

Introduction: This Equitable Bank CSV Guarantor Application is to be completed by all individuals, who are owners of the corporation, or business, and who intend to apply as a guarantor for a Corporate Equitable Bank CSV MAX Line of Credit.

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

1. A completed Corporate Equitable Bank CSV MAX application (including all applicable documents)
2. Supporting income documents (as applicable and as further set out in Schedule A)

INFORMATION OF LIFE INSURANCE POLICY <i>(whole life policy used as security for the CSV Line of Credit)</i>	
POLICY NUMBER	INSURANCE COMPANY
NAME OF POLICY OWNER	
NAME OF JOINT POLICY OWNER <i>(IF APPLICABLE)</i>	

INFORMATION ON PRIMARY GUARANTOR			
LAST NAME	FIRST NAME	MIDDLE INITIAL	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
MAIDEN NAME <i>(IF APPLICABLE)</i>	SOCIAL INSURANCE NUMBER	DATE OF BIRTH	
CURRENT HOME ADDRESS			
CITY	PROVINCE	POSTAL CODE	
PREVIOUS HOME ADDRESS <i>(WITHIN PAST TWO YEARS) (IF APPLICABLE)</i>			
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			
OCCUPATION ¹ (include title and industry)			NUMBER OF YEARS WITH EMPLOYER

¹ 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.

EMPLOYER ADDRESS			
CITY		PROVINCE	POSTAL CODE
EMPLOYER PHONE NUMBER	BUSINESS PHONE NUMBER	EMAIL ADDRESS	
PREVIOUS EMPLOYER (IF LESS THAN TWO YEARS WITH CURRENT EMPLOYER)			
POLITICALLY EXPOSED PERSON (PEP) CERTIFICATION (check the appropriate box) I hereby certify that I am:			
<input type="checkbox"/> NOT a Politically Exposed Person as defined in Schedule B <input type="checkbox"/> a Politically Exposed Person, as defined in Schedule B.			

INFORMATION ON CO-GUARANTOR (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			
OCCUPATION ² (include title and industry)			NUMBER OF YEARS WITH EMPLOYER
EMPLOYER ADDRESS			
CITY	PROVINCE	POSTAL CODE	

² 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.

EMPLOYER PHONE NUMBER	BUSINESS PHONE NUMBER	EMAIL ADDRESS
PREVIOUS EMPLOYER (IF LESS THAN TWO YEARS WITH CURRENT EMPLOYER)		
RELATIONSHIP TO PRIMARY GUARANTOR		
POLITICALLY EXPOSED PERSON (PEP) CERTIFICATION (check the appropriate box) I hereby certify that I am:		
<input type="checkbox"/> NOT a Politically Exposed Person as defined in Schedule B. <input type="checkbox"/> a Politically Exposed Person, as defined in Schedule B.		

ADDITIONAL INFORMATION	
TOTAL COMBINED VALUE OF FINANCIAL SECURITIES \$ _____	TOTAL COMBINED GROSS ANNUAL INCOME (FROM ALL SOURCES) \$ _____ See Schedule A for a list of supporting documents to include with the Equitable Bank CSV Guarantor Application
THIRD PARTY CERTIFICATION (to be completed where individual is the borrower or signing officer) I hereby certify that this account: (check the appropriate box)	
<input type="checkbox"/> will not be used by, or on behalf of, or be for the benefit of, a third party as defined in Schedule C.	<input type="checkbox"/> Will be used by, or on behalf of, or be for the benefit of, a third party as defined in Schedule C. If you check this box you <u>must</u> also complete the third party information form found in Schedule C

FINANCIAL INFORMATION (PRIMARY GUARANTOR)					
(complete as applicable)					
LIABILITY/PAYMENTS	DESCRIPTION (include lender name)	BALANCE	CREDIT LIMIT	MONTHLY PAYMENT	PAY OFF USING CSV FUNDS?
MORTGAGE/RENT					<input type="checkbox"/> Yes <input type="checkbox"/> No
LOAN					<input type="checkbox"/> Yes <input type="checkbox"/> No
LINE OF CREDIT					<input type="checkbox"/> Yes <input type="checkbox"/> No
CREDIT CARD					<input type="checkbox"/> Yes <input type="checkbox"/> No
PROPERTY TAXES					<input type="checkbox"/> Yes <input type="checkbox"/> No
PROPERTY TAX ARREARS					<input type="checkbox"/> Yes <input type="checkbox"/> No
SUPPORT PAYMENTS					<input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER: _____					<input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER: _____					<input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER: _____					<input type="checkbox"/> Yes <input type="checkbox"/> No

FINANCIAL INFORMATION (CO-GUARANTOR)
(complete if and as applicable)

