



CRINS-SINRC AUTHORIZED SERVICES APPLICATION AND PAYMENT FORM

Use of CRINS-SINRC is subject to terms of use located on our website at www.crins-sinrc.ca. Use of the Authorized Services must be in accordance with applicable statutes and regulations thereunder. Your application is subject to acceptance by CRINS-SINRC Corporation and its Participating Land Use Authorities ("CRINS-SINRC"). NOTE: Information collected from this form and the resulting usage of the Authorized Services will be used by CRINS-SINRC for the purposes of: (a) administration of and access to systems, products and services; and (b) providing the Account Holder and Personal Security License Holders with information on the systems, products and services of CRINS-SINRC. For questions on collection and use of this information, please contact CRINS-SINRC at 1-855-502-7467.

If you do not wish to receive information on other systems, products or services of CRINS-SINRC, please check this box []

[] New Application [] Change Request

1. ACCOUNT HOLDER INFORMATION

ACCOUNT NAME (EXISTING ACCOUNT HOLDERS ONLY) ACCOUNT NUMBER (EXISTING ACCOUNT HOLDERS ONLY)
ACCOUNT HOLDER (BUSINESS/FIRM/ORGANIZATION/INDIVIDUAL) LEGAL NAME
STREET CITY PROVINCE POSTAL CODE
TELEPHONE (INCLUDE AREA CODE AND EXTENSION) FACSIMILE (INCLUDE AREA CODE)
AUTHORIZED ACCOUNT HOLDER REPRESENTATIVE E-MAIL ADDRESS (REQUIRED TO PROCESS APPLICATION)

2. CRINS-SINRC APPLICATION PAYMENTS (PLEASE CONTACT CRINS-SINRC MEMBER SERVICES AT 1-855-502-7467)

Table with columns: Indicate which Proponent you will be representing (if same as Account Holder, write "same") below: PRIMARY PROONENT REPRESENTATION, SECONDARY PROONENT REPRESENTATION **, OTHER PROONENT REPRESENTATION **, SUB TOTAL, x 13% HST (#841100308), Initial Deposit Account Balance, TOTAL REMITTANCE

3. METHOD OF PAYMENT

[] VISA/MasterCard [] AMEX [] Certified Cheque [] CRINS-SINRC Deposit Account (for existing Account Holders only)

CARDHOLDER NAME (AS IT APPEARS ON CREDIT CARD)
CARD NUMBER EXPIRY DATE (MM/YY)
X
CARDHOLDER SIGNATURE

4. AUTHORIZED ACCOUNT HOLDER REPRESENTATIVE ACKNOWLEDGMENT (PLEASE PRINT)

FIRST NAME MIDDLE NAME AND/OR INITIAL LAST NAME

By signing below, the Authorized Account Holder Representative confirms that (i) it has verified the accuracy of the information it has provided (ii) has read and understood the terms and conditions of the requested Authorized Services (iii) has authority to bind the Account Holder and (iv) agrees to the payment method identified above. Sign and send this and any related forms to CRINS-SINRC for its review and acceptance.

X
AUTHORIZED ACCOUNT HOLDER REPRESENTATIVE SIGNATURE (I HAVE THE AUTHORITY TO BIND THE ACCOUNT HOLDER) DATE (MM/DD/YY)

EMAIL THIS FORM AND ATTACHMENTS TO CRINS-SINRC: submissions@crins-sinrc.ca OR MAIL TO CRINS-SINRC, 501-1500 BANK ST., OTTAWA, ONTARIO K1H 7Z2
ATTN: ORDERS ADMINISTRATOR



CRINS-SINRC Deposit Account Payment Plan (DAPP) Application

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By signing below the CRINS-SINRC Account Holder and authorized Signing Officers verify the accuracy of the information submitted and agree to the payment plan identified.

1. DEPOSIT ACCOUNT PAYMENT PLAN ("DAPP")

Deposit Bank Account ("DBA") Payment Plan Agreement: Deposit Account Payment Plan: Pre-Authorized Debit ("PAD") for the maintenance of the CRINS-SINRC Deposit Account. Please complete the Deposit Bank Account ("DBA") information below and attach a void cheque. Select this option when the Account Holder has specified a DBA to maintain the Account Holder's Authorized Services Deposit Account (the "Deposit Account") balance and for the payment of charges, fees and taxes (including statutory and service fees), in lieu of payment by cheque. Under this Payment Plan Agreement CRINS-SINRC will regularly debit a specific bank account as and when directed by the authorized Deposit Account Administrator indicated below, and for payment of charges, fees and taxes (including statutory and service fees). Debit period and credit card frequency may be changed by CRINS-SINRC upon notice.

[] NEW APPLICATION [] REPLACEMENT ----- ACCOUNT NAME (EXISTING ACCOUNT HOLDER ONLY) ----- ACCOUNT NUMBER (EXISTING ACCOUNT HOLDER ONLY) -----

ACCOUNT HOLDER INFORMATION:

ACCOUNT HOLDER (BUSINESS/FIRM/ORGANIZATION/INDIVIDUAL) NAME

We request and authorize CRINS-SINRC Corporation to issue debits against the following Deposit Account or such other accounts as we may identify to CRINS-SINRC from time to time in accordance with the terms and conditions of this authorization agreement.

