

MCAP Mortgage Forms

Mortgage Details - Fill in as needed

Borrower 1 Name

Borrower 1 Email

Borrower 1 Phone

Borrower 1 Birthdate

Borrower 2 Name

Borrower 2 Email

Borrower 2 Phone

Borrower 2 Birthdate

Property

Street Address

City, Province, PC

Legal Desc. (Lot/Plan/PID)

Mortgage Number

Lender Name

Mortgage Amount

Basic BPS

Volume BPS

Completion Date

Subject Removal

Lawyer

Client Name:

IDENTIFICATION VERIFICATION

CHOOSE ONE OF THE 3 OPTIONS BELOW:

- ☐ 1) Biometric IDV - Passed (attach certificate)
- ☐ 2) Equifax Connect - Passed (attach certificate)
- ☐ 3) Dual Process Method - Fill in the below information for Government Issued Photo I.D. & Credit Bureau

GOVERNMENT ISSUED PHOTO I.D.

DOCUMENT TYPE:

- ☐ Drivers License
- ☐ Passport
- ☐ Other acceptable government-issued photo ID: _____

METHOD OF VERIFICATION:

- ☐ Video Conference
- ☐ In-Person
- ☐ Scan/Fax/Digital Image
- ☐ Other: _____

DOCUMENT DETAILS

Date Verified

Date of Issue

Date of Expiry

Document Number

Country of Issue

Name Match ☐ Yes ☐ No

Address Match ☐ Yes ☐ No

Date of Birth Match ☐ Yes ☐ No

CREDIT BUREAU

Date Pulled

System Pulled
(Equifax/Transunion)

Credit Report Number
(UN)

Name Match ☐ Yes ☐ No

Address Match ☐ Yes ☐ No

Date of Birth Match ☐ Yes ☐ No

Client Name:

NOTES (FOR BROKER USE ONLY)

RISK EVALUATION

Select the client's risk level based on your assessment (Low, Medium, or High) and provide supporting details below, including any identified red flags and applied mitigating measures.

- ☐ Low Risk
- ☐ Medium Risk
- ☐ High Risk

SUPPORTING DETAILS

Client Name:

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SUPPORTING DETAILS



WILSON M. BECK
INSURANCE GROUP



By this consent, I/we hereby confirm that I/we have agreed that House & Home Mortgage Co may disclose my/our contact information to Wilson M Beck Insurance Group so that they may contact me/us to provide me/us with information about insurance products and services.

Home Insurance is generally a requirement of your purchase agreement. Simply sign the form below, and we'll be able to provide you with a quote for coverage.

	Applicant	Co-Applicant
Client Name(s)		
Phone #		
Address to be Insured		
Email		
Date of Birth		
Lawyer		
Subject Removal Date		
Completion Date		
# of Years of Insurance		
# of Claims in 5 years		
Mortgage Type	REFINANCE	PURCHASE
Dwelling Type	DETACHED	CONDO RENTAL RECREATIONAL

Please advise if any of the below are applicable:

- | | |
|-------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Wood Heat | <input type="checkbox"/> Aluminum Wiring |
| <input type="checkbox"/> Monitored Alarm System | <input type="checkbox"/> Strata (Bare land or Condo) |
| <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Basement Suite |

UPGRADES TO HOME (if known):

_____ Age of Roof
 _____ Age of Furnace
 _____ Age of Hot Water Tank
 _____ Amperage of Electrical Service
 _____ Age/Type of Plumbing System (Copper, Pex, Poly-B)

By signing below, I/we agree to be contacted by Wilson M Beck Insurance Group to provide me/us with quotes for the purpose of insuring my/our property.

Applicant: _____ **Co-Applicant:** _____

Wilson M Beck Insurance Group is an insurance brokerage licensed with the Insurance Council of British Columbia to broker insurance. Their privacy statement can be found at <https://wmbeck.com/privacy/>. Your consent to share your contact information, should it be granted, is not in any way a pre-condition or requirement of your mortgage application.

Why Do I Need Insurance?

Insurance is a vital component of financial planning, offering protection and peace of mind for you and your loved ones. With a plethora of options available, understanding the basics can help you make informed decisions tailored to your specific needs.

Life Insurance

Life insurance is crucial for protecting your loved ones in the event of your passing. It comes in two main types: term life insurance and permanent life insurance. Term life insurance offers coverage for a specific term with lower initial premiums, while permanent life insurance provides coverage for your entire life with stable premiums. The tax-free death benefit ensures your loved ones are financially secure.

