



AGF Trust Company
One Toronto Street
P.O. Box 6
Toronto, ON M5C 2V6

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Fax: 1 877-635-3307
Email: trust@agf.com
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IDENTIFICATION REQUIREMENTS FOR CORPORATIONS AND INDIVIDUALS

To the Solicitor/Notary:

To comply with Canada's ***Proceeds of Crime (Money Laundering) and Terrorist Financing Act*** and for risk management purposes, the identity of individuals must be verified, along with the existence and/or involvement of any third parties determined. As a result, we require you to ascertain the identity of each Borrower and Guarantor and complete this form prior to disbursement of funds.

Each mortgagor, guarantor/covenantor and signing officer is required to be physically present when you ascertain his or her identity and must provide original identification documents for inspection.

You are required to review two identification documents, at least one of which contains a photograph and is found on LIST A. The other may be from LIST A or LIST B.

No other form of identification is acceptable. All identification must be original, valid, legible and not substantially damaged. Expired documents may not be used.

PLEASE READ THE NOTES BELOW

LIST A - PRIMARY IDENTIFICATION for Individuals

- Canadian Drivers Licence¹
- Canadian or Foreign Passport
- Certificate of Canadian Citizenship
- Permanent Resident Card
- Certificate of Indian Status issued by the Government of Canada
- Canadian Armed Forces Card
- Federal Firearms Identification Card issued by the Government of Canada
- Quebec Medicare Card (Health Card)
- Other provincially issued photo identification with a signature (such as BC Identification Card, Alberta ID Card, etc.)

LIST B – SECONDARY IDENTIFICATION for Individuals

- Provincial Health Insurance Card²
- Canadian or Foreign Birth Certificate
- Social Insurance Number (SIN) issued by the Government of Canada
- Old Age Security Card (OAS) issued by the Government of Canada
- Major Credit Card issued by a member of the Canadian Payments Association (e.g. TDCT, BMO, CIBC, AMEX, etc.). A list of CPA members can be found at www.cdnpay.ca. Card must be embossed with the clients name and bear their signature³. Name of the issuing institution must be recorded on the Form.

¹ In Quebec, drivers' license may not be requested but can be used if offered.

² Provincial Health Card is not permitted as ID in Manitoba, Ontario or Prince Edward Island. In Quebec, the Medicare Card may not be requested but can be used if offered.

³ Library cards, gym memberships and other ID issued without any due diligence as a matter of course are not acceptable identification.



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IDENTIFICATION REQUIREMENTS FOR CORPORATIONS AND INDIVIDUALS

MORTGAGE NO.	PROPERTY ADDRESS
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INSTRUCTIONS:

- ✓ Return this FULLY COMPLETED form, ALONG WITH **CLEAR AND LEGIBLE COPIES OF BOTH SIDES OF THE "PRIMARY IDENTIFICATION"** EXAMINED. "Secondary Identification" only needs to be recorded in this form.
- ✓ If there are more than TWO individuals involved please complete an additional copy of this form.
- ✓ For Individuals please use the form "**Identification Requirements for Individuals.**"

SECTION A: ID VERIFICATION for CORPORATIONS and OTHER ENTITIES

NAME OF CORPORATION OR OTHER ENTITY	

TYPE OF ENTITY (e.g. corporation, partnership, other entity [specify])	REGISTRATION NUMBER
_____	_____
TYPE OF RECORD REFERRED TO	(if applicable): SOURCE OF THE ELECTRONIC VERSION OF THE RECORD (must be a source which is accessible to the public)
_____	_____

INSTRUCTIONS to SOLICITOR/NOTARY: In the event that any of the parties to the mortgage are corporations or entities other than a corporation, we require that you:

- A.** Confirm the existence of the corporation, its name and address, and the name of its directors, by referring to its certificate of corporate status, and/or to a record that the corporation is required to file annually under the applicable securities legislation that ascertains its existence as a corporation; **OR** confirm the existence of the entity by referring to its partnership agreement, articles of association or other similar record that ascertains its existence.

In either case, if the record is in paper form, the record or a copy of it is to be sent to us with your final report. You may refer to an electronic record only if it is obtained from a source that is accessible to the public, and the particulars of the electronic record are to be recorded on this form **AND**

- B.** Ascertain the identity of each authorized signing officer who executes the mortgage, in the manner described herein for individual mortgagors and guarantors. Where a corporation or other entity has more than three signing officers you are not required to ascertain the identity of more than three of the signing officers who execute the mortgage.
- C.** Your final report to us must include your corporate opinions respecting the Corporate Borrower(s) and Guarantor(s) which opinions are to confirm these entities have been duly incorporated with full power and authority to, as applicable, hold, mortgage, guarantee or otherwise deal with the lands and premises described in the mortgage and that all necessary corporate action has been taken to authorize the borrowing (or guaranteeing, as applicable) of the principal sum stated in the mortgage with interest as therein provided and the giving of the mortgage security therefor.



