

**Introduction:** This application is for a Corporate Equitable Bank CSV FLEX Line of Credit. This product is available where the borrower has a qualifying whole life insurance policy with an approved carrier. A list of partnered insurers is available on Equitable Bank's website.

In addition to a completed Application, Equitable Bank will require the following to begin the approval process:

1. A policy summary from a partnered insurer (must be no more than 30 days old)
2. An inforce life insurance illustration of the relevant policy
3. All documents referred to under "Additional Documents to include with Application"

If your Application is conditionally approved, Equitable Bank will send you an Approval Letter to review and sign. The Approval Letter will set out a number of additional documents and conditions that must be provided or satisfied prior to funding.

INFORMATION ON CORPORATE/BUSINESS APPLICANT		
LEGAL NAME OF BUSINESS		NATURE OF BUSINESS ACTIVITIES <sup>1</sup>
BIN/NEQ/INCORPORATION NUMBER		JURISDICTION (CORPORATIONS)
HEAD OFFICE ADDRESS		EFFECTIVE DATE
CITY	PROVINCE	POSTAL CODE
MAILING ADDRESS <input type="checkbox"/> Same as home address		
CITY	PROVINCE	POSTAL CODE
BUSINESS PHONE NUMBER	EMAIL ADDRESS	

OTHER INFORMATION	
Is the applicant bankrupt or has it been bankrupt in the past 6 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant filed for creditor protection within the past 6 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the intended use of funds from the CSV FLEX Line of Credit?	

<sup>1</sup> Vague description such as "Consulting" are not acceptable. The nature of the business activities must clearly reflect the nature of the work and the industry in which it is performed.

**INFORMATION OF LIFE INSURANCE POLICY**
*(whole life policy used as security for the CSV FLEX Line of Credit)*

POLICY NUMBER	INSURANCE COMPANY	
DATE OF ISSUANCE	FACE VALUE \$	
NAME OF POLICY OWNER		
NAME OF JOINT POLICY OWNER (IF APPLICABLE)		
NAME OF LIFE INSURED (FIRST, MIDDLE INITIAL, LAST)	DATE OF BIRTH	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
NAME OF JOINT LIFE INSURED (FIRST, MIDDLE INITIAL, LAST) (IF APPLICABLE)	DATE OF BIRTH	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
HAS AN IRREVOCABLE BENEFICIARY BEEN NAMED ON THE POLICY? <input type="checkbox"/> Yes <input type="checkbox"/> No		
HAS THE SPOUSE OF A SIGNING OFFICER BEEN DESIGNATED AS A BENEFICIARY ON THE POLICY? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Privacy**

A copy of the Privacy Agreement is included in the package you received with this Application and is also available on Equitable Bank's website and in its offices. You may also request a copy of the Privacy Agreement by contacting Equitable Bank.

**Customer Complaint Handling Procedures**

We are committed to delivering a high standard of service to our customers. Our Customer Complaint Handling Procedures set out full details of Equitable Bank's process and are available on our website and in our offices. A copy of these procedures is included in the package you received with this Application. You may also request a copy of these procedures by contacting Equitable Bank.

**Credit Limit**

The minimum approvable credit limit for this product is \$15,000. To qualify, applicants must have a cash surrender value (CSV) of at least \$16,666. This is based on a maximum loan to value ratio of 90%, however there is no guarantee that all borrowers will qualify for this amount.

**Additional Documents to include with Application**

In order for your Application to be considered complete, you must provide the following documents together with your Application. If the documentation listed below is not available, please contact your advisor prior to submitting your Application to discuss alternative options.

Corporations:

- Certificate of incumbency (please complete form available on Equitable Bank website)
- Personal Information Collection Forms for all signing officers, up to a maximum of three. (please complete form available on Equitable Bank website)
- Articles of incorporation

For any questions regarding your specific case, and all other business structures, **please have your advisor contact Equitable Bank's CSV team.**

**Appropriate Product**

By signing below, the Broker/Advisor and the Corporate/Business Applicant each certify that, in their informed opinion, this Application is for a product that is appropriate for the Corporate/Business Applicant.

**Broker/Advisor:** \_\_\_\_\_

**Entity's Authorized Signatory:** \_\_\_\_\_

**Entity's Authorized Signatory:** \_\_\_\_\_  
(if applicable)

**Authorization to Disclose Loan Information (Optional)**

By signing below, the Applicant(s) consent to allow the authorized individual/entity(s) listed below to communicate with Equitable Bank regarding details of the lending product referred to in this Application. **Please include Broker/Advisor details, if applicable.** This consent allows Equitable Bank to communicate to the authorized individual/entity(s) information concerning the lending product, including information relating to credit limit increases and loan updates. This **does not provide authority** for the authorized individual(s) to act, transact, or instruct on the lending product in any way.

**Authorized Individual/Entity(s)**

**Name/Firm Name (as applicable):** \_\_\_\_\_

**Relationship to Borrower:** \_\_\_\_\_

**Contact Information:** \_\_\_\_\_  
Telephone Email

**Name/Firm Name (as applicable):** \_\_\_\_\_**Relationship to Borrower:** \_\_\_\_\_**Contact Information:**\_\_\_\_\_  
Telephone\_\_\_\_\_  
Email

This authorization becomes effective as of the date written below and remains valid until revoked by the Applicant(s) in writing. Equitable Bank may cease communicating with the authorized individual(s) at any time at its discretion.

**Primary Applicant:** \_\_\_\_\_ **Joint Applicant (if applicable):** \_\_\_\_\_**Signature**

By signing below, you certify that all information provided by you in this Application is true and accurate in all respects and that you will immediately notify Equitable Bank if any of this information changes. Your signature further signifies your acceptance of the terms set out in this Application and your acknowledgement that Equitable Bank is in no way obligated to approve your Application.

**Signed this** \_\_\_\_\_ **day of** \_\_\_\_\_, **20**\_\_\_\_\_.**Name of Entity:** \_\_\_\_\_**Name of Authorized Signatory:** \_\_\_\_\_ **Signature:** \_\_\_\_\_**Name of Authorized Signatory:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
(if applicable)

**INFORMATION ON BROKER/ADVISOR**

LAST NAME		FIRST NAME		MIDDLE INITIAL
ADVISOR NUMBER WITH APPLICABLE INSURANCE CARRIER				
ADDRESS				
CITY		PROVINCE		POSTAL CODE
HOME PHONE NUMBER	BUSINESS PHONE NUMBER		EMAIL ADDRESS	
FOR HOW LONG HAS THE BROKER/ADVISOR KNOWN THE APPLICANT?	HAS THE BROKER/ADVISOR SOLD OTHER FINANCIAL OR INSURANCE PRODUCTS TO THE APPLICANT IN THE PAST? <input type="checkbox"/> Yes <input type="checkbox"/> No  IF YES, PLEASE SPECIFY: _____			
PLEASE CHECK THIS BOX IF THE BROKER/ADVISOR WOULD LIKE TO <b><u>OPT OUT</u></b> OF RECEIVING COMMISSIONS RELATING TO THIS APPLICATION/CSV FLEX LINE OF CREDIT <input type="checkbox"/>				