Mortgage Protection

Mortgage protection solutions are essential for homeowners, ensuring your family can keep the house and pay it off if something happens to you. While mortgage insurance from lenders covers the outstanding mortgage balance and pays out to the lender, life insurance used as mortgage protection offers consistent coverage regardless of mortgage changes or lender switches, with the insurance payout going directly to the beneficiary.

Critical Illness

Critical illness insurance provides a tax-free lump sum payment if you're diagnosed with a life-altering illness such as cancer, stroke, heart attack, or dementia. This can help cover additional expenses not covered by health plans, alleviating financial burdens during challenging times.

Disability Insurance

Disability insurance protects your income if you are unable to work due to injury, serious illness, or mental health issues. It provides a portion of your income, ensuring your bills are paid even when you're unable to work.

Next Steps

At House & Home, we understand the importance of protecting your future. That's why we partner with Prospr by Sun Life – Their holistic approach to insurance combines wealth and health planning to help you find the right insurance solutions - tailored to your needs. Let us help you secure your future and protect what matters most to you.

If you WANT to discuss your options with the Prospr insurance team, please check here and we'll have them contact you within 48 hours for a free no-obligation consultation.

☐☐

If you DO NOT wish to be contacted Prospr insurance team, please check here. You are aware a consultation is free and no-obligation, but do not wish to be contacted about life or disability insurance.

☐☐

Prospr by Sun Life™ is a business division and trade name of Sun Life Financial Distributors (Canada) Inc. and Sun Life Financial Investment Services (Canada) Inc. Insurance products are distributed through Sun Life Financial Distributors (Canada) Inc. Mutual funds are distributed through Sun Life Financial Investment Services (Canada) Inc.



Pre-Authorized Debit (PAD) Agreement

1) Pre-Authorized Debit (PAD) Details:

You authorize us (MCAP Service Corporation) to withdraw funds from the bank account designated below (or any other account you may authorize at any time), for your loan payments as outlined in the Mortgage Commitment. This applies until all Obligations of the Mortgage have been satisfied, and includes payments for any renewals or amendments to the loan.

You agree we can deduct Regularly Scheduled Payments, late interest, service fees and other charges from the account designated below, being a fixed or variable payment, as applicable, at the payment frequency selected on your loan, all in accordance with the terms of your Mortgage. Without limiting the foregoing, you further agree we may add late interest, service fees and other charges to your Regularly Scheduled Payment from time to time, with the amount deducted from the account designated below being a fixed or variable payment, as applicable, all in accordance with the terms of your Mortgage. **YOU FURTHER AGREE TO WAIVE ALL REGULATORY NOTICE PERIODS AND NOTIFICATIONS APPLICABLE TO FIXED AND VARIABLE PAYMENTS.**

This is a personal PAD for mortgage purposes. This PAD Agreement remains in effect until we receive written notification from you of its change or cancellation. This notification must be received by us (at the address provided below), at least 10 business days before the next payment is scheduled. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

You have certain rights if any debit does not comply with this Agreement, or is not in accordance with the terms of your Mortgage. For example, you have the right to receive reimbursement for any PAD that is not authorized or is not consistent with the terms of this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on your rights, contact your financial institution or visit www.cdnpay.ca.

2) Customer Information (Please Print Clearly):

Name(s): _____ Mortgage #: _____

Address: _____
(Street)

(City) (Province) (Postal Code)
Phone (Bus): _____ Phone (Home): _____

3) Financial Institution (FI) and Bank Account:

Name of FI: _____
Branch Address: _____
(Street)

(City) (Province) (Postal Code)
Account Information:

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Branch Transit FI Code Account Number

Please attach either a sample cheque marked "void" or proof of account ownership.

4) Authorization:

Signature(s): _____ Date (DD / MM / YYYY): _____

_____ Date (DD / MM / YYYY): _____

Mortgage Servicing Centre, P.O. Box 351 STN C, Kitchener, ON N2G 3Y9
English Toll Free: 1-800-265-2624 • French Toll Free: 1-888-811-2529
Fax Toll Free: 1-800-922-0220 • Email: service@mcap.com • Web Site: www.mcap.com
Licence Numbers: Ontario Mortgage Brokerage #10515 • Ontario Mortgage Administrator #11692



MCAP

Broker / Agent Consent Form

This Broker/Agent Consent Form authorizes and directs MCAP to release mortgage information to the Broker/Agent identified. Please complete and return to MCAP via mail, fax or email.

