

Introduction: This document is for existing Corporate Equitable Bank CSV FLEX Line of Credit account holders who wish to apply for a credit limit increase.

In addition to a completed CSV FLEX Corporate Credit Limit Increase Request document (the "Request"), Equitable Bank will require the following to begin the adjudication process:

1. A recent policy summary (must be no more than 30 days old)
2. An inforce life insurance illustration of the relevant policy

If your request is approved, an Equitable Bank CSV Underwriter will contact you directly to confirm the updated credit limit and any other new account information.

INFORMATION ON ACCOUNT AND CORPORATE ACCOUNT HOLDER		
EQUITABLE BANK ACCOUNT NUMBER	INSURANCE POLICY NUMBER	INSURER
LEGAL NAME OF BUSINESS		
BIN/NEQ/INCORPORATION NUMBER		JURISDICTION (CORPORATIONS)
HEAD OFFICE ADDRESS		
CITY	PROVINCE	POSTAL CODE

Information Consistency Attestation

I, the undersigned, attest that all information provided at (or since) loan inception remains true and valid. This includes, but is not limited to, all information regarding:

- The corporate structure and beneficial ownership
- Corporate signing officers and directors
- All personal information provided in reference to the beneficial owners, signing officers, and directors
- Material deterioration in financial position such as net worth, income, or liquid assets

- ☐ **Yes**, all previously provided information remains true and valid
(if yes, please skip ahead to the Privacy section)
- ☐ **No**, some information has changed since the most recent update
(if no, please contact our underwriting team to confirm information update requirements)

Privacy

By completing this Application, you agree that Equitable Bank may collect, use and disclose your information in accordance with the terms of its Privacy Agreement and federal legislation, which may include providing information to third parties. You acknowledge that providing your Social Insurance Number in this Application is optional. If you choose to provide it, Equitable Bank may use it in accordance with its Privacy Agreement. You further consent to Equitable Bank obtaining a credit report from any credit reporting agency in connection with this Agreement, on an annual or more frequent basis, as Equitable Bank deems necessary. 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.

Consumer Complaint Handling Procedures

We are committed to delivering a high standard of service to our customers. If you have a concern or a complaint about the service we provide, we want to hear from you so that we can try to make things right as quickly and efficiently as possible. 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.

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 Request 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 the continued acceptance of the CSV Line of Credit terms and conditions and your acknowledgement that Equitable Bank is in no way obligated to approve your Credit Limit Increase.

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