



REAL MORTGAGE ASSOCIATES

License # 10464

Mortgage Application

Please complete each section and sign your application
for prompt and accurate processing.

Please Tell Us About Yourself

BORROWER

TITLE:	FIRST NAME:	LAST NAME:	
RES PHONE:	BUS PHONE:		
CELL/PAGER:	EMAIL:		
BIRTH DATE:	MONTH	DAY	YEAR
SOCIAL INSURANCE NO:			
MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIV./SEP. <input type="checkbox"/> NO. OF DEPENDENTS <input type="checkbox"/> COMMON-LAW <input type="checkbox"/> ENGAGED <input type="checkbox"/> WIDOWED (EXCLUDE SPOUSE) _____			
HOW DID YOU HEAR ABOUT US? _____			
Mr. _____			
PRESENT ADDRESS:			
UNIT #:	YEARS AT RESIDENCE:		
CITY:	PROVINCE:	POSTAL CODE: Ontario	
DO YOU OWN OR RENT?	CURRENT RENT RENT <input type="checkbox"/> OWN <input checked="" type="checkbox"/> \$ _____		
IF YOU HAVE LIVED HERE LESS THAN THREE YEARS, WHAT WAS YOUR PREVIOUS ADDRESS?			
PREVIOUS ADDRESS:			
UNIT#	YEARS AT THAT RESIDENCE:		
CITY:	PROVINCE:	POSTAL CODE: Ontario	

CO-BORROWER

TITLE:	FIRST NAME:	LAST NAME:	
RES PHONE:	BUS PHONE:		
CELL/PAGER:	EMAIL:		
BIRTH DATE:	MONTH	DAY	YEAR
SOCIAL INSURANCE NO:			
RELATIONSHIP TO BORROWER: <input type="checkbox"/> MARRIED <input type="checkbox"/> INVESTOR <input type="checkbox"/> COMMON-LAW <input type="checkbox"/> ENGAGED <input type="checkbox"/> OTHER			
Mr. _____			
PRESENT ADDRESS:			
UNIT #:	YEARS AT RESIDENCE:		
CITY:	PROVINCE:	POSTAL CODE: Ontario	
DO YOU OWN OR RENT?	CURRENT RENT RENT <input type="checkbox"/> OWN <input checked="" type="checkbox"/> \$ _____		
IF YOU HAVE LIVED HERE LESS THAN THREE YEARS, WHAT WAS YOUR PREVIOUS ADDRESS?			
PREVIOUS ADDRESS:			
UNIT#	YEARS AT THAT RESIDENCE:		
CITY:	PROVINCE:	POSTAL CODE: Ontario	

*The greatest compliment anyone can give is the
referral of a family member or friend!*

Thank you!

Tell Us About Your Employment

BORROWER

CURRENT EMPLOYER: _____

ADDRESS / DEPARTMENT: _____

CITY / PROVINCE: _____

JOB TITLE / POSITION: _____

YEARS THERE: ____ FULLTIME ____ PART TIME ____ SEASONAL ____

HOW MANY YEARS IN THIS LINE OF BUSINESS? _____

GROSS ANNUAL INCOME (BEFORE TAXES): _____

DO YOU COLLECT / EARN OTHER INCOME? DETAILS: _____

IF LESS THAN THREE YEARS, WHERE DID YOU WORK PREVIOUSLY?

PREVIOUS EMPLOYER: _____

GROSS ANNUAL INCOME: _____

JOB TITLE / POSITION: _____ YEARS THERE: _____

CO-BORROWER

CURRENT EMPLOYER: _____

ADDRESS / DEPARTMENT: _____

CITY / PROVINCE: _____

JOB TITLE / POSITION: _____

YEARS THERE: ____ FULLTIME ____ PART TIME ____ SEASONAL ____

HOW MANY YEARS IN THIS LINE OF BUSINESS? _____

GROSS ANNUAL INCOME (BEFORE TAXES): _____

DO YOU COLLECT / EARN OTHER INCOME? DETAILS: _____

IF LESS THAN THREE YEARS, WHERE DID YOU WORK PREVIOUSLY?

