CREDIT APPLICATION

Application Process

Step I

Please Forward the completed application by email to the contact coordinates found in the signature line of the email along with **confirmation of income by way of current paystubs** for all applicants and **two pieces of ID**:

- One of which must be a current picture driver's license (please submit a copy of the front and back)
- Current passport, citizenship, SIN or major credit card

<u>Please note</u>: Health Cards are no longer accepted as I.D. A digital picture emailed or texted works best for readable ID, or photocopy ID as light as possible and then email it. We find passports and SIN cards work best for clarity when copying.

Once your application is received, your Agent- Regional Director will confirm receipt and proceed to underwrite your credit request or contact you to discuss details, as is appropriate.

Step II

Your Agent- Regional Director will provide a commitment letter that outlines all terms and conditions for your signature and return. Upon receipt of your signed commitment letter and any items listed under conditions – arrangements will be made for the preparation of the closing documents and you will be contacted to make arrangements for the closing signing and distribution of funds.

Brokerage License 12185





Credit Application

Please check if you are:	EDUCATIONMEMBER	FAMILY MEMBER	NEW CLIENT	EXISTING CLIENT		
School board affiliation(s): OSSTF	ETFO	OECTA	AEFO O	PC	
	СРСО	COLLEGE	UNIVERSITY	ÚÜŒÆÒÂĴÔPUUŠ C	OTHER	
Credit Product Reque			_	hear about us?	П	
MORTGAGE	LOAN		COLLEAGUE	FAMILY	L ENEWS	
LINE OF CREDIT-SECURED	LINE OF CREDIT-UNSECUR	ED	ONLINE	WORKSHOP		
PURPOSE OF FUNDS REQUESTED:			PUBLICATION (PLE	ASE LIST):		
AMOUNT REQUESTED:	Maximum Eligibility		OTHER (PLEASE SF	PECIFY):		
OR -			In order to provide you with a Credit Insurance quote please indicate: Smoker Non-Smoker			
Applicant			Spousal/Co-A	Applicant		
☐ MR ☐ MRS ☐	MISS MS PROF.	DR.	□mr □mrs		PROF. DR.	
FIRST NAME	MIDDLE NAME		FIRST NAME	MIDDLE NAME		
LAST NAME			LAST NAME			
SOCIAL INSURANCE NUMBER	DATE OF BIRTH (MM/DD/YY)		SOCIAL INSURANCE NUI	MBER DATE OF E	BIRTH (MM/DD/YY) SAME ADDRESSS	
MARTIAL STATUS	NUMBER AND AGE OF DEPENDAN	T(S)	MARTIAL STATUS	NUMBER AND AGE	APPLICANT OF DEPENDANT(S)	
CURRENT ADDRESS		APT/UNIT#	CURRENT ADDRESS		APT/UNIT#	
CITY		POSTAL CODE	CITY	PROVINCE	POSTAL CODE	
HOW LONG AT CURRENT ADDRESS	□ OWN □ RENT:RENT PE	ER MONTH	HOW LONG AT CURREN	☐ OWN ☐ RET	RENT PER MONTH	
BUSINESS PHONE	CELL PHONE HOME	PHONE	BUSINESS PHONE	CELL PHONE	HOME PHONE	
EMAIL ADDRESS			EMAIL ADDRESS			
PREVIOUS ADDRESS (IF LESS THAN	3 YEARS AT CURRENT ADDRESS)	APT/UNIT #	PREVIOUS ADDRESS (IF	LESS THAN 3 YEARS AT CURRENT	ADDRESS) APT/UNIT #	
CITY	PROVINCE OWNED	POSTAL CODE	CITY	PROVINCE	POSTAL CODE	
HOW LONG AT PREVIOUS ADDRESS			HOW LONG AT PREVIOUS	S ADDRESS REN	TED	



