

Customer Consent & Disclosure

- 1. Quebec residents only: It is the express wish of the parties that this document and any related documents be drawn up in English. Les parties aux présentes ont expressément demandé que ce document et tous les documents s'y rattachant soient rédigés en anglais.
- 2. Credit Bureau and Privacy Authorization: I consent to the collection, use and sharing of my personal information as described in CIBC's privacy policy *Your Privacy is Protected.* This includes collecting, during the course of my relationship with CIBC, information about me from, and sharing it with, the CIBC Group, credit bureaus, government institutions or registries, regulators and self-regulatory organizations, other financial institutions, any references I give you, and other such parties as may reasonably be required for the purposes of: (i) identifying me; (ii) qualifying me (or someone I am providing a guarantee for) for products and services; (iii) verifying information I give you; (iv) protecting me and CIBC from error and criminal activity; (v) facilitating tax and other reporting; (vi) complying with legal and regulatory obligations; or (vii) telling me about other products and services of the CIBC Group. If I wish to withdraw my consent to (vii) I may contact CIBC at 1-800-465-CIBC (2422) at any time. I will not be refused products or services just because I withdraw my consent to the use of my information for marketing purposes.

Your agents and service providers and if the mortgage is insured, the insurer, may obtain a credit report and other Information about me, from any credit bureau or reporting agency and / or from you. "Service provider" means a person or entity that has been engaged in connection with (i) the servicing, origination, insurance, maintenance, collection or operation of my/our mortgage, or (ii) the provision of services or benefits to me/us, including loyalty programs.

Including a Social Insurance Number (SIN) in a credit bureau request is the best way to make sure credit bureau information accurately refers to the right person. However, this is completely voluntary, and I understand that if I choose not to give permission, this by itself will not prevent me from continuing the application. By checking the box below I give my consent to include my SIN in a credit bureau request.

- 3. **Referral Sources:** I authorize you to notify the referral source involved in this transaction, if any, whether my application for a mortgage has been approved, of any conditional financing requirements and the mortgage amount. I acknowledge that CIBC has advised me of and I consent to payment by CIBC of a referral fee, where applicable, to the referral source including, but not limited to, real estate brokerage, builder or developer.
- 4. **Electronic Document Regulation:** This consent form was sent to the email address provided / completed in person to gain confirmation to receive documents electronically via CIBC secure email. These documents may include information we are required by the Bank Act or other regulation to provide in writing. Full list of regulatory documents can be found in Appendix A (on page 2).

Option to Provide Express Consent to Receive Electronic Messages from CIBC

Yes, I/we agree that CIBC may electronic means. I/we may w	y send me/us electronic messages and provi vithdraw consent at any time.	vide me/us with information on financing products throug	h
		C. C. Aldress	
Phone Number		Email Address	
CIBC Head Office, Commerce Cour	t, Toronto, Ontario, Canada M5L 1A2; http://	//www.cibc.com	
I have read and agree to the provi	sions of this document, and I acknowledge r	receiving a copy of it:	
Yes, I give my consent to rece	eive documents electronically via CIBC secure	re email, as outlined in section 4.	
No, I do not give my consent	to receive documents electronically.		
		X	
SIN	Name of Applicant (Please Print)	Signature of Applicant	
Yes. I give my consent to rece	eive documents electronically via CIBC secur	ure email, as outlined in section 4	
	to receive documents electronically.		
	,		
		X	
SIN	Name of Co-Applicant (Please Print)	Signature of Co-Applicant	

Appendix A

Depending on the secured lending product you select with CIBC (Mortgage Loan OR Home Power Plan OR Secured Line of Credit), below is a list of regulatory documents you may receive electronically.

