

September, 2018

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

1. The Great West-Life Assurance Company
2. Canada Life Assurance Company
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. All documents referred to under "Additional Documents to include with Application"

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.

INFORMATION ON CORPORATE/BUSINESS APPLICANT		
LEGAL NAME OF BUSINESS		
BIN/NEQ/INCORPORATION NUMBER		JURISDICTION (CORPORATIONS)
HEAD OFFICE ADDRESS		
CITY	PROVINCE	POSTAL CODE
MAILING ADDRESS <input type="checkbox"/> same as Home Address		
CITY	PROVINCE	POSTAL CODE
BUSINESS PHONE NUMBER	EMAIL ADDRESS	

OTHER INFORMATION	Corporate/Business Applicant
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 CSV Line of Credit?	

**INFORMATION OF LIFE INSURANCE POLICY**
*(whole life policy used as security for the CSV Line of Credit)*

POLICY NUMBER		INSURANCE COMPANY	
DATE OF ISSUANCE		FACE VALUE \$	
NAME OF POLICY OWNER			
NAME OF JOINT POLICY OWNER (IF APPLICABLE)			
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) (IF APPLICABLE)		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 THE SPOUSE OF A SIGNING OFFICER BEEN DESIGNATED AS A BENEFICIARY ON THE POLICY? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**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.

**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 Equitable Bank prior to submitting your Application to discuss alternative options.

All Applications:

- Certificate of incumbency (please complete form available on Equitable Bank website)
- Identification verification form (please complete form available on Equitable Bank website)

For single-level trusts:

- Trust declaration OR trust deed OR trust agreement; AND
- Name and address of settlor(s), trustees and all know beneficiaries

For single-level partnerships:

- Partnership agreement; OR
- Business registration AND partner/owner certificate

For sole proprietorships:

- Master business license; OR
- Business registration

For corporations and other business structures: **Please contact Equitable Bank's CSV Line of Credit team**

**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 THE GREAT-WEST LIFE ASSURANCE COMPANY, CANADA LIFE ASSURANCE COMPANY 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?	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: _____			
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"/>				