CREDIT APPLICATION

Application Process

Step I

Please Forward the completed application by email to the contact coordinates found in the signature line of the email along with <u>confirmation of income by way of</u> <u>current paystubs</u> for all applicants and <u>two pieces of ID</u>:

- One of which must be a current picture driver's license (please submit a copy of the front and back)
- Current passport, citizenship, SIN or major credit card

<u>Please note</u>: Health Cards are no longer accepted as I.D. A digital picture emailed or texted works best for readable ID, or photocopy ID as light as possible and then email it. We find passports and SIN cards work best for clarity when copying.

Once your application is received, your Agent- Regional Director will confirm receipt and proceed to underwrite your credit request or contact you to discuss details, as is appropriate.

Step II

Your Agent- Regional Director will provide a commitment letter that outlines all terms and conditions for your signature and return. Upon receipt of your signed commitment letter and any items listed under conditions – arrangements will be made for the preparation of the closing documents and you will be contacted to make arrangements for the closing signing and distribution of funds.

Brokerage License 12185





Credit Application

se check if you are:	EDUCATIONMEMBER	FAMILY MEMBER	NEW CLIENT	EXISTING CLIENT		
ool board affiliation(s):	OSSTF	ETFO	OECTA	AEFO	OPC	
	СРСО	COLLEGE	UNIVERSITY	ÚÜQ(CE/ÒÂĴÔPUUŠ	OTHER	
Credit Product Reque	ested		How did you	hear about us?		
						ENEWS
LINE OF CREDIT-SECURED	LINE OF CREDIT-UNSECU	JRED		WORKSH	OP	
PURPOSE OF FUNDS REQUESTED:				ASE LIST):		
AMOUNT REQUESTED:	Maximum Eligibility		OTHER (PLEASE SF	PECIFY):		
OR			In order to provide you v	vith a Credit Insurance quote		Smoker Non-Smoker
Applicant			Spousal/Co-A	Applicant		
	MISS MS PRO	DF. DR.		MISS I	IS PROF.	DR.
FIRST NAME	MIDDLE NAME		FIRST NAME	MIDDLE NA	ME	
LAST NAME			LAST NAME			
SOCIAL INSURANCE NUMBER	DATE OF BIRTH (MM/DD/YY)		SOCIAL INSURANCE NUI	MBER DATE	OF BIRTH (MM/DD/Y	Y)
						SAME ADDRESSS
MARTIAL STATUS	NUMBER AND AGE OF DEPENDA	ANT(S)	MARTIAL STATUS	NUMBER AND	AGE OF DEPENDANT	ADDRESSS APPLICANT
MARTIAL STATUS	NUMBER AND AGE OF DEPENDA	ANT(S) 	MARTIAL STATUS	NUMBER AND	AGE OF DEPENDANT	ADDRESSS APPLICANT (S)
	NUMBER AND AGE OF DEPENDA			NUMBER AND		ADDRESSS APPLICANT (S)
CURRENT ADDRESS	PROVINCE	APT/UNIT #	CURRENT ADDRESS	PROVINCE	 POS □ RENT	ADDRESSS APPLICANT (S)
CURRENT ADDRESS	PROVINCE	APT/UNIT #	CURRENT ADDRESS	PROVINCE	 POS □ RENT	ADDRESSS APPLICANT (S) APT/UNIT # iTAL CODE R MONTH
CURRENT ADDRESS	PROVINCE	APT/UNIT #	CURRENT ADDRESS	PROVINCE	□ RENT RENT PE	ADDRESSS APPLICANT (S) APT/UNIT # TAL CODE
CURRENT ADDRESS CITY HOW LONG AT CURRENT ADDRESS BUSINESS PHONE	PROVINCE OWN IRENT: RENT I CELL PHONE HOM	APT/UNIT #	CURRENT ADDRESS CITY HOW LONG AT CURREN BUSINESS PHONE EMAIL ADDRESS	PROVINCE	□ RENT RENT PE	ADDRESSS APPLICANT (S) APT/UNIT # TAL CODE R MONTH PHONE
CURRENT ADDRESS CITY HOW LONG AT CURRENT ADDRESS BUSINESS PHONE EMAIL ADDRESS	PROVINCE OWN IRENT: RENT I CELL PHONE HOM	APT/UNIT # POSTAL CODE PER MONTH IE PHONE	CURRENT ADDRESS CITY HOW LONG AT CURREN BUSINESS PHONE EMAIL ADDRESS	PROVINCE PROVINCE OWN ADDRESS CELL PHONE LESS THAN 3 YEARS AT CURI PROVINCE	□ RENT RENT PE	ADDRESSS APPLICANT (S) APT/UNIT # iTAL CODE



