

Introduction: This document is for existing Personal 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 Personal 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.

This request must be completed by each owner listed on the applicable insurance policy.

INFORMATION ON ACCOUNT AND PRIMARY ACCOUNT HOLDER			
EQUITABLE BANK ACCOUNT NUMBER	INSURANCE POLICY NUMBER	INSURER	
BORROWER LAST NAME	BORROWER FIRST NAME	BORROWER MIDDLE INITIAL	
DATE OF BIRTH	OCCUPATION ¹ (include title and industry)	CURRENT HOME ADDRESS	
CITY	PROVINCE	POSTAL CODE	MARITAL STATUS
INCOME TAX ARREARS			
DO YOU HAVE ANY INCOME TAX ARREARS?		IF SO, WHAT IS THE AMOUNT OWED?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	

INFORMATION ON JOINT ACCOUNT HOLDER <i>(if applicable)</i>			
JOINT ACCOUNT HOLDER LAST NAME	JOINT ACCOUNT HOLDER FIRST NAME	JOINT ACCOUNT HOLDER MIDDLE INITIAL	
DATE OF BIRTH	OCCUPATION ¹ (include title and industry)	CURRENT HOME ADDRESS	
CITY	PROVINCE	POSTAL CODE	MARITAL STATUS
INCOME TAX ARREARS			
DO YOU HAVE ANY INCOME TAX ARREARS?		IF SO, WHAT IS THE AMOUNT OWED?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	

¹ Vague description such as “Business-for-Self”, “self-employed”, “consultant”, “investor”, “business owner”, “businessman”, “entrepreneur” or “Signing Officer” is not acceptable. The occupation must clearly reflect the nature of the work and the industry in which it is performed.

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:

- Total combined value of financial securities and gross annual income
- Total value of assets and liabilities

- ☐ **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 complete self-declaration(s) and contact our underwriting team to confirm information update requirements)

SELF DECLARATION - INCOME AND FINANCIAL SECURITIES

(complete only if you answered "NO" in the Information Consistency Attestation; if "YES" skip ahead to the Privacy section)

TOTAL COMBINED VALUE OF FINANCIAL SECURITIES

\$ _____

TOTAL COMBINED GROSS ANNUAL INCOME (FROM ALL SOURCES)

\$ _____
See Schedule A for a list of supporting documents to include

SELF DECLARATION – EXPENSES & LIABILITIES (PRIMARY ACCOUNT HOLDER)

(complete only if you answered "NO" in the Information Consistency Attestation; if "YES" skip ahead to the Privacy section)

LIABILITY/PAYMENTS	DESCRIPTION (include lender name)	BALANCE	CREDIT LIMIT	MONTHLY PAYMENT	PAY OFF USING CSV FUNDS?
MORTGAGE/RENT					<input type="checkbox"/> Yes <input type="checkbox"/> No
LOAN					<input type="checkbox"/> Yes <input type="checkbox"/> No
LINE OF CREDIT					<input type="checkbox"/> Yes <input type="checkbox"/> No
CREDIT CARD					<input type="checkbox"/> Yes <input type="checkbox"/> No
PROPERTY TAXES					<input type="checkbox"/> Yes <input type="checkbox"/> No
PROPERTY TAX ARREARS					<input type="checkbox"/> Yes <input type="checkbox"/> No
INCOME TAX ARREARS					<input type="checkbox"/> Yes <input type="checkbox"/> No
SUPPORT PAYMENTS					<input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER: _____					<input type="checkbox"/> Yes <input type="checkbox"/> No

SELF DECLARATION – EXPENSES & LIABILITIES (JOINT ACCOUNT HOLDER)
(complete only if you answered "NO" in the Information Consistency Attestation; if "YES" skip ahead to the Privacy section)

LIABILITY/PAYMENTS	DESCRIPTION (include lender name)	BALANCE	CREDIT LIMIT	MONTHLY PAYMENT	PAY OFF USING CSV FUNDS?
MORTGAGE/RENT					<input type="checkbox"/> Yes <input type="checkbox"/> No
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LINE OF CREDIT					<input type="checkbox"/> Yes <input type="checkbox"/> No
CREDIT CARD BALANCE					<input type="checkbox"/> Yes <input type="checkbox"/> No
PROPERTY TAXES					<input type="checkbox"/> Yes <input type="checkbox"/> No
PROPERTY TAX ARREARS					<input type="checkbox"/> Yes <input type="checkbox"/> No
INCOME TAX ARREARS					<input type="checkbox"/> Yes <input type="checkbox"/> No
SUPPORT PAYMENTS					<input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER: _____					<input type="checkbox"/> Yes <input type="checkbox"/> No

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):** _____**Signatures**

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 Primary Account Holder:** _____ **Signature:** _____**Name of Joint Account Holder:** _____ **Signature:** _____
(if applicable)