FINANCIAL INSTITUTION ("PROCESSING INSTITUTION") INFORMATION:

Complete the Bank Information section below if this is a new application or you are changing your financial information.

Bank Information:

Authorized Signing Officers: (Required for all applications.)

NAME OF CANADIAN FINANCIAL INSTITUTION

NAME

BRANCH ADDRESS (STREET NAME)

SIGNATURE

(CITY) PROVINCE POSTAL CODE

NAME

FINANCIAL INSTITUTION BRANCH NUMBER TRANSIT NUMBER ACCOUNT NUMBER

SIGNATURE

[] VOID CHEQUE IS ATTACHED [] NO VOID CHEQUE FORM 2B IS ATTACHED
CRINS-SINRC requests a void cheque for the Deposit Account to establish the pre-authorized payment plan.

If the Buyer is a business, the account must be an account maintained in the name of the business and this authorization must be signed by the person or persons authorized to make transactions on the account.

[] Check here if only revising the value of the total monthly maximum. If checked, no need to provide void cheque.

Please select the total monthly maximum dollar amount of PADs for this bank account by checking one of the following:

[] \$500 [] \$1,000 [] \$2,000 [] \$5,000 [] \$10,000 [] \$50,000

PERSONAL SECURITY LICENSE HOLDER INFORMATION

Account Holders selecting the Deposit Account Payment Plan must also specify below the Personal Security License Holder who will be the Deposit Account Administrator and who will be permitted to request a Pre-Authorized Debit (PAD) from this bank account. The Deposit Account Administrator listed below must be a Personal Security License Holder. Please attach a Personal Security License Application (Form 3A) for the Deposit Account Administrator listed below (if not currently a Personal Security License Holder).

DEPOSIT ACCOUNT ADMINISTRATOR: (Please Print)

LAST NAME FIRST NAME MIDDLE NAME

AUTHORIZED ACCOUNT HOLDER INFORMATION:

NAME SIGNATURE DATE (MM/DD/YYYY)

2. Payment Plan Agreement (“PPA”) TERMS – DEPOSIT ACCOUNT PAYMENT PLAN

The following PPA terms and conditions apply to the Deposit Account Payment Plan:

DEPOSIT ACCOUNT PAYMENT PLAN TERMS AND CONDITIONS

In this Deposit Account Payment Plan agreement, the words “we” and “our” refers to the Account Holder named in Part 1 above.

- 1. Sporadic Debits of variable amount:** This is a continuing but revocable authorization for the sporadic issue and processing of PADs in variable amounts for business purposes.
- 2. The Pre-Authorized Debit (“PAD”):** On the authorization of the Account Holder communicated by any means, including electronic means, and authenticated by signature, password, secret code or other agreed signature equivalent, CRINS-SINRC is requested and authorized to issue or draw a PAD on the Deposit Bank Account for the purpose of transferring funds to CRINS-SINRC for credit to the Account Holder, for application by CRINS-SINRC in accordance with clause 3. CRINS-SINRC shall be permitted to treat as valid authorization, any instruction purporting to be given on behalf of the Account Holder and accompanied by use of such password, secret code or other agreed signature equivalent.
- 3. Application of Amounts:** Funds paid to CRINS-SINRC for credit to the Account Holder may be applied by CRINS-SINRC, without requirement of notice to the Account Holder, in payment of fees and charges owing to CRINS-SINRC for Authorized Services. The application of funds by CRINS-SINRC in payment for services is not contingent on the prior provision to the Account Holder of a statement of services used, although CRINS-SINRC will provide the Account Holder with statements in respect of the use of services and the making of such payment.
- 4. Benefit:** This authorization is provided for the benefit of CRINS-SINRC, and its assignees, and the Canadian financial institution that maintains the Deposit Account (the “Processing Institution”). This authorization is provided in consideration of the Processing Institution agreeing to process PADs from the Deposit Bank Account in accordance with the rules of the Canadian Payments Association. Delivery of this authorization to CRINS-SINRC also constitutes delivery of our authorization to the Processing Institution. The Processing Institution is not required to verify that a PAD has been initiated in accordance with this Agreement. We agree to inform CRINS-SINRC, in writing, of any change in the information about the Deposit Bank Account at least five (5) days before authorizing another sporadic PAD.
- 5. Cancellation:** We may cancel our authorization at any time (a) upon written notice to CRINS-SINRC or (b) upon our instructions given by telephone, personal computer or other electronic device (as permitted by CRINS-SINRC) with proper authorization to verify the Account Holder’s identity. This authorization agreement applies only to the method of payment to CRINS-SINRC and revocation of this authorization does not terminate any contract for goods or services that exists between the Account Holder and CRINS-SINRC. We acknowledge that we will have to make alternate payment arrangements acceptable to CRINS-SINRC if we revoke our authorization for PADs. To obtain a sample cancellation form, or for more information on the right to cancel a PAD agreement, contact your financial institution or visit www.cdnpay.ca.
- 6. Disputes:** The Account Holder agrees not to dispute or request the return of a PAD for any reason whatsoever, except in the following circumstances: (a) the PAD was not drawn in accordance with this Agreement, or (b) this Agreement was revoked. The Account Holder, in order to be reimbursed, acknowledges that a declaration to the effect that (a) or (b) took place, must be completed and presented to the financial institution that keeps the Deposit Bank Account up to and including 10 days after the date the disputed PAD was posted to the Account Holder’s Deposit Account.
- 7. Consent:** We consent to the disclosure of personal information contained in this Agreement, and any debit issued pursuant to this authorization, to financial institutions as necessary in order to give effect to this Agreement, subject to the rules of the Canadian Payments Association and applicable privacy laws.