Credit Application

	Applicant			Spousal/Co-Applicant			
VTION							
DRM/							
INFO	CURRENT EMPLOYER/SCHOOL BOAR	D DISTRICT # NAME OF	SCHOOL	CURRENT EMPLOYER/SCHOOL BOAR	D DISTRICT #	NAME OF SCHOOL	
EMPLOYMENT INFORMATION	ADDRESS			ADDRESS			
гоу	CITY						
EMP		PROVINCE POST.	ALCODE	CITY	PROVINCE	POSTALCODE	
	POSITION	HOW LONG AT CURRENT	EMPLOYER	POSITION	HOW LONG AT C	URRENT EMPLOYER	
	BUSINESSEMAIL			BUSINESSEMAIL			
	GROSS INCOME	SALARY HOURLY	CONTRACT	GROSS INCOME	SALARY HOURLY	CONTRACT	
	PREVIOUSEMPLOYER(IFLESSTHA	N 3 YEARS WITH CURRENT EMPLOYER)	PREVIOUS EMPLOYER (IF LESS THAN	N3 YEARS WITH CURRENT EMP	LOYER)	
	ADDRESS			ADDRESS			
	СІТҮ	PROVINCE POST/	ALCODE	CITY	PROVINCE	POSTALCODE	
	POSITION	BUSINESS PHONE		POSITION	BUSINESS PHO	NE	
	ANNUAL INCOME AT PREVIOUS EMPL	OYER HOW LONG AT PREVIOU	SEMPLOYER	ANNUAL INCOME AT PREVIOUS EMP OTHER INCOME IF APPLICABLE	LOYER HOW LONG AT PF	REVIOUSEMPLOYER	
	APPLICABLE GROSS AMOUN	NT PER ANNUM SOURCE			OUNT PER ANNUM SC	DURCE	
* Note:	If you are retired, please indicate year o	of retirement, previous employer, years	of services and cu	rrent annual gross income from all so	urces		
E INFO		SECOND HOME COTTAGE	RENTAL PROPER	ΤY			
REAL ESTATE INF	ANNUAL PROPERTY TAXAMOUNT	ESTIMATED CURRENT VALUE OF	PROPERTY	INDICATE ADDRESS IF OTHER THEN	I PRIMARY ADDRESS		
REA	YEAR PURCHASED	PURCHASE PRICE \$	NAME OF MOR	TGAGE COMPANY (IF APPLICABLE)	INTEREST	RATE	
			BI-WEEKLY MONTHLY		FIXED VARIABLE		
	MATURITY DATE (mm/dd/yy)	MORTGAGE PAYMENT		MORTGAGE TERM (IN YEARS)			
	MORTGAGE BALANCE \$	ORIGINAL MORTGAGE AMOUNT \$		ILY CONDO FEE \$ (IF APPLICABLE)	PROPERTY TAXES INCLUDED IN MORTGAGE PAYMENT:	YES NO	
			WONT	IL CONDOT LE Q (II AFFLICADLE)	RENT INCLUDES UTLI	TIES: YES	
	IF RENTAL PROPERTY:	THLY RENTAL INCOME \$	LEASE TERM	MATURITY DATE		NO	

Educators	
INANCIAL GROUP	

Credit Application

Assets			Liabilities	INSTITUTION	CURRENT INTEREST RATE	AMOUNT MARK DEBT OWING (\$) TO BE CONSOLIDATED
CHEQUING SAVINGS	INSTITUTION	TOTAL AMOUNT	LINE OF CREDIT 1			
RRSP/RRIF	INSTITUTION	TOTAL AMOUNT	LINE OF CREDIT 2			
RRSP /RRIF	INSTITUTION	TOTAL AMOUNT	AUTO LOAN 1			
TFSA	INSTITUTION	VALUE	AUTO LOAN 2			
RESP	INSTITUTION	VALUE	CREDIT CARD 1			
VEHICLE 1 MAKE MODEL	YEAR	VALUE	CREDIT CARD 2			
VEHICLE 2 MAKE MODEL	YEAR	VALUE	CREDIT CARD 3			
STOCK/BONDS	INSTITUTION	TOTAL AMOUNT	CREDIT CARD 4			
MUTUAL FUNDS	INSTITUTION	TOTAL AMOUNT	OTHER LOAN/DEBT			
GIC/TERM DEPOSIT	INSTITUTION	TOTAL AMOUNT	OTHER LOAN/DEBT			
ASSETS)		TOTAL ASSETS	(ADD UP TOTAL AN	NOUNT OWING OF ALL LOA	NS/DEBTS)	TOTAL LIABILITIES

Provide additional details (i.e. details of other income, unusual employment circumstances, other assets, additional real estate holdings etc. if applicable). For additional real estate holdings – please include the same information as is requested on the bottom of page # 2.

