

FORM 10A



By nmar at 11:44:38 am, 02/22/2024

MATERIAL CHANGE REPORT

Pursuant to Section 64 of the Securities Act, 2012

1. NAME OF REPORTING ISSUER

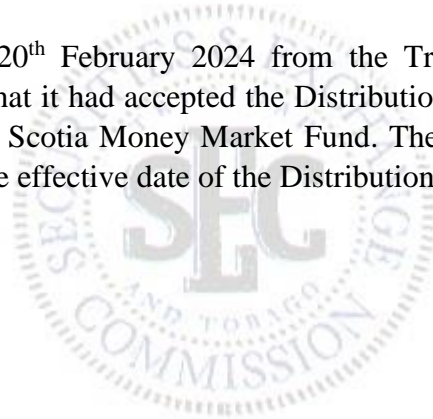
Name of Reporting Issuer
Scotia Money Market Fund

2. DATE OF MATERIAL CHANGE

Date of material change
20 th February 2024

3. DESCRIPTION OF MATERIAL CHANGE

Provide a description of the material change
<p>By letter despatched 20th February 2024 from the Trinidad and Tobago SEC, the Commission advised that it had accepted the Distribution Statement filed in respect of Class D shares for the Scotia Money Market Fund. The Commission determined that 18th January 2024 is the effective date of the Distribution Statement.</p>



4. DETAILS OF PUBLICATION OF MATERIAL CHANGE

	YES	NO
Will you be seeking an exemption from publishing a notice in accordance with Section 64(2) of the Securities Act 2012?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If “No”

Date of Publication of Notice (dd/mmm/yyyy)	23 rd February 2024
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If “Yes”

State the reasons for applying for the exemption
Not applicable.

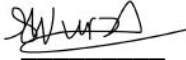
5. DETAILS OF SENIOR OFFICER

Name (First name, Last name)	Shalini Wurzberger
Position in Organization	General Counsel and Corporate Secretary
Business Address	P.O. Box 689, 18 Forum Lane, Camana Bay, Grand Cayman, Cayman Islands KY1-1107
Work Phone (1-xxx-xxxxxxx)	1-345-815-4289
Fax Phone(1-xxx-xxx-xxxx)	
Email Address	Shalini.wurzberger@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.

Shalini Wurzberger  Corporate Secretary 21st February 2024
Print Name **Signature** **Position** **Date**

FOR OFFICIAL 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) _____