Credit Application

		Spousal/Co-Applicant			
FULL-TIME PART-TIME	SEASONAL LTO CCCASIONAL RETIRED	* FULL-TIME PART-TIME SEASONAL LTO OCCASIONAL R			
CURRENT EMPLOYER/SCHOOL	L BOARD DISTRICT # NAME OF SCHOOL	CURRENT EMPLOYER/SCHOOL BOARD DISTRICT # NAME OF SCH			
ADDRESS		ADDRESS			
CITY	PROVINCE POSTAL CODE	CITY PROVINCE POSTAL CO			
POSITION	HOW LONG ATCURRENT EMPLOYE	POSITION HOW LONG AT CURRENT EMP			
BUSINESSEMAIL		BUSINESSEMAIL			
GROSS INCOME	SALARY HOURLY CONTRACT	GROSS INCOME SALARY HOURLY CONTR			
PREVIOUS EMPLOYER (IF LE	SSTHAN3YEARSWITHCURRENTEMPLOYER)	PREVIOUS EMPLOYER (IF LESS THAN 3 YEARS WITH CURRENT EMPLOYER)			
ADDRESS		ADDRESS			
CITY	PROVINCE POSTAL CODE	CITY PROVINCE POSTAL CO			
POSITION	BUSINESS PHONE	POSITION BUSINESS PHONE			
ANNUAL INCOME AT PREVIOU OTHER INCOME IF APPLICABLE	SEMPLOYER HOW LONG AT PREVIOUS EMPLOY AMOUNT PER ANNUM SOURCE	ANNUAL INCOME AT PREVIOUS EMPLOYER HOW LONG AT PREVIOUS EMPLOYER OTHER INCOME IF APPLICABLE GROSS AMOUNT PER ANNUM SOURCE			
· · · · · · · · · · · · · · · · · · ·					
GROSS	e year of retirement, previous employer, years of service	and current annual gross income from all sources			
GROSS	e year of retirement, previous employer, years of services	and current annual gross income from all sources PROPERTY			
you are retired, please indicate	e year of retirement, previous employer, years of services	PROPERTY			
you are retired, please indicate PRIMARY RESIDENCE	e year of retirement, previous employer, years of services SECOND HOME COTTAGE RENTAL I	PROPERTY			
you are retired, please indicate PRIMARY RESIDENCE ANNUAL PROPERTY TAXAM	e year of retirement, previous employer, years of services SECOND HOME COTTAGE RENTAL I	PROPERTY Y INDICATE ADDRESS IF OTHER THEN PRIMARY ADDRESS DF MORTGAGE COMPANY (IF APPLICABLE) INTEREST RATE EKLY FIXED			
you are retired, please indicate PRIMARY RESIDENCE ANNUAL PROPERTY TAXAM	e year of retirement, previous employer, years of services SECOND HOME COTTAGE RENTAL I MOUNT ESTIMATED CURRENT VALUE OF PROPERT PURCHASE PRICE \$ NAME OF BI-WEE	PROPERTY INDICATE ADDRESS IF OTHER THEN PRIMARY ADDRESS DF MORTGAGE COMPANY (IF APPLICABLE) INTEREST RATE EKLY FIXED VARIABLE MORTGAGE TERM (IN YEARS) PROPERTY TAXES YES			
you are retired, please indicate PRIMARY RESIDENCE ANNUAL PROPERTY TAXAM YEAR PURCHASED	e year of retirement, previous employer, years of services SECOND HOME COTTAGE RENTAL I MOUNT ESTIMATED CURRENT VALUE OF PROPERT PURCHASE PRICE \$ NAME OF BI-WEE	PROPERTY INDICATE ADDRESS IF OTHER THEN PRIMARY ADDRESS DF MORTGAGE COMPANY (IF APPLICABLE) INTEREST RATE EKLY FIXED VARIABLE MORTGAGE TERM (IN YEARS)			