PREVIOUS EMPLOYER: _____

GROSS ANNUAL INCOME: _____

JOB TITLE / POSITION: _____ YEARS THERE: _____

Tell Us About Your Finances

ASSETS (MARKET VALUE)	LIABILITIES	FINANCIAL INSTITUTION	PAYMENT/MO.	TOTAL DEBT
PRINCIPAL RESIDENCE _____	CURRENT MORTGAGE _____			
CASH / SAVINGS _____	PERSONAL LOANS _____			
STOCKS / BONDS _____	LINE OF CREDIT _____			
AUTO (YR., MAKE, MODEL) _____	CAR PAYMENT _____			
AUTO (YR., MAKE, MODEL) _____	CAR PAYMENT _____			
RRSP'S (AMT. & INSTITUTION) _____	RRSP LOAN _____			
OTHER REAL ESTATE _____	OTHER MORTGAGE _____			
PERSONAL EFFECTS _____	CREDIT CARDS _____			

We Need Your Authorization

By signing below you affirm that the information you have given in this Application is true and complete and that you have not withheld any information. We will rely on the information you have given to decide on your Application. You also agree to the terms below.

Date _____

Applicant Signature _____

Co-Applicant's Signature _____

CONSENT TO COLLECT AND USE PERSONAL INFORMATION

When you apply for a mortgage with us, you agree that:

- 1) We may collect and use personal information from you and about you for the following purposes: (a) to understand your needs (b) to determine the suitability of our products and services for you (c) to determine your eligibility for our products and services (d) to establish, manage and offer products and services that meet your needs (e) to provide on-going service and (f) to meet our legal and regulatory requirements.
- 2) We may use, give to, obtain, verify, share and exchange credit and other information about you with others including credit bureaus, mortgage insurers, credit insurers, registries and other persons with whom you may have financial dealings, as well as any other person as may be permitted or required by law. You also authorize any person whom we contact in this regard to provide such information to us.

We may ask you for your Social Insurance Number to use in verifying and reporting credit information to credit bureaus and credit reporting agencies. You may refuse to consent to its use or disclosure for these purposes.

I/we warrant and confirm that the information given in the mortgage application form is true and correct and I/we understand that it is being used to determine my/our credit responsibility and to evaluate and respond to my/our request for mortgage financing. You are authorized to obtain any information you may require for these purposes from other sources (including, for example, credit bureaux) and each source is hereby authorized to provide you with such information. I/we also understand, acknowledge and agree that the information given in the mortgage application form as well as other information you obtain in relation to my credit history may be disclosed to potential mortgage lenders, mortgage insurers, other service providers, organizations providing technological or other support services required in relation to this application and any other parties with whom I/we propose to have a financial relationship.

I/we further acknowledge and agree that each potential mortgage lender, mortgage insurer or service provider to whom you provide the mortgage application and/or my/our personal information is permitted to receive such application and information and maintain records relating to me/us and my/our mortgage application and to hold, use, communicate and disclose personal information about me/us, including my/our Social Insurance Number (SIN) if I/we provide it, and collect personal information from me/us, you and from third persons, including credit bureaux, credit reporting and collection agencies, financial institutions, my/our past and present employers, creditors and tenants, my/our spouse or any other person who has information about me/us for the purposes of recording, evaluating and responding to my/our application for mortgage financing or related activities and I/we specifically consent to the release and disclosure of personal information by such persons to and among you and each potential mortgage lender, mortgage insurer or other service provider.

