

**Introduction:** This document is for existing Corporate Equitable Bank Immediate Financing Arrangement (IFA) account holders who wish to apply for a credit limit increase.

Upon submission of your request for a credit limit increase, Equitable Bank will charge a Credit Limit Change fee of \$500, which will be deducted from the advance of funds.

In addition to a completed IFA Corporate Credit Limit Increase Request document (the "document"), 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 (must be no more than 30 days old)
- 3. Additional supporting income and net worth documents (as requested by Equitable Bank)

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			I		
CITY	PROVINCE			POSTAL CODE	
GUARANTOR 1 INFORMATION (if applicable)					
GUARANTOR LAST NAME	GUARANTOR FIRST NAME		GUARANTOR M	GUARANTOR MIDDLE INITIAL	
DATE OF BIRTH	OCCUPATION¹ (include title and industry)				
CURRENT HOME ADDRESS			MARITAL STATU	JS	
CITY	PROVINCE		POSTAL CODE	POSTAL CODE	
DO YOU HAVE ANY OUTSTANDING INCOME TAX ARREARS?		IF INCOME TAXES ARE OUTSTANDING, WHAT IS THE AMOUNT OWED?			
□ Yes □ No		\$			

<sup>&</sup>lt;sup>1</sup> 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.



<b>GUARANTOR 2 INFORMATION</b>	(if applicable)			
GUARANTOR LAST NAME	GUARANTOR FIRST NAME GUARA		GUARANTOR MIDDLE INITIAL	
2475 05 2475				
DATE OF BIRTH	OCCUPATION	(include title and industry)		
CURRENT HOME ADDRESS			MARITAL STATUS	
CONNENT HOME ADDINESS			WANTAL STATUS	
CITY	PROVINCE		POSTAL CODE	
DO YOU HAVE ANY OUTSTANDING INCOME TAX ARREARS?		IF INCOME TAXES ARE OUTSTANDING, WHAT IS THE AMOUNT OWED?		
□ Yes □ No		\$		
Information Consistency Attestation  We, the undersigned, attest that all corporate 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, directors, and guarantors  • 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 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 FINANCIA	L SECURITIES	TOTAL COMBINED SOURCES)	GROSS ANNUAL INCOME (FROM ALL	
\$		\$		



SELF DECLARATION – CORPORATE ANNUAL STATEMENT OF INCOME (complete only if you answered "NO" in the Information Consistency Attestation; if "YES" skip ahead to the Privacy section)			
Gross Business Revenue:	\$		
Other Income:	\$		
(Less) Cost of Goods Sold	\$		
Total Revenue:	\$		
Expenses			
Advertising and Promotion	\$		
Automotive/Equipment Expenses	\$		
Insurance Premiums	\$		
Lease Expense or Mortgage Payments	\$		
Meals & Entertainment	\$		
Salaries and Wages	\$		
Office and Administrative	\$		
Telecommunication & Utilities	\$		
Other (Specify)	\$		
Total Expenses	\$		
Net Operating Income	\$		

## SELF DECLARATION - GUARANTOR 1 FINANCIAL INFORMATION (complete only if you answered "NO" in the Information Consistency Attestation; if "YES" skip ahead to the Privacy section) Pay off using IFA **Assets** Value Liabilities **Balance Monthly Payment** Funds? Cash in Bank ☐ Yes □ No Mortgage Real Estate -Mortgage ☐ Yes □ No Residence ☐ Yes Real Estate - Other Personal Loan □ No Auto Personal Loan ☐ Yes □ No Auto Credit Card ☐ Yes □ No Credit Card Investments ☐ Yes □ No ☐ Yes □ No Other Other **Total Assets: Total Liabilities:** Net Worth: Total Assets Minus Total Liabilities



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SELF DECLARATION – GUARANTOR 2 FINANCIAL INFORMATION (complete only if you answered "NO" in the Information Consistency Attestation; if "YES" skip ahead to the Privacy section)					
Assets	Value	Liabilities	Balance	Monthly Payment	Pay off using IFA Funds?
Cash in Bank		Mortgage			☐ Yes ☐ No
Real Estate - Residence		Mortgage			☐ Yes ☐ No
Real Estate - Other		Personal Loan			☐ Yes ☐ No
Auto		Personal Loan			☐ Yes ☐ No
Auto		Credit Card			☐ Yes ☐ No
Investments		Credit Card			☐ Yes ☐ No
Other		Other			☐ Yes ☐ No
Total Assets:		Total Liabilities:			
Net Worth: Total Assets Minus Total I	Liabilities				
Privacy  By completing this Request, 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 including providing information to third parties. Each guarantor and borrower further consents to Equitable Bank obtaining a credit report from any credit reporting agency in connection with this					
Request. A copy of the Privacy Agreement is available on Equitable Bank's website and in its offices. You may also request a copy of the Privacy Agreement by contacting Equitable Bank.					
Authorization to Dis	sclose Loan Inf	formation (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. <b>Please include Broker/Advisor details, if applicable.</b> 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 <b>does not provide authority</b> for the authorized individual(s) to act, transact, or instruct on the lending product in any way.					
Authorized Individual	Authorized Individual/Entity(s)				
Name/Firm Name (as applicable):					
Relationship to Borrower:					
Contact Information:  Telephone  Email					
Name/Firm Name (as applicable):					





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Contact Information:	Talankana	Final Property of the Control of the		
	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. In the event that no new financial verification documents have been provided with this Request, you further certify that there have been no material changes to your financial standing since the initial approval of your Immediate Financing Arrangement. Your signature further signifies the continued acceptance of Immediate Financing Arrangement 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 Sign	atory:	Signature:		
Name of Authorized Sign (if applicable)	atory:	Signature:		
Name of Guarantor 1: (if applicable)		Signature:		
Name of Guarantor 2: (if applicable)		Signature:		