LIABILITY/PAYMENTS	DESCRIPTION (include lender name)	BALANCE	CREDIT LIMIT	MONTHLY PAYMENT	PAY OFF USING CSV FUNDS?
MORTGAGE/RENT					<input type="checkbox"/> Yes <input type="checkbox"/> No
LOAN					<input type="checkbox"/> Yes <input type="checkbox"/> No
LINE OF CREDIT					<input type="checkbox"/> Yes <input type="checkbox"/> No
CREDIT CARD BALANCE					<input type="checkbox"/> Yes <input type="checkbox"/> No
PROPERTY TAXES					<input type="checkbox"/> Yes <input type="checkbox"/> No
PROPERTY TAX ARREARS					<input type="checkbox"/> Yes <input type="checkbox"/> No
SUPPORT PAYMENTS					<input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER: _____					<input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER: _____					<input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER: _____					<input type="checkbox"/> Yes <input type="checkbox"/> No

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. You further consent to Equitable Bank obtaining a credit report from any credit reporting agency in connection with this Agreement, on an annual or more frequent basis, as Equitable Bank deems necessary. A copy of the Privacy Agreement is attached to the Corporate Equitable Bank CSV MAX Application as Schedule B 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.

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 Guarantor: _____ Co-Guarantor (if applicable): _____

Schedule A**Supporting Income and Net Worth Documents:**

Please provide the following income qualification documents together with your Equitable Bank CSV Guarantor Application. If the documentation listed below is not available, please contact your advisor to discuss alternative options. In certain instances, Equitable Bank may also require that additional documents be submitted as part of the approval process.

Salaried or Hourly Guarantors:

Salaried or hourly guarantors (with a CSV greater than or equal to \$110,000) need to provide one of the following:

1. Notice of Assessment from the most recent year
2. The most recent T4 and (if applicable) T5 Statements
3. Letter of employment and recent pay stub (both from within the last 90 days).

Self Employed or Commissioned Guarantors:

Self Employed or Commissioned Guarantors (with a CSV greater than or equal to \$110,000) need to provide one of the following:

1. Accountant-prepared T1 General
2. Accountant prepared financial statements from within the last 12 months
3. Most recent T4A
4. Minimum 6 months' Commission statements from most recent year
5. Commission Income Letter from Employer from within 60 days (showing an accumulation of income earned)
6. Notice of Assessment from the most recent year

All Self Employed or Commissioned Guarantors also need to provide one of the following:

1. Articles of incorporation
2. Master business license
3. Bank reference letter
4. HST/GST Returns

Schedule B**Politically Exposed Person (PEP):**

A PEP is a person who is a “senior political figure” or “head of an international organization”, any member of his/her “immediate family,” or any of his/her “close personal or business associates”. The “head of an international organization” means the head of an international organization that is established by the governments of states or the head of an institution of any such organization.

A **senior political figure** is an individual who holds or has ever held in the past, one of the following offices or positions in or on behalf of **Canada** or a **foreign** country:

- Governor General, lieutenant governor or head of state or government;
- a member of the executive council of government, Senate or House of Commons or member of a legislature;
- a deputy minister (or equivalent rank);
- an ambassador or an ambassador’s attaché or counselor;
- a military general (or higher rank);
- holder of any prescribed office or position;
- a president of a corporation that is wholly owned directly by her Majesty in right of Canada or a province; or president of a state owned company or bank;
- a head of government agency;
- a judge;
- a leader or president of a political party in a legislature; or
- mayor

PEP also includes the senior political figure’s or the head of an international organization’s **immediate family members** as described below:

- spouse or common law partner;
- child; brother, sister, half-brother or half-sister;
- mother or father; or
- spouse’s or common-law partner’s mother or father.

PEP also includes a “close associate”. A close associate can be an individual who is closely connected to a PEP for personal or business reasons. The term “close associate” is not intended to capture every person who has been associated with a PEP

Schedule C

Third Party Determination – A **Third Party** is a person (i.e., an individual or entity), other than the account holder, guarantor or those authorized to give instructions on the account, who would make a financial contribution to or would have a financial interest in or would receive financial benefit from the account; and/or exerts or appears to exert control over what happens with the account. Exceptions are gifts. An individual or entity acting under a POA is a Third Party.

Complete for an Individual:

FULL NAME	
ADDRESS	
CITY	PROVINCE
COUNTRY	POSTAL CODE
OCCUPATION ¹	DATE OF BIRTH

¹ 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.

OR

Complete for a Corporation:

NAME OF BUSINESS	
NATURE OF BUSINESS	
INCORPORATION NUMBER AND PLACE OF ISSUE	
ADDRESS	CITY
COUNTRY	POSTAL CODE

What is the relationship between the individual identified by the applicable identification verification form and the Third Party?

- | | | | |
|-----------------------------------|-----------------------------------|--|--|
| <input type="checkbox"/> Agent | <input type="checkbox"/> Borrower | <input type="checkbox"/> Employee | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Trustee | <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Other (specify) _____ |

Additional Comments:

NAME OF PERSON OR FIRM COMPLETING THIS FORM	
SIGNATURE	DATE