Homeowners: A new, signed Broker/Agent Consent Form will be required to cancel an existing Broker/Agent Consent Form.

Note: This form will not be accepted unless all fields are completed in full and is signed by the homeowner(s).

The purpose of this Broker/Agent Consent Form is (please check one):

- ☐ to authorize the Broker/Agent to have access to my/our mortgage information
- ☒ to authorize the Broker/Agent to have access to and/or make changes (loan changes, etc.) to my/our mortgage information
- ☐ to cancel the existing authorization of the Broker/Agent identified below

Homeowner Information:

Homeowner Name(s):

Property Address:

Mortgage Number:

Broker/Agent Information:

Broker/Agent Name(s):

*(Please list all applicable
Brokers/Agents/Admins
in the spaces provided)*

Name of Brokerage:

Address of Brokerage:

Phone Number:

(Office)

(Mobile)

E-mail Address:

Homeowner/Guarantor Authorization:

Signature(s)

Date(s)

April 28, 2021

CONFLICT OF INTEREST DISCLOSURE STATEMENT FORM 10

Borrower Copy

Mortgage File Number

Neither the Registrar of Mortgage Brokers nor any other authority of the government of the Province of British Columbia has any way passed on the merits of the matters dealt with in this information statement. This information statement has not been filed with the Securities Commission, and the Real Estate Division has not determined whether or not it complies with Section 26 of the Mortgage Brokers Act.

Please type or print clearly. If additional information is required, reference and attach a schedule to this form.

FULL NAME OF MORTGAGE BROKER Verico Compass Mortgage Group House & Home Mortgage Co.		TELEPHONE 250.682.0908
ADDRESS 258 Seymour St, Kamloops BC		Postal Code V2C 2E5
ADDRESS OF PROPERTY TO BE MORTGAGED		Postal Code
LEGAL DESCRIPTION OF PROPERTY TO BE MORTGAGED		

Describe any direct or indirect interest the mortgage broker has or, as currently contemplated, may acquire in the transaction for which this disclosure statement is provided.

for additional details see 'FORM 10 Addendum' with Mortgage File Number

Describe any direct or indirect interest that a related party or associate of the mortgage broker, as defined in the *Mortgage Brokers Act* Regulations has or, as currently contemplated, may acquire in the transaction for which this disclosure statement is provided.

Ryan W. Smith is the Sub-Mortgage Broker on this transaction

for additional details see 'FORM 10 Addendum' with Mortgage File Number

CERTIFICATION

I certify that I am the mortgage broker or an authorized representative of the mortgage broker in this transaction and based on my knowledge, belief and information provided by third parties, this Disclosure Statement contains no untrue statement and does not omit to state a fact that is required to be stated or that is necessary to present a statement that is made from being false or misleading in the circumstances in which it was made.

FULL NAME OF MORTGAGE BROKER Verico Compass Mortgage Group House & Ho	ADDRESS 258 Seymour St, Kamloops BC	Postal Code V2C 2E5
SIGNATURE OF MORTGAGE BROKER OR AUTHORIZED REPRESENTATIVE X	NAME OF AUTHORIZED REPRESENTATIVE OF MORTGAGE BROKER (PLEASE PRINT) Ryan W. Smith	DATE SIGNED YYYY / MM / DD

ACKNOWLEDGEMENT OF RECEIPT

SIGNATURE X	NAME (PLEASE PRINT)	DATE SIGNED YYYY / MM / DD
SIGNATURE X	NAME (PLEASE PRINT)	DATE SIGNED YYYY / MM / DD

CONFLICT OF INTEREST DISCLOSURE STATEMENT
Borrower FORM 10 Addendum - Mortgage File Number

ADDRESS OF PROPERTY TO BE MORTGAGED

The Mortgage Broker represents the following parties to the transaction:

- the borrower(s) and the lender

The mortgage broker will be compensated for this transaction in the following ways:

- Finder's Fee or Commission of \$ _____ from the lender calculated as 0. _____ percent of the mortgage amount
- Volume Bonus of \$ _____ from the lender, calculated as 0. _____ percent of the mortgage amount

The following parties may receive a percentage of the compensation in this transaction

After any compensation splits with other parties the primary Mortgage Broker acting in this transaction, Verico Compass Mortgage Group House & Home Mortgage Co., may receive up to 93%

Verico Compass Mortgage Group a second Mortgage Broker acting in this transaction may receive up to 7%

Ryan Smith, a Sub-Mortgage Broker on this transaction, is a shareholder in the Mortgage Broker co.

