Identification Verification Form (IVF) AGENCY AGREEMENT AND AGENT EXAMINATION OF IDENTIFICATION FORM

APPLICANT NAME(S): ___

To: STREET CAPITAL BANK OF CANADA ("Street")

I, _________ hereby agree to act as your agent for the purpose of client identification and verification. I confirm that I have been advised that I must apply Street's client identification and verification requirements and standards (which have been provided to me in the attached <u>Appendix A</u>) and I confirm I have read and understand these requirements.

I hereby, in such capacity, certify that I have personally met with the Applicant and examined the original copy of their **valid and current** identification document from the list in <u>Appendix A</u>, which includes a photograph and was issued by a federal, territorial or provincial government. I have recorded below the following information for each applicant as borrower, guarantor and/or third party.

Customer Certification

Full Name			Lender Referen	ice Number	
Full name as will be used on the above	e title registration if different f	rom			
Property Address					
Will the property be owner	Yes No If "No" include address of	where the borrower v	will reside below	,	
occupied	Street # Street name & direction Unit no.		City	Province	Postal Code
Date of Birth: Day Month	Place of Birth: Citizenship:				
Occupation: Employed Self-Employed Unemployed		Employer Name or your Business Name (if Self Employed):			
Refer to Appendix A for guidanc					
Home #:	Work #:	Cell #: Email #		Idress:	
Identification viewed from Append	dix A				
Туре:	#			Expiry:	
Name as appears on ID				Place of Issu	IE:
Last Name	First Name	Middle name, if applicable			
 any or all that apply): a head of state or governit a member of the executive member of a legislature; a deputy minister (or equition an ambassador or an abassador or an ambassador or an an ambassador or an an ambassador or an ambassador or an an an ambassador or an an ambassador or an an ambassador or an an ambassador or an ambassador or an	ner: eld one of the following positions in or for a foreign country (circle Immediate Family of a PEFP includes: • Father • Mother • Child • Sibling (Brother, Sister, Half-Sibling, Step-Sibling, Adoptive Sibling) • Spouse or Common-Law Partner • Spouse's or Common-Law Partner's Mother or Father				
Relationship to the					

POLITICALLY EXPOSED DOMESTIC PERSON (PEDP) OFFICIAL CERTIFICATION:

You certify that you made the following enquiry of the customer:

Have you or a member of your "immediate family" ever held one of the following positions in or for Canada, or a province or territory (circle any or all that apply):

- Governor General, lieutenant-governor or head of federal or provincial government
- member of the Senate or House of Commons or member of a provincial legislature
- deputy minister of federal or provincial government or equivalent rank
- ambassador, or attaché or counsellor of an ambassador
- military officer with a rank of general or above
- president of a corporation that is wholly owned directly by the Crown in right of Canada or a province
- head of a federal or provincial government agency
- judge of an appellate court in a province, the Federal Court of Appeal or the Supreme Court of Canada
- leader or president of a political party represented in a legislature
- mayor

Position description:_____ Relationship to the

customer:_

Name of person holding this position:_

Immediate Family of a PEDP includes:

- Father
- Mother
- Child
- Sibling (Brother, Sister, Half-Sibling, Step-Sibling, Adoptive Sibling)
- Spouse or Common-Law Partner
- Spouse's or Common-Law Partner's Mother or Father

THIRD PARTY DETERMINATION:

Will the property be held on behalf of, or for the benefit of, someone other than the borrowers/guarantors? $\hfill Yes \hfill No$

Will any individual or entity provide instructions/direction on the mortgage account other than the borrowers/guarantors? □ Yes □No

If answered yes for either of the above, complete the Third Party Information Certification Form contained at <u>Appendix B</u> and return it to Street Capital with the IVF.

NOTE: Renters are not considered third parties if the subject property is purchased or held as an investment property.

Print Full	Name o	f Applicant
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Signature of applicant

Date

If the Applicant(s) have answered "yes" to either of the questions listed under "Third Party Determination" above, particulars of any third party are to be included in the attached <u>Appendix B</u> Third Party Information Form.

Certification

The identification provided from the above individuals is <u>original</u>, <u>current and valid</u> and has been verified by me in accordance with the Proceeds of Crime (Money Laundering) and Terrorist Financing Regulations of Canada and the requirements of Street as stated above.

Dated at	_ on this	_day of	_, 20
PRINT NAME OF VERIFYING PERSON		SIGNATURE OF VERIFYING PER	(SON
TITLE OR POSITION		LAW FIRM NAME / EMPLOYER	

Appendix A Agents Guide to Completing the IVF

In order to satisfy Canadian anti-money laundering regulations governing the opening of mortgage accounts, Street requires the solicitor/notary/agent to confirm having met with and verified the identity of the borrower(s) and if applicable, the guarantors and/or any third parties. One IVF must be completed for each individual involved in the transaction. By signing the IVF the solicitor/notary/agent is agreeing in writing to act as Street's agent for the purposes of Street's fulfillment of its identification requirements pursuant to applicable legislation.