CLIENT CONSENT

: _____	Date: _____
: _____	Date: _____



GABM-

Client Consent Form and Authorization

Authorization:

If I have included information in this application in respect of any other person, including a co-applicant, I hereby confirm that such other person(s) has fully authorized me to release their personal information to you and to my Mortgage Centre Specialist and that such other person(s) consent to all of the terms set-out herein. The word "Information" means personal information about me and any other person(s) identified in this application, obtained from this application or other sources. I, the undersigned, hereby declare that all the information provided herein is to the best of my knowledge and belief to be true, complete and correct and I understand that it may be used to determine my credit worthiness. In order to assess my ability to meet my financial obligations I consent and authorize the submitting organization and its agents or assigns:

- i) to request and obtain personal information about me on an ongoing basis from credit bureaus from information you previously collected about me in order to assess my credit history;
- ii) to release and exchange my personal information on an ongoing basis with credit bureaus in order to protect me, ensure the completeness of my information and maintain the integrity of the credit bureau agency;
- iii) to co-operate with local, provincial and national authorities in the investigation of unlawful or improper activities in order to protect myself and Get A Better Mortgage Inc. from fraudulent transactions; and
- iv) to disclose my personal information where necessary to protect my interests, and that of Get A Better Mortgage Inc.

I certify that the information set out by me in this application is true and correct in order to collect and exchange personal information with the requisite agencies to obtain a credit bureau and for no other improper purpose.

PRIVACY ACKNOWLEDGMENT

I certify that my mortgage broker or agent has either granted me access to review all privacy acknowledgment forms (accessed at www.mortgagecentre.com) or provided me with a privacy policy booklet as outlined in PIPEDA.

I agree to allow Get A Better Mortgage Inc. to contact me by email regarding service updates, general information, client and lender information and general correspondence. I may withdraw my consent at any time by replying "stop" to received emails or contacting Get A Better Mortgage Inc. directly by phone 416-252-9000, email info@getabettermortgage.com or mail 642 The Queensway, Toronto, ON M8Y 1K5.

Applicant One	Applicant Two		
Full Name:	Full Name:		
Date of Birth	SIN:	Date of Birth:	SIN:
Phone Number:	Phone Number:		
Address:	Address:		
Signature:	Signature:		
Date:	Date:		

-----For Office Use Only-----

Did you meet your client face to face: Y or N	Did you meet your client face to face: Y or N
Photo ID provided: (Type, Expiry Date and Number):	

Additional Information

Partner's information if not included in the mortgage:

First Name: _____

Last Name: _____

SIN #: _____

DOB: _____

If a client has dependants under 19:

Dependant 1:

Full Name: _____

DOB: _____

Dependant 2:

Full Name: _____

DOB: _____

Dependant 3:

Full Name: _____

DOB: _____

Dependant 4:

Full Name: _____

DOB: _____

Accountant Information:

Company Name: _____

Address: _____

Postal Code: _____

Phone #: _____

Accountant's Full Name: _____

Additional/Previous Employment Information:

Company Name: _____ Company HST #: _____

Full Address: _____

Postal Code: _____

Phone #: _____

Title: _____ Time at Job: ____ years ____ months

Company Name: _____ Company HST #: _____

Full Address: _____

Postal Code: _____

Phone #: _____

Title: _____ Time at Job: ____ years ____ months

Other Additional Notes:

When did you come to Canada?: _____

Previous SIN: _____

In this Authorization, the words "we", "our" and "us" mean any Scotiabank group member* or the collective Scotiabank group* and include any program or joint venture any of these parties participates in. The words "you" and "your" mean the Applicant and Co-Applicant. "Service" means any personal or business banking, insurance, brokerage or financial product or service offered by us.

Privacy

Your privacy is important to Scotiabank. What you need to know when we collect, use and disclose your information:

