
Scotiabank Short-Term Income Fund Inc. (the "Fund") c/o Scotiabank & Trust (Cayman) Ltd. 6 Cardinal Avenue, P.O. Box 689 Grand Cayman KY1-1107 Cayman Islands, BWI

**2. DATE OF MATERIAL CHANGE**

<b>Date of material change</b>
April 22, 2016

**3. DESCRIPTION OF MATERIAL CHANGE**

<b>Provide a description of the material change</b>
Effective April 22, 2016, Ms. Lisa McMyn resigned from the board of directors of the Fund.

**4. DETAILS OF PUBLICATIONS OF MATERIAL CHANGE**

	Yes	No
<b>Will you be seeing an exemption from publishing a notice in accordance with section 64(2) of the Securities Act 2012?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**If "No"**

<b>Date of Publication of Notice (dd/mm/yyyy)</b>	
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**If "Yes"**

<b>State the reasons for applying for the exemption</b>
<ol style="list-style-type: none"><li>1. The Fund has not been marketed in Trinidad &amp; Tobago (TT).</li><li>2. There are no TT investors in the Fund and no purchases have been made in TT.</li><li>3. The Fund believes it will be confusing to the public to make the disclosure as there has not been any marketing or other notification of the Fund's availability to the public in TT.</li></ol>

**5. DETAILS OF SENIOR OFFICER**

<b>Name (Salutation, First name, Last name)</b>	Sarah Hobbs
<b>Position in Organization</b>	Director of the Fund
<b>Business Address</b>	P.O. Box 434. Road Town, Tortola British Virgin Islands
<b>Work Phone (1-xxx-xxx-xxxx)</b>	284-852-2161
<b>Fax Phone (1-xxx-xxx-xxxx)</b>	
<b>Email Address</b>	sarah.hobbs@scotiabank.com

**6. DATE, CERTIFICATION AND SIGNATURE**

I hereby certify that the statement and information contained in this form and any attachment hereto are true and correct to the best of my knowledge and belief and submitted in compliance with the provisions of the Securities Act, 2012. I understand that any misrepresentation, falsification or material omission of information on this application may result in a breach of the Securities Act, 2012.

Sarah Hobbs  
Print Name

[Signature]  
Signature

Director  
Position

2/5/2016  
Date

**FOR OFFICE USE ONLY**

Tool	ID Information
Registrant's Number	
Director's Number	
Document / Record Number	
Record's Management Date Received (dd/mm/yyyy)	
Approved By: _____ Date (DD/MM/YYYY) _____	