BrittanySmith, a Sub-Mortgage Broker on this transaction, is a shareholder in the Mortgage Broker co.

From the above noted compensation the Broker and/or Sub-Mortgage Broker will pay: office rent, utility and phone expenses, computer and technology equipment & software, internet and telephone service costs, internet website maintenance, office supplies, printing & stationary, advertising, mandatory continuing education courses, industry related conferences and trade shows, accounting and/or bookkeeping expenses, franchise fees and/or royalties, and other business expenses.

There may or may not be additional compensation earned from time to time, such as from transaction bonuses, insurance referrals or other incentives.

initial _____ initial _____ Sub-Mortgage Broker initial _____

Gift Letter

Date: _____

To: _____

Re: Purchase of _____
(Insert Property Address)

Re: Mortgage Application by _____

(Insert Borrower's Name)

I/We hereby confirm the following:

- I/We am/are providing a financial gift in the **amount(s) of \$** _____
(Amount of gift)
- **to my/our** _____
(Insert Relationship of Borrower(s))
to be used as part or all the down payment on the purchase of the above noted property.
- The above noted financial gift is non-repayable.
- No part of the above noted financial gift is being provided by a third party having any interest (direct or indirect) in the sale of the above property.
- The financial gift was given to the borrower on _____
(Insert date(s) gift was OR will be provided)

I/We hereby acknowledge that this information is to be used for mortgage approval purposes only and may be shared with CMHC, Genworth and Canada Guaranty for NHA mortgage loan insurance purposes.

If you require any further information, please contact me at: (_____) _____
(Insert area code and phone number)

(Gifor Address, City, Province, Postal Code)

(Signature of Gifor) (Print name of Gifor)

(Signature of Gifor) (Print name of Gifor)

Acknowledgement

I/We hereby acknowledge receipt of the above noted financial gift and confirm that the above noted statements are accurate.

(Signature of Borrower) (Signature of Borrower)

REQUEST FOR STATEMENT & AUTHORIZATION

Date: _____

Address of Other Financial Institute (OFI)

OFI Name: _____
Address: _____
City: _____
Province: _____
Postal Code: _____
Tel. No: _____
Fax. No: _____

Borrower and Property Information

Borrower Name (1) _____
Borrower Name (2) _____
Address: _____
City: _____
Province: _____
Postal Code: _____
Tel. No: _____
Fax. No: _____

Existing Mortgage Number (MANDATORY)

Mortgage #: _____

Purpose (TO BE COMPLETED BY FCT)

	Discharge
Purpose:	Assignment/Transfer
	Information Only

Sir/Madam,

I/We hereby authorize you to provide a statement to FCT for the noted mortgage/account.

If this mortgage is due for renewal on or around the effective date of this statement, consider this your instruction to not renew this mortgage, pending payout of it. Should the mortgage have to be renewed, consider this your instruction to renew the mortgage only for a 6 month open term. These instructions are to have priority over any other renewal letter, document or other instrument you may have sent to me/us.

The above mentioned statement should reflect the outstanding principal balance; accrued interest as of the above date; any tax account debit or credit; the per diem rate of interest on such principal balance accruing from the above date; whether the loan is in good standing; and if the mortgage contains a readvanceable provision and/or if additional principal advances can be made after the date of the statement. If there are multiple products secured by the mortgage security, provide a statement for each product. Prepare the statement(s) on the basis that any allowable prepayment privilege has been applied prior to the calculation of any prepayment changes.

** For assignment/transfer statements, please provide the default insurer's reference number associated with this mortgage, if applicable.*

Please note: If this mortgage secures a Line of Credit or other readvanceable product, I/we hereby acknowledge that:

- 1. Upon receipt of this request freeze the credit limit on the product so no further credit can be extended/utilized, pending receipt of payout funds.**
- 2. Any and all credit lines are to be closed upon receipt of payment and a request for discharge.**

I/We hereby further acknowledge that in order to facilitate the payout and discharge/transfer of the mortgage/account there may be additional per diem interest charged to me/us representing the required time to deliver funds to the lending institution.

I/we authorize you to release any information requested by FCT in connection with the Purpose, as completed by FCT. I/we authorize FCT to make corrections to any typos hereunder or incomplete portions of this Request in order to obtain the statement.

(1) Borrower's Signature

(2) Borrower's Signature