1. When you apply for, accept, or guarantee a loan or credit facility, we may use, give to, obtain, verify, share and exchange credit and other information about you with others, including credit bureaus, mortgage insurers, registries, other companies in the Scotiabank group and other persons with whom you may have financial dealings, as well as any other person as may be permitted or required by law. We may do this throughout the relationship we have with you. You also authorize any person whom we contact in this regard to provide such information to us.
2. We do not provide directly all the services related to your relationship with us. We may use third party service providers to process or handle personal information on our behalf and to assist us with various services and you acknowledge that we may release information about you to them. Some of our service providers are located outside Canada. As a result, your personal information may be accessible to regulatory authorities in accordance with the law of these jurisdictions. When personal information is provided to our service providers, we will require them to protect the information in a manner that is consistent with Scotiabank group privacy policies and practices.
3. With your consent, we may collect, use and disclose your Social Insurance Number (SIN) to verify and report credit information to credit bureaus and credit reporting agencies as well as to confirm your identity. This allows us to keep your personal information separate from that of other customers, particularly those with similar names, and helps maintain the integrity and accuracy of your personal information. You may refuse to consent to our collection, use or disclosure of your SIN for purposes other than as required by law.
4. You agree that we may obtain two credit bureau reports on each Applicant and Co-Applicant for the initial application. In addition, you agree that additional credit bureau inquiries may be required on each Applicant and Co-Applicant if the application is changed from a mortgage pre-approval to a property specific mortgage or if you initiate changes to the terms and conditions of an approval or if you request an extension of the interest rate commitment period.
5. You agree that any disclosure statement to be provided by us in connection with the loan or credit facility you are applying for will be given at the time that you enter into the personal credit agreement for the loan or credit facility.
6. We may keep and use information about you in our records for as long as it is needed for the purposes described in this Authorization and in the Scotiabank Privacy Agreement.
7. All information that you give us will, at any time be true and complete. If any personal information changes or becomes inaccurate or out of date, you are required to advise us so we can update our records.
8. By signing below, you agree to be bound by the Scotiabank Privacy Agreement, a copy of which is available at www.scotiabank.com/privacy or at any Scotiabank branch and which will also be provided to you at the time you sign the Personal Credit Agreement.

Third Party Determination

By signing this Authorization you confirm that the product(s) and/or service(s) applied for by you herein will not be used for or on behalf of any individual or entity other than you and the other parties named in the Authorization for whose benefit such products and services are intended unless information about such individuals or entities was previously disclosed to the Bank on a Scotiabank group Third Party Determination form.

Is the loan or credit facility you are applying for being taken for the benefit of someone other than you? Yes No

Consent to receive electronic communications by initialing below:

I allow The Bank of Nova Scotia and other members of the Scotiabank group of companies listed below ("Scotiabank Members") to send me electronic messages (such as emails) about their products and services, offers, events, and other valuable information as well as information about the products and services of other Scotiabank trusted partners that may be of interest to me.

* For the purposes of this Authorization, Scotiabank group means, collectively, Scotiabank and all of Scotiabank's affiliates and subsidiaries with respect to their operations in Canada. Scotiabank group member means Scotiabank or any one of its affiliates and subsidiaries with respect to its operations in Canada.

I understand I can unsubscribe from receiving such messages at any time. If I do, I understand I may still receive certain electronic messages from Scotiabank Members as permitted by law, such as transactional messages relating to my existing accounts and services.

This consent is being sought on behalf of each Scotiabank Member listed below, which includes any company(ies) or person(s) that form a part of the Scotiabank group of companies in the future:

The Bank of Nova Scotia (*carrying on business as Scotiabank, Scotiabank Private Banking, International Private Banking and Scotia Wealth Management*)

40 King Street W., 52nd Floor Toronto, ON M5H 1H1

www.scotiabank.com, www.scotiawealthmanagement.com

The Bank of Nova Scotia Trust Company (*carrying on business as Scoti atrust and Scotia Wealth Management*)

40 King Street W., 52nd Floor Toronto, ON M5H 1H1

www.scotiawealthmanagement.com

1832 Asset Management L.P., 1832 Asset Management U.S. Inc. (*carrying on business as Scotia Asset Management, Dynamic Funds, Scotia Institutional Asset Management, Scotia International Asset Management, Private Investment Counsel, and Scotia Wealth Management*)

1 Adelaide St. E., 28th Floor Toronto, ON M5C 2V9

www.scotiabank.com, www.dynamic.ca, www.scotiawealthmanagement.com, www.scotiainstitutional.com

Scotia Securities Inc. (*carrying on business as Scotia Securities and Scotiabank*)

40 King Street W., 5th Floor, Toronto ON M5H 1H1

www.scotiabank.com

Scotia Capital Inc. (*carrying on business as Scotia iTRADE, ScotiaMcLeod, each a division of Scotia Capital Inc., International Investment Advisory and Scotia Wealth Management*)

