

**Introduction:** This application is for a Corporate Equitable Bank Immediate Financing Arrangement (IFA). This product is available to borrowers who currently have, or are in the process of obtaining, a qualifying whole life insurance policy with an approved carrier. A list of partnered insurers is available on Equitable Bank's website.

This document will provide our team with an overview of the applicant's financial standing. Once reviewed, our sales team will provide a complete list of other documentation that Equitable Bank will require to proceed with the approval process.

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.

As part of the adjudication process, Equitable Bank will determine the application fee which will be deducted as part of the initial advance. The application fee will be disclosed prior to the applicants formal acceptance of the loan.

All Corporate Immediate Financing Arrangements require a personal guarantee from a beneficial owner or signing officer. Please include the Equitable Bank IFA Guarantor Application with this document.

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			
CITY	PROVINCE	POSTAL CODE	
BUSINESS PHONE NUMBER		EMAIL ADDRESS	
DOES THE CORPORATION HAVE EXISTING LOAN(S) WITH EQUITABLE BANK? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHAT IS THE LOAN TYPE (IF APPLICABLE)?	WHAT IS THE CURRENT CUMULATIVE APPROVED LOAN AMOUNT WITH EQUITABLE BANK (IF APPLICABLE)?	
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 Immediate Financing Arrangement			

<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/to be used as security for the Immediate Financing Arrangement)*

POLICY NUMBER (IF POLICY IS IN PLACE)	INSURANCE COMPANY
PREMIUM AMOUNT	FACE VALUE \$
NAME OF POLICY OWNER	
NAME OF JOINT POLICY OWNER (IF APPLICABLE)	
HAVE ANY OF THE BENEFICIARIES (OR WILL ANY OF THE BENEFICIARIES) ON THE POLICY BE DESIGNATED IRREVOCABLE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
HAS THE SPOUSE OF A SIGNING OFFICER (OR WILL THE SPOUSE OF A SIGNING OFFICER) BE DESIGNATED AS A BENEFICIARY ON THE POLICY? <input type="checkbox"/> Yes <input type="checkbox"/> No	
WHAT IS THE SOURCE OF FUNDS FOR THE PREMIUM PAYMENT (I.E. SAVINGS OR SALE OF MARKETABLE SECURITIES)	

**ASSET AND LIABILITY INFORMATION:**

CUMULATIVE VALUE OF CORPORATE ASSETS:	CUMULATIVE VALUE OF CORPORATE LIABILITIES:
TOTAL SHAREHOLDERS' EQUITY:	TOTAL VALUE OF FINANCIAL SECURITIES:

**Self-Declared Annual Statement of Income:**
*(Can be left blank if financial statements are included with application:)*

<b>Gross Business Revenue:</b>	\$ _____
Other Income:	\$ _____
<i>(Less) Cost of Goods Sold</i>	\$ _____
<b>Total Revenue:</b>	\$ _____
<b>Expenses</b>	
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)	\$ _____
Other (Specify)	\$ _____
<b>Total Expenses</b>	\$ _____
<b>Net Operating Income</b>	\$ _____

**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 \$100,000. To qualify, the proposed policy premium amount must be at least \$100,000.

**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
- IFA Guarantor Application

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: _____			