If this request is to finance a property, please complete the following information on the property to be mortgaged:

DETAC	HED	SEMI	тоw	NHOUSE	CONDO	BUNGALOW	SPLIT LEVEL	2 STOREY	
GARAGE	NONE	SI	INGLE	DOUBLE	TRIPLE	ATTACHED	DETACHED	AGE O	FBUILDING
SQ FT OF LIV NOT INCLUD BASEMENT		A		T OF LOT OR DIMESIONS		MUNICIPAL WATER WELL	MUNICIPAL SEV SEPTIC	VAGE	TYPE OF HEAT



PIPEDA Consent Form

Educators Financial Group Inc., in accordance with our privacy policy and obligations at law, collect, receive, use and disclose personal information about you, our client, for the purposes of verifying information provided; assessing your credit-worthiness; establishing credit and hold limits; maintaining client relationship; presenting your mortgage/loan/line of credit application to lenders/insurers to secure and/ or renew a mortgage/loan/line of credit and/or relation services, and providing information to you about other products offered or approved by us, our affiliates, related entities or other third party financial partners.

By signing this form, you agree to our collecting, using and disclosing your personal information at any time during the application, and on an on-going basis thereafter, for the foregoing purposes. We may disclose your personal information to, and receive your personal information from: consumer reporting agencies, credit bureaus, collection agencies, real estate appraisers, your present and past financial institutions, your past mortgage brokers, your present and past employers, creditors and tenants, your spouse or any third parties who may have information about your financial status, potential purchasers of our business and their advisors, any third party service providers to whom we may outsource our business functions, parties involved in the securitization, assignment or pledge of loan(s)/mortgage(s)/line(s) of credit, and any other parties with whom we propose to have a financial relationship. If there is more than one applicant, you also agree that we may collect, use and disclose personal information about each of you, from the other, for the purposes listed above. You also agree that if a mortgage default insurer is assigned to your application, such mortgage default insurer may obtain personal information about you from a credit reporting agency from time to time, and may use such information for any purpose related to the mortgage default insurance in connection with your application. You agree that the approval or granting of any mortgager by a lender to you, with or without mortgage default insurance, is not to be construed or relied on by you as representing the value or condition of any underlying security, or that it confirms that you have the ability to repay the mortgage debt.

By signing this form, you also agree that Educators Financial Group Inc. and your independent Mortgage Agent may use and retain your personal information for the foregoing purposes for 7 years after the later of a) the date of your latest application to us, and b) the date that all of your loans/mortgages contracted through us have expired or were terminated. For more information, see our privacy policy at <u>www.educatorsfinancialgroup.ca</u>, or contact our compliance officer at 1.800.263.9541.

Furthermore, by signing this form, you acknowledge that Educators Financial Group Inc. and your independent Mortgage Agent may receive fees or program incentives from a lender (including money, points, goods, or services) which can vary by the amount, type, terms, and interest rate of the mortgage originated through Educators Financial Group Inc., and your independent Mortgage Agent.

I (we), the undersigned, have read and understand the above:

Applicant Signature	Date	Co-Applicant Signature	Date		
Applicant Name (Print)	Date	Co-Applicant Name (Print)	Date		
I would like to receive emails of financial literacy, promotions an		formation related to Educators products, ser our consent at any time.*	rvices,	YES	NO
I would like to receive Educator may withdraw your consent at a	`	inancial tips, resources, and offers) by emain	il. You	YES	NO
I would like to receive special updates, including appointment confirmations, from Educators Financial Group through my mobile device via SMS (text messages). Message frequency varies. Message and data rates may apply. I understand I may withdraw my consent at any time by texting STOP to 221221. Please refer to our SMS Terms and Conditions: <u>https://www.educatorsfinancialgroup.ca/sms-terms-and-conditions/</u> .					

* Please refer to our privacy policy (<u>https://educatorsfinancialgroup.ca/privacy-policy-legal-notice/</u>) or contact us at 1.800.263.9541 for more details. If you opted in for electronic statements, emails and/or SMS, please remember to include your email address and/or mobile number in the Contact Information section.

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