44 King Street W., 15th Floor, Toronto ON M5W 2X6

www.scotiaitrade.com, www.scotiawealthmanagement.com

BNS Insurance Agency Inc., Scotia Life Insurance Company and Scotia Life Financial Services Inc. (*carrying on business as Scotia Life Financial*)

100 Yonge Street, Suite 400, Toronto, ON M5C 2W1

www.scotialifefinancial.com

Tangerine Bank (*carrying on business as Tangerine Bank*)

3389 Steeles Avenue East, Toronto, ON M2H 3S8

www.tangerine.ca

Applicant

Co-Applicant

Applicable in the Province of Quebec only: It is the express wish of the parties that this Authorization and all documents relating to it be drawn up and executed in English. Les parties conviennent et exigent expressément que ce contrat et tous les documents qui s'y rapportent soient rédigés en anglais.

Please correspond in English French

Applicant's Name

Co-Applicant's Name

Applicant's Signature

Co-Applicant's Signature

Date



PRE-AUTHORIZED DEBIT (PAD) ACCOUNT AGREEMENT

In this **PAD Agreement**, "you" and "your" mean each person who signs this agreement as borrower and co-borrower, and "we", "our" and "us" mean The Bank of Nova Scotia, Scotia Mortgage Corporation and, as appropriate, any of our subsidiaries. "Loan(s)" means mortgage loan(s) listed in the Commitment Letter issued in connection with the application number referenced above.

At least one of the borrowers on the loan must be an account holder on the account being debited.

Borrower	Co-borrower	Co-borrower
Pre-Authorized Debit (PAD) Account		
Transit Number	Bank Number	Bank Number

Please provide us with a cheque marked VOID drawn on the PAD Account listed above.

By signing this PAD Agreement, you are authorizing us to debit the PAD Account you have designated in this form for your payment, including any tax payment, and any costs, service charges and fees set out in any documents related to the Loan(s) (as amended from time to time) at this or another Financial Institution. For mortgage loans, we may deduct interest from the date of the first advance until the term start date (Interest Adjustment Date) at which time regular repayment will commence.

The frequency of withdrawals from your PAD Account will be as set out in the documents related to your Loan(s), as amended from time to time.

If you are enrolled in Scotia Mortgage Protection insurance, your Mortgage Protection insurance premium will be debited from the same account and with the same frequency as your Loan payment if you have been advised accordingly.

The debits charged to your PAD Account are considered to be personal pre-authorized debits.

When you give us this authorization to debit your PAD Account, it is the same as delivering a notice to your Financial Institution where you maintain your PAD Account. Your Financial Institution will debit the PAD Account you specify in the same manner as if you had given written instructions.

The Financial Institution listed will not check if the debit was in accordance with this authorization nor verify that we have fulfilled the purpose of the debit as a condition to honouring the debit.

You agree that any renewal, amendment or adjustment of the Loan(s), Scotia Mortgage Protection insurance, any adjustment in the amount required to pay your property taxes for the Loan(s) and/or any applicable service charges and fees set out in your any documents related to your Loan will result in an automatic adjustment of the payment amount and you authorize us to debit your PAD Account in such adjusted amount(s).

Cancellation of Agreement

The authorization applies only to the method of payment and does not have any bearing on your obligations under your Loan(s). You may cancel this payment method at any time by providing us with no less than 30 days written notice. You may obtain a sample cancellation form or further information on your right to cancel this PAD Agreement at your Financial Institution where you maintain your PAD Account or by visiting www.cdnipay.ca. Termination of this authorization does not eliminate your obligation to make payments to us. This authorization will continue until you cancel it. The amount of each debit received by us will be credited against the outstanding balance of the Loan(s), your Mortgage Protection insurance premium (if applicable) and any applicable costs, service charges and fees.

Account Information

You are responsible for letting us known if there are any changes to the PAD Account information of this pre-authorized debit. Changes must be submitted to us in writing. You will provide us with another authorization if this is required.