Mortgage Application Regulatory Documents:

- Borrower Acknowledgement
- Certificate of Insurance Creditor Insurance for CIBC Mortgages
- Application for Creditor Insurance for CIBC Mortgages
- Refinance/Replacement Statement
- Mortgage Disclosure Statement
- CIBC Mortgage Inc. Schedule of Non-Interest Charges

OR

Home Power Plan / Secured Line of Credit only Application Regulatory Documents

- Borrower Acknowledgement
- Certificate of Insurance Creditor Insurance for CIBC Personal Lines of Credit
- Application for Creditor Insurance for CIBC Personal Lines of Credit (coverage up to \$150,000)
- Certificate of Insurance Creditor Insurance for CIBC Mortgages
- Application for Creditor Insurance for CIBC Mortgages
- CIBC Line of Credit Statement of Disclosure
- Line of Credit Fees and Services
- Mortgage Disclosure Statement
- CIBC Mortgages Inc. Schedule of Non-Interest Charges
- Refinance/Replacement Statement
- CIBC Mortgage Inc. Schedule of Non-Interest Charges

CONFIDENTIAL





IMAGING COPY

Property Address I/We hereby request and authorize Canadian Imperial Bank of Commerce ("CIBC") to debit my/our account at the bank or financial institution indicated below (or at any of its branches) for the purpose of paying my/our mortgage loan payment amount of \$ on a basis commencing on the day of ,20 . (These pre-authorized debits are for personal purposes.) If I, or any of the clients signing this form, applied for and were approved for creditor insurance provided by The Canada Life Assurance Company in connection with my/our Mortgage Loan (or if I/we apply for such insurance in the future), we acknowledge and agree that the insurance premium will be added to and collected with my/our regular mortgage loan payment and debited from my/our account along with my/our scheduled Pre-Authorized Debits. The amount of the insurance premium can be found in my/our creditor insurance application and Certificate of Insurance or any recent correspondence from the insurer about my/our premium. I/We agree to provide 30 days written notice of any changes in my/our banking information. We waive the requirement for CIBC to provide written notice of the amount and date of each withdrawal from my/our designated account and of any change in the amount or date of any withdrawal for any reason. This payment authorization may be assigned by CIBC. I/We can cancel this payment authorization at any time by giving written notice to CIBC at least 30 calendar days before the due date of the next preauthorized debit. I/We can obtain a sample cancellation form or further information on my/our right to cancel this payment authorization at my/our financial institution or by visiting ww.cdnpay.ca Branch Province	Product Type	Mortgage Loan		:	
I/We hereby request and authorize Canadian Imperial Bank of Commerce ("CIBC") to debit my/our account at the bank or financial institution indicated below (or at any of its branches) for the purpose of paying my/our mortgage loan payment amount of \$ on a basis commencing on the day of ,20 . (These pre-authorized debits are for personal purposes) If1, or any of the clients signing this form, applied for and were approved for creditor insurance provided by The Canada Life Assurance Company in connection with my/our my for the purpose of the form of the f	То	CANADIAN IMPERIA	AL BANK OF COMME	ERCE Mo	rtgage Loan No
institution indicated below (or at any of its branches) for the purpose of paying my/our mortgage loan payment amount of \$ on a basis commencing on the day of 20 . (These pre-authorized debits are for personal purposes.) If I, or any of the clients signing this form, applied for and were approved for creditor insurance provided by The Canada Life Assurance Company in connection with my/our Mortgage Loan for if I/We apply for such insurance in the future, we acknowledge and agree that the insurance premium will be added to and collected with my/our regular mortgage loan payment and debited from my/our account along with my/our scheduled Pre-Authorized Debits. The amount of the insurance premium can be found in my/our creditor insurance application and Certificate of Insurance or any recent correspondence from the insurer about my/our premium. I/We agree to provide 30 days written notice of any changes in my/our banking information. We waive the requirement for CIBC to provide written notice of the amount and date of each withdrawal from my/our designated account and of any change in the amount or date of any withdrawal for any reason. This payment authorization may be assigned by CIBC. We can cancel this payment authorization of any change in the amount or date of any withdrawal for any reason. This payment authorization may be assigned by CIBC. We can cancel this payment authorization on my/our financial institution or by visiting www.cdnpay.ca Name of Bank/Financial Institution or by visiting www.cdnpay.ca MasterCard cannot be used for Pre-authorized debit withdrawals. Post-dated cheques are not acceptable. We enclose a sample "VOID" cheque. Affix sample cheque here AFFIX SAMPLE CHEQUE HERE	Property Address				
