

**Introduction:** This application is for an Equitable Bank Personal CSV Line of Credit. This product is available to borrowers and life insureds who are 50 years of age or older at the time of application, where the borrower has a Participating Whole Life insurance policy at one of the following approved carriers:

1. The Great West-Life Assurance Company
2. Canada Life Financial
3. London Life Insurance Company

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

1. An inforce life insurance illustration of the relevant policy (including CSV and death benefit values from previous two years)
2. A policy summary from the approved life insurer (must be no more than 30 days old)
3. Identification verification form (please complete form available on Equitable Bank website)

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.

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

INFORMATION ON PRIMARY APPLICANT			
LAST NAME	FIRST NAME	MIDDLE INITIAL	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
MAIDEN NAME (IF APPLICABLE)	SOCIAL INSURANCE NUMBER	DATE OF BIRTH	
CURRENT HOME ADDRESS			
CITY	PROVINCE	POSTAL CODE	
PREVIOUS HOME ADDRESS (WITHIN PAST TWO YEARS) (IF APPLICABLE)			
CITY	PROVINCE	POSTAL CODE	
MAILING ADDRESS <input type="checkbox"/> same as Current Home Address			
CITY	PROVINCE	POSTAL CODE	
HOME PHONE NUMBER	BUSINESS PHONE NUMBER	EMAIL ADDRESS	
EMPLOYMENT STATUS <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Other (provide details):			
CURRENT EMPLOYER NAME		ANNUAL INCOME	
OCCUPATION		NUMBER OF YEARS WITH EMPLOYER	

EMPLOYER ADDRESS		
CITY	PROVINCE	POSTAL CODE
EMPLOYER PHONE NUMBER	BUSINESS PHONE NUMBER	EMAIL ADDRESS
PREVIOUS EMPLOYER (IF LESS THAN TWO YEARS WITH CURRENT EMPLOYER)		

**INFORMATION ON JOINT APPLICANT** *(if applicable)*

LAST NAME	FIRST NAME	MIDDLE INITIAL	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
MAIDEN NAME (IF APPLICABLE)	SOCIAL INSURANCE NUMBER	DATE OF BIRTH	
HOME ADDRESS <input type="checkbox"/> same as Primary Applicant			
CITY	PROVINCE	POSTAL CODE	
PREVIOUS HOME ADDRESS (WITHIN PAST TWO YEARS) (IF APPLICABLE)			
CITY	PROVINCE	POSTAL CODE	
MAILING ADDRESS <input type="checkbox"/> same as Home Address			
CITY	PROVINCE	POSTAL CODE	
HOME PHONE NUMBER	BUSINESS PHONE NUMBER	EMAIL ADDRESS	
EMPLOYMENT STATUS <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Other (provide details):			
EMPLOYER NAME		ANNUAL INCOME	
OCCUPATION		NUMBER OF YEARS WITH EMPLOYER	
EMPLOYER ADDRESS			
CITY	PROVINCE	POSTAL CODE	
EMPLOYER PHONE NUMBER	BUSINESS PHONE NUMBER	EMAIL ADDRESS	
PREVIOUS EMPLOYER (IF LESS THAN TWO YEARS WITH CURRENT EMPLOYER)			

<b>OTHER INFORMATION</b>				
	<b>Primary Applicant</b>		<b>Joint Applicant (if applicable)</b>	
Are you a guarantor or co-signor on any debt product?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you bankrupt or have you been bankrupt in the past 6 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you filed a consumer proposal in the past 6 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How do you intend to use the funds from the CSV Line of Credit?				

<b>INFORMATION OF LIFE INSURANCE POLICY</b> <i>(whole life policy used as security for the CSV Line of Credit)</i>		
POLICY NUMBER	INSURANCE COMPANY	
DATE OF ISSUANCE	FACE VALUE \$	
NAME OF POLICY OWNER (FIRST, MIDDLE INITIAL, LAST)		
NAME OF JOINT POLICY OWNER (FIRST, MIDDLE INITIAL, LAST) <i>(IF APPLICABLE)</i>		
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) <i>(IF APPLICABLE)</i>	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 A POLICY OWNER'S SPOUSE BEEN DESIGNATED AS A BENEFICIARY ON THE POLICY? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Consent Regarding Disclosure to Multiple Borrowers (only applicable if there is a Joint Applicant)</b>
<p>All borrowers have the right to be provided with certain disclosure documents setting out details regarding the cost of borrowing. These disclosures will always be provided to the Primary Applicant. The Joint Applicant (if applicable) may choose (i) to have their own disclosure documents provided to them separately <u>OR</u> (ii) to have a single copy of the disclosure documents provided to the Primary Applicant on the Joint Applicant's behalf. Please indicate below if the Joint Applicant would like to receive separate disclosure documents. The selection made below may be changed at any time by contacting Equitable Bank.</p> <p><input type="checkbox"/> <b>Yes</b>, Joint Applicant would like to receive separate disclosure documents</p> <p><input type="checkbox"/> <b>No</b>, Joint Applicant would NOT like to receive separate disclosure documents (documents will only be provided to the Primary Applicant)</p>

**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 including 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. A copy of the Privacy Agreement will be provided to you and 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.

**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. Equitable Bank may, from time to time, increase your approved Credit Limit, at its discretion. You will be notified in cases where your Credit Limit is increased.

**I would prefer that Equitable Bank NOT increase my Credit Limit from time to time.**

**Signatures**

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\_\_\_\_\_.

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

**INFORMATION ON BROKER/ADVISOR**

LAST NAME		FIRST NAME		MIDDLE INITIAL
ADVISOR NUMBER WITH THE GREAT-WEST LIFE ASSURANCE COMPANY, CANADA LIFE FINANCIAL OR LONDON LIFE INSURANCE COMPANY (AS APPLICABLE)				
ADDRESS				
CITY		PROVINCE		POSTAL CODE
HOME PHONE NUMBER	BUSINESS PHONE NUMBER		EMAIL ADDRESS	
FOR HOW LONG HAS THE BROKER/ADVISOR KNOWN THE APPLICANT(S)?	HAS THE BROKER/ADVISOR SOLD OTHER FINANCIAL OR INSURANCE PRODUCTS TO THE APPLICANT(S) 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>OPT OUT</b> OF RECEIVE COMMISSIONS RELATING TO THIS APPLICATION/CSV LINE OF CREDIT <input type="checkbox"/>				