Insufficient Funds

We are not responsible to notify you if the pre-authorized payment was reversed due to insufficient funds or changes in the PAD Account status (even if we choose to do so). You are responsible for any charges that arise from this situation and to ensure that the required payment is made through an alternative method. For any mortgage Loan or Scotia Mortgage Protection insurance, when the PAD Account is held at another Financial Institution, you must contact us to continue the pre-authorized payment arrangement if any pre-authorized payment is reversed. For any Scotia Plan, when the PAD Account is held at another Financial



Institution and any pre-authorized payment is reversed, you must make arrangements with us to cover the amount of the reversed payment. However, we will continue the pre-authorized payment arrangement for the subsequent payments. If a mortgage Loan is in arrears for more than 60 days, we will discontinue the pre-authorized payments for the Scotia Mortgage Protection insurance premium(s) for that mortgage Loan, however we may continue to debit your PAD Account for your Loan payment, including any tax payment, and any costs, service charges and fees.

Right of Reimbursement

Debits charged to the PAD Account and Financial Institution you specified under this PAD Agreement will be reimbursed, if, within 90 days after the date of the debit, you provide the applicable branch of the specified Financial Institution with a declaration in which you declare that:

- the debit was not drawn in accordance with this PAD Agreement
- the authorization was cancelled by you on notice to Scotiabank before the debit was made; or
- you did not authorize the debit.

You have certain recourse rights if any debit does not comply with the PAD Agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAD Agreement. To obtain more information on your recourse rights, you may contact Scotiabank at 1-800-4SCOTIA (472-6842) or visit www.cdnipay.ca.

Authority to Debit Account

You warrant that all persons whose signatures are required to sign on the PAD Account have signed this PAD Agreement.

By signing below, you waive your right to prior notice of the payment amount and payment date for the initial debit as well as prior notice of any adjustment of the payment amount or change to the payment date, subject to applicable law.

You may contact us at your servicing branch to provide notices, make enquiries, obtain information or seek recourse with respect to any debits under this authorization.

This PAD Agreement replaced any prior pre-authorized payment agreement you have provided in connection with the Loan(s).

Date:

Borrower Signature

Co-Borrower Signature

Co-Borrower Signature



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 send me/us electronic messages and provide me/us with information on financing products through electronic means. I/we may withdraw consent at any time.

Phone Number

Email Address

CIBC Head Office, Commerce Court, Toronto, Ontario, Canada M5L 1A2; <http://www.cibc.com>

I have read and agree to the provisions of this document, and I acknowledge receiving a copy of it:

- Yes**, I give my consent to receive documents electronically via CIBC secure email, as outlined in section 4.
 No, I do not give my consent to receive documents electronically.

SIN

Date

Name of Applicant (Please Print)

X

Signature of Applicant

- Yes**, I give my consent to receive documents electronically via CIBC secure email, as outlined in section 4
 No, I do not give my consent to receive documents electronically.

SIN

Date

Name of Co-Applicant (Please Print)

X

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



Pre-Authorized Debit Request Form

Product Type	Mortgage Loan
To	CANADIAN IMPERIAL BANK OF COMMERCE
Property Address	
	Mortgage Loan No. _____

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 pre-authorized 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 www.cdnpay.ca

Name of Bank/Financial Institution	Telephone No. _____		
Branch Address			
Branch City	Branch Province	Branch Postal Code	
	ON		
Transit No.	Institution No.	Account No.	Account Type
			<input type="checkbox"/> Savings with Chequing <input type="checkbox"/> 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 agreement. 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

Client's Name	X	Signature	Date (mmm/dd/yyyy)
Client's Name	X	Signature	Date (mmm/dd/yyyy)
Guarantor's Name	X	Signature	Date (mmm/dd/yyyy)

If at any time you wish to change your banking information, please call CIBC Mortgage Servicing at 1-888-264-6843 or visit any CIBC Branch.

PROPERTIES OWNED BY APPLICANT		PROPERTY 1: OWNED BY APPLICANT	PROPERTY 2: OWNED BY APPLICANT
Address			
Postal Code			
City / Province			
Property Value			
Original Value			
Purchase 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			

SUBJECT 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 (%)		