This verification is to be made in person, with one piece of personal identification that has been issued by a Canadian federal, territorial or provincial government agency. A valid foreign passport is the only non-Canadian document that will be accepted. No other form of identification, other than what is listed below, is acceptable. All identification must be original, current, valid, legible and not substantially damaged. The documentation also has to be reviewed by the agent to ensure there are no signs that it has been forged or falsified in any way.

All identification must include the name and photograph of the individual being identified.

Type of Card or Documents	Issuing Jurisdiction
Passport	Canada or Foreign Government
Permanent resident card	Canada
Citizenship card (issued prior to 2012)	Canada
Secure Certificate of Indian Status	Canada
Driver's Licenses	
British Columbia Driver's Licence	British Columbia
Alberta Driver's Licence (aka Alberta Operators Licence)	Alberta
Saskatchewan Driver's Licence	Saskatchewan
Manitoba Driver's Licence	Manitoba
Ontario Driver's Licence	Ontario
Québec Driver's Licence	Québec
New Brunswick Driver's Licence	New Brunswick
Nova Scotia Driver's Licence	Nova Scotia
Prince Edward Island Driver's Licence	Prince Edward Island
Newfoundland and Labrador Driver's Licence	Newfoundland and Labrador
Yukon Driver's Licence	Yukon
Northwest Territories Driver's Licence	Northwest Territories
Nunavut Driver's Licence	Nunavut
The DND 404 Driver's Licence	The Department of National Defence
Provincial or territorial identity cards	
British Columbia Enhanced ID	British Columbia
Alberta Photo Identification Card	Alberta
Saskatchewan Non-driver photo ID	Saskatchewan
Manitoba Enhanced Identification Card	Manitoba
Ontario Photo Card	Ontario
New Brunswick Photo ID Card	New Brunswick
Nova Scotia Identification Card	Nova Scoria
Prince Edward Island Voluntary ID	Prince Edward Island
Newfoundland and Labrador Photo Identification Card	Newfoundland and Labrador
Yukon General Identification Card	Yukon
Northwest Territories General Identification	Northwest Territories
Card Nunavut General Identification Card	Nunavut
Nexus Card	Canada or the United States of America
Provincial Health Cards	
Provincial Health Insurance Card issued in British Columbia	British Columbia
Provincial Health Insurance Card issued in New Brunswick	New Brunswick
Provincial Health Insurance Card issued in Quebec, if the	
individual volunteers when asked for identification	Quebec
NOTE 1: Logislative restrictions prohibit Street Capital from collecting or	

NOTE 1: Legislative restrictions prohibit Street Capital from collecting or recording Government Health Insurance Card numbers in the provinces of Ontario, Nova Scotia, Manitoba or Prince Edward Island.

NOTE 2: Government of Canada or Provincial or Municipal Government employment ID cards are not acceptable forms of identification for this purpose. These identification forms are considered employer ID's and not government issued ID's.

Type of Occupation/Job Tittle

Information about a customer's business or occupation must be as descriptive as possible. For example, in the case of a consultant, the occupation recorded should reflect the area of consulting, such as "information technology consultant". As another example, in the case of a professional designation, the occupation should reflect the nature of the work, such as "electrical engineer" or "family physician". Typical examples include:

- If a customer advises the occupation is "professional", document what profession in particular (e.g. accountant, doctor, lawyer, etc.)
- If a customer advises they are a consultant, document as to what business or area
- If a customer is retired, document the customer's occupation prior to retirement
- If a customer is unemployed, document the customer's previous profession or occupation

Additional Documentation Requirements

- 1. The Third Party Information Form contained in <u>Appendix B must be completed if you become aware the property or</u> <u>mortgage or funding is to benefit a third party</u>.
- If the borrowers name on the Commitment does not match the borrower's legal name that will be used on title a statutory "One And the Same Declaration" must be provided.

Appendix B Third Party Information Form

APPLICANT NAME(S):

INFORMATION ABOUT THE THIRD PARTY :						
Full Name:						
Address:						
City:			nce:			
Country:		Posta	Postal Code:			
Date of Birth: Day Month Year			Place of Birth:		Citizenship:	
Home #:	Work #:	Cell #: Email Addre		Email Address:		
Occupation: Employed Self-Employed Unemployed		Employer Name or your Business Name (if Self Employed):				
Employer/Business Address:			City:			
Country:			Postal Code:			
Additional Comments:						
Identification viewed from Appen	ndix A					
Type: #				Expiry:		
Name as appears on ID			Place		Place of Issue:	
Print Full Name of Applicant						
Signature of applicant X		Date				
Print Full Name of Third Party						
Signature of Third Party X		Date				
Print Full Name of Closing Solic	itor			<u> </u>		
Law Firm Name				Title or Positio	n	

Identification Verification Form 201-404-502-002-003 Version: 2016-09 Publish Date: 02/01/2017

Signature of Closing Solicitor ${\bf X}$

Date