AUTHORIZED GROUP SERVICES

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If you do not wish to receive information on other systems, products or services of CRINS-SINRC, please check this box .

1. ACCOUNT HOLDER INFORMATION

ACCOUNT NAME (EXISTING CRINS-SINRC ACCOUNT HOLDERS ONLY)

ACCOUNT NUMBER (EXISTING CRINS-SINRC ACCOUNT HOLDERS ONLY)

ACCOUNT HOLDER (BUSINESS/FIRM/ORGANIZATION/INDIVIDUAL) LEGAL NAME

2. INDIVIDUALS ASSOCIATED WITH THIS GROUP (PLEASE PRINT)

GENERAL TERMS AND CONDITIONS: (i) The undersigned Account Holder hereby authorizes CRINS-SINRC to issue to the Applicant(s) listed in Section 2 below, access credentials which will allow for access to the Authorized Services identified and use of the undersigned's Account. (ii) The Account Holder acknowledges that it must report any loss of control, misuse or compromise of the access credentials assigned to its Account as soon as it becomes aware of same. (iii) Account Holders shall provide updated information to CRINS-SINRC whenever changes occur with respect to information provided in this Form.

PERSONAL SECURITY LICENSE (PKI DIGITAL CERTIFICATE) – VERIFIED ACCOUNT REQUEST

By checking the box below, the Authorized Account Holder Representative confirms that it agrees to the terms and conditions for the issuing of Personal Security Licenses (PSL) below :

PERSONAL SECURITY LICENSE (PKI DIGITAL CERTIFICATE) TERMS & CONDITIONS: The undersigned Authorized Account Holder Representative hereby authorizes CRINS-SINRC to issue to the Applicant(s) listed in Section 2 a Personal Security License (PSL) based on information provided in their individual Form 3As (please attach) which will allow for access to the Authorized Services indicated and for CRINS-SINRC to accept digitally signed documents as original documents for the purposes of the Authorized Services. The Account Holder acknowledges and agrees to be responsible for all charges incurred by the PSL Applicants through the use of the PSLs. The Authorized Account Holder Representative shall provide updated information to CRINS-SINRC whenever there are changes to the group listed in Section 2 or changes to the identified Authorized Services. Use of the PSL is subject to further terms and conditions as set in the CRINS-SINRC Personal Security License Terms and Conditions.

Please establish a Verified Account using Personal Security Licenses (PSL) for digital signatures and authentication (check this box) .

PRE-AUTHORIZED DEBIT (PAD) AND CREDIT ACCOUNT HOLDERS ONLY (FORM 2B): Through its CRINS-SINRC Account Application, the Account Holder may authorize CRINS-SINRC to access its bank accounts for the payment of charges, fees (including statutory and service fees) and other taxes, as set out in the CRINS-SINRC Terms & Conditions. For each Applicant listed below select the Banking access option if applicable (leave blank otherwise). The Account Holder is solely responsible for ensuring that any laws, regulations or other requirements with respect to the handling of trust funds are complied with. The banking information must be provided on the Deposit Account Payment Plan Application (Form 2B).

USER NAME			USER STATUS			APPLICABLE AUTHORIZED SERVICES				BANKING ACCESS	
						CURRENT		REQUESTED		PAYMENT AUTH. (FORM 2B REQ'D)	
FIRST NAME	MIDDLE NAME / INITIAL	LAST NAME	CHG/ TRANSFER	ADD	SUSPEND	SUBMISSION	CONSULTATION	SUBMISSION	CONSULTATION	GRANT	SUSPEND
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. AUTHORIZED ACCOUNT HOLDER REPRESENTATIVE ACKNOWLEDGMENT (PLEASE PRINT)

FIRST NAME

MIDDLE NAME AND/OR INITIAL

LAST NAME

By signing below, the Authorized Account Holder Representative confirms that it (i) has verified the accuracy of the information it has provided (ii) agrees to the terms and conditions of the requested Authorized Services and (iii) has authority to bind the Account Holder. Sign and send this and any related forms including your Personal Security License Application(s) if applicable to CRINS-SINRC for its review and acceptance. For transfer of PSL Holders to new users, the applicant must complete and attach a Personal Security License Application (Form 3A).

X

AUTHORIZED ACCOUNT HOLDER REPRESENTATIVE SIGNATURE (I HAVE THE AUTHORITY TO BIND THE ACCOUNT HOLDER)

DATE (MM/DD/YY)