provide written notice of the amount and date of each withdrawal from mylour designated account and of any change in the amount or date of any withdrawal for any reason. This payment authorization may be assigned by CIBC. I/We can cancel this payment authorization at any time by giving written notice to CIBC at least 30 calendar days before the due date of the next pre-authorized debit. I/We can obtain a sample cancellation form or further information on mylour right to cancel this payment authorization at mylour financial institution or by visiting www.cdnpay.ca Name of Bank/Financial Institution No.	institution indicate basis comm clients signing this connection with m premium will be ac scheduled Pre-Au	d below (or at any of its nencing on the days form, applied for and y/our Mortgage Loan (odded to and collected withorized Debits. The ar	branches) for the purpose ay of , 20 . (The were approved for cred r if I/we apply for such in th my/our regular mortgmount of the insurance	ose of paying my/our mortgage lesse pre-authorized debits are for ditor insurance provided by The insurance in the future), we acknoage loan payment and debited from premium can be found in my/o	oan payment amount of \$ on a personal purposes.) If I, or any of the Canada Life Assurance Company in owledge and agree that the insurance om my/our account along with my/our
Branch Address Branch City Branch Province ON Account Type Savings with Chequing Chequing Only N.B. Savings accounts without chequing privileges or personal lines of credit, accounts outside Canada, VISA, MasterCard cannot be used for Pre-authorized debit withdrawals. Post-dated cheques are not acceptable. We enclose a sample "VOID" cheque. Affix sample cheque here AFFIX SAMPLE CHEQUE HERE We have certain recourse rights if any debit does not comply with this a greement. We have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on our recourse rights, we may contact our financial institution or visit the Canadian Payments Association at www.cdnpay.ca X Client's Name X Signature Date (mmm/did/yyyy) X	provide written namount or date of payment authorized debit.	notice of the amount a of any withdrawal for a ation at any time by giv I/We can obtain a samp	nd date of each withd any reason. This paym ving written notice to C le cancellation form or fo	rawal from my/our designated nent authorization may be ass IBC at least 30 calendar days	I account and of any change in the igned by CIBC. I/We can cancel this before the due date of the next pre-
Branch City Branch Province ON DN	Name of Bank/Financial	I Institution			Telephone No.
Transit No. Institution No. Account No. Account Type Savings with Chequing Chequing Only N.B. Savings accounts without chequing privileges or personal lines of credit, accounts outside Canada, VISA, MasterCard cannot be used for Pre-authorized debit withdrawals. Post-dated cheques are not acceptable. We enclose a sample "VOID" cheque. Afflix sample cheque here AFFIX SAMPLE CHEQUE HERE We have certain recourse rights if any debit does not comply with this a greement. We have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on our recourse rights, we may contact our financial institution or visit the Canadian Payments Association at www.cdnpay.ca X Client's Name X Signature Date (mmm/dd/yyyy) A Client's Name X Signature Date (mmm/dd/yyyy)	Branch Address				
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		Client's Name	X	Signature	Date (mmm/dd/yyyy)
		Client's Name			
Signature Signature Date (minindutyyyyy)		Cheff S Name	X		

PROPERTIES OWNED BY APPLICANT	PROPERTY 1: OWNED BY APPLICANT	PROPERTY 2: OWNED BY APPLICANT
Address		
Postal Code	14	
City / Province		
Property Value	*	
Original Value		
Burchase Date		
Property Tax		
Condo Fee / Heat Include		
House Type (Attached, Detached, Row , Condo.)		
Living Space (Sq Ft)		
Mortgage Information		
Type (1st mortgage, 2nd mortgage, etc.)		
Balance		
Payment		
Payment Frequency (biweekly, monthly)		
Matuarity Date		
Rate Type		
Term Type		
Mortgage Holder (Bank)		
Interest Rate		
Income from properties owned		

BJECT PROPERTY (NEW PROPERTY)	NEW PROPERTY
Address	
Postal Code	
City / Province	
Living Space (Sq. Ft)	
Closing Date	
Deposit	
Construction Type (existence or new)	
Lot Size (square feet)	
# of units	
Style (1 storey, 2 storeys, split level, etc.)	
Age	
Garage Size (single or double)	
Garage Type (attached or detached	
Tax 2017 /2018	
Purchased Price	
Condo Fee	
Down Payment (%)	