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SECTION B: ID VERIFICATION AND SOURCE OF PAYMENTS
Completion is MANDATORY FOR EACH Borrower, Guarantor/Covenantor and where applicable, Signing Officer

BORROWER/COVENANTOR/GUARANTOR/SIGNING OFFICER #1 FULL NAME	DATE OF BIRTH
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HOME ADDRESS

DOCUMENT TYPE FROM LIST "A"	DOCUMENT NUMBER	PLACE OF ISSUE	EXPIRY DATE
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DOCUMENT TYPE FROM LIST "A" or "B"	DOCUMENT NUMBER	PLACE OF ISSUE	EXPIRY DATE
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THIRD PARTY BENEFICIARY CERTIFICATION

- I certify that the mortgage, or if the property to be charged is located in Quebec, the hypothecary loan (each hereafter referred to as a "Mortgage") **IS FOR MY/OUR BENEFIT** and is not for the benefit of any undisclosed third party.
- **IF THE MORTGAGE IS NOT FOR YOUR BENEFIT, complete the Third Party Information under Section E.**

SOURCE OF ONGOING PAYMENTS

- The source of repayment for the mortgage is from _____ (earned income, business income, pension, other)

SOURCE OF DOWN PAYMENT (only applies to purchases)

- For the purchase of this property I am providing equity (down payment) in the amount of \$ _____
- The source of the equity is from _____ (savings, borrowed funds, gifted funds, sale of property, other)

BORROWER/COVENANTOR/GUARANTOR/SIGNING OFFICER #2 FULL NAME	DATE OF BIRTH
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HOME ADDRESS

DOCUMENT TYPE FROM LIST "A"	DOCUMENT NUMBER	PLACE OF ISSUE	EXPIRY DATE
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DOCUMENT TYPE FROM LIST "A" or "B"	DOCUMENT NUMBER	PLACE OF ISSUE	EXPIRY DATE
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SECTION C: DECLARATIONS

Completion is MANDATORY FOR EACH Borrower, Guarantor/Covenantor and where applicable, Signing Officer

I declare that the answers and statements given by me, to all the questions in Section A and B of this form are full, complete and true.

BORROWER/GUARANTOR/COVENANTOR/SIGNING OFFICER #1 SIGNATURE

DATE

BORROWER/GUARANTOR/COVENANTOR/SIGNING OFFICER #2 SIGNATURE

DATE

SECTION D: CERTIFICATION OF SOLICITOR/NOTARY

I certify I have reviewed the details provided in this form with the Borrower(s)/Guarantor(s)/Covenantor(s)/Signing Officer(s) and to the best of my knowledge, except as noted below, these details are full, complete and true. I also certify that I have personally met with each person who completed the above declaration(s) and examined all acceptable, original and valid personal identification documentation disclosed herein.

I understand that the mortgage funds cannot be released until AGF Trust Company has received the completed and correct ID form as well as a clear and legible photocopy of both sides of the Primary Identification.

I further confirm that my review **DID NOT identify an undisclosed third party** involved in this Mortgage transaction. In the event a third party has an interest in the property, AGF Trust Company must be advised of this fact and the Third Party Information (Section E below) must be completed. **In all such instances where a third party has an interest, AGF Trust Company reserves the right to decide whether or not the loan transaction may proceed.**

DETAILS

NAME OF SOLICITOR/NOTARY

NAME OF FIRM

ADDRESS

SIGNATURE

DATE

PHONE NUMBER



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SECTION E: THIRD PARTY INFORMATION
To be completed only if a Third Party has been identified as having an interest in the property.

THIRD PARTY PERSONAL INFORMATION (if applicable)

FULL NAME	DATE OF BIRTH	OCCUPATION
HOME ADDRESS		

THIRD PARTY BUSINESS INFORMATION (if applicable)

NAME OF BUSINESS	NATURE OF BUSINESS
INCORPORATION NUMBER AND PLACE OF ISSUE	
ADDRESS	

WHAT IS THE RELATIONSHIP BETWEEN THE REGISTERED OWNER OF THE PROPERTY ON CLOSING AND THE THIRD PARTY?

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

PARTICULARS OF SOLICITOR/NOTARY COMPLETING THIS DECLARATION

NAME OF SOLICITOR/NOTARY	NAME OF FIRM	
ADDRESS		
SIGNATURE	DATE	PHONE NUMBER