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Credit Application

AATION	Assets			Liabilities INSTITUTION CURRE INTERE RATE	
FINANCIAL INFORMATION	CHEQUING SAVINGS	INSTITUTION	TOTAL AMOUNT	LINE OF CREDIT 1	
NANCIAL	RRSP/RRIF	INSTITUTION	TOTAL AMOUNT	LINE OF CREDIT 2	
	RRSP /RRIF	INSTITUTION	TOTAL AMOUNT	AUTO LOAN 1	
	TFSA	INSTITUTION	VALUE	AUTO LOAN 2	
	RESP	INSTITUTION	VALUE	CREDIT CARD 1	
	VEHICLE 1 MAKE MODEL	YEAR	VALUE	CREDIT CARD 2	<u></u>
-	VEHICLE 2 MAKE MODEL	YEAR	VALUE	CREDIT CARD 3	
	STOCK/BONDS	INSTITUTION	TOTAL AMOUNT	CREDIT CARD 4	
	MUTUAL FUNDS	INSTITUTION	TOTAL AMOUNT	OTHER LOAN/DEBT OTHER LOAN/DEBT	
	GIC/TERM DEPOSIT (ADD UP VALUE/AMOUNTS OF ALL	INSTITUTION	TOTAL AMOUNT	(ADD UP TOTAL AMOUNT OWING OF ALL LOANS/DEBTS	5)
	ASSETS)		TOTAL ASSETS	•	TOTAL LIABILITIES

Provide additional details (i.e. details of other income, unusual employment circumstances, other assets, additional real estate holdings etc. if applicable). For additional real estate holdings – please include the same information as is requested on the bottom of page # 2.

If this request is to finance a property, please complete the following information on the property to be mortgaged:

DETACHE	D	SEMI	TOWN	IHOUSE	CONDO	виг	NGALOW	SPLIT LEVEL	2 STOR	EY
GARAGE	NONE		SINGLE	DOUBLE	TRIPLE	АТ	TACHED	DETACHED		AGE OF BUILDING
SQ FT OF LIVII NOT INCLUDIN BASEMENT		A		F OF LOT OR DIMESIONS		MUNICIPAL WATER		MUNICIPAL SEW	AGE	TYPE OF HEAT

WELL

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SEPTIC



PIPEDA Consent Form

Educators Financial Group Inc., in accordance with our privacy policy and obligations at law, collect, receive, use and disclose personal information about you, our client, for the purposes of verifying information provided; assessing your credit-worthiness; establishing credit and hold limits; maintaining client relationship; presenting your mortgage/loan/line of credit application to lenders/insurers to secure and/or renew a mortgage/loan/line of credit and/or relation services, and providing information to you about other products offered or approved by us, our affiliates, related entities or other third party financial partners.

By signing this form you agree to our collecting, using and disclosing your personal information at any time during the application, and on an on-going basis thereafter, for the foregoing purposes. We may disclose your personal information to, and receive your personal information from: consumer reporting agencies, credit bureaus, collection agencies, real estate appraisers, your present and past financial institutions, your past mortgage brokers, your present and past employers, creditors and tenants, your spouse or any third parties who may have information about your financial status, potential purchasers of our business and their advisors, any third party service providers to whom we may outsource our business functions, parties involved in the securitization, assignment or pledge of loan(s)/mortgage(s)/line(s) of credit, and any other parties with whom we propose to have a financial relationship. If there is more than one applicant, you also agree that we may collect, use and disclose personal information about each of you, from the other, for the purposes listed above. You also agree that if a mortgage default insurer is assigned to your application, such mortgage default insurer may obtain personal information about you from a credit reporting agency from time to time, and may use such information for any purpose related to the mortgage default insurance in connection with your application. You agree that the approval or granting of any mortgager by a lender to you, with or without mortgage default insurance, is not to be construed or relied on by you as representing the value or condition of any underlying security, or that it confirms that you have the ability to repay the mortgage debt.

By signing this form, you also agree that Educators Financial Group Inc. and your independent Mortgage Agent may use and retain your personal information for the foregoing purposes for 7 years after the later of a) the date of your latest application to us, and b) the date that all of your loans/mortgages contracted through us have expired or were terminated. For more information, see our privacy policy at www.educatorsfinancialgroup.ca, or contact our compliance officer at 1.800.263.9541.

Furthermore, by signing this form, you acknowledge that Educators Financial Group Inc. and your independent Mortgage Agent may receive fees or program incentives from a lender (including money, points, goods, or services) which can vary by the amount, type, terms, and interest rate of the mortgage originated through Educators Financial Group Inc., and your independent Mortgage Agent.

I (we), the undersigned, have read and	understand the above:		
Applicant Signature		Co-Applicant Signature	
Applicant Name (Print)	Date	Co-Applicant Name (Print)	Date

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*Please see our privacy policy for more information (https://educatorsfinancialgroup.ca/privacy-policy-legal-notice/)

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