REQUEST FOR STATEMENT & AUTHORIZATION

Address of Other	r Financial Institute (OFI)	Sir/Madam,
OFI Name:		1044
Address:		I/We hereby authorize you to provide a statement to FCT for the noted mortgage/account.
-		If this mortgage is due for renewal on or around the effective
City:		date of this statement, consider this your instruction to not renew this mortgage, pending payout of it. Should the
Province:		mortgage have to be renewed, consider this your instruction to renew the mortgage only for the shortest term available
Postal Code:		that is open to prepayment unless the mortgage contract/renewal agreement provides otherwise.
Tel. No:		
Fax. No:		The above mentioned statement should reflect the outstanding principal balance; accrued interest as of the above
Existing Mortga	ge Number (MANDATORY)	date; any tax account debit or credit; the per diem rate of interest on such principal balance accruing from the above
Mortgage #:		date; whether the loan is in good standing; and if the mortgage contains a readvanceable provision and/or if additional
Existing Mortgage Maturity Date (if known) Maturity		principal advances can be made after the date of the statement. If there are multiple products secured by the mortgage security, provide a statement for each product.
Date:		Prepare the statement(s) on the basis that any allowable prepayment privilege has been applied prior to the calculation
Borrower and Pr	roperty Information	of any prepayment charges, if prepayment privileges apply to
Borrower		full repayments under the mortgage contract.
Name (1)		* For a sign of the state of th
Borrower		* For assignment/transfer statements, please provide the
Name (2)		default insurer's reference number associated with this mortgage, if applicable.
Address:		mortgage, ij applicable.
-		Please note: If this mortgage secures a Line of Credit or other
_		readvanceable product, I/we hereby acknowledge that:
City:		Upon receipt of this request freeze the credit limit
Province:		on the product so no further credit can be extended/utilized, pending receipt of payout funds,
Postal Code:		if applicable. 2. Any and all credit lines are to be closed upon receipt
Tel. No:		of payment and a request for discharge.
Borrower		I/We hereby further acknowledge that in order to facilitate the
Email (1):		payout and discharge/transfer of the mortgage/account there
Borrower		may be additional per diem interest charged to me/us
Email (2):		representing the required time to deliver funds to the lending
Purpose (PLEASE	E COMPLETE THE FOLLOWING)	institution.
, ,	☐ Discharge	I/we authorize you to release any information requested by
	_ bischarge	FCT in connection with the Purpose. I/we authorize FCT to
Purpose:	☐ Assignment/Transfer	make corrections to the Purpose, to any typos hereunder,
	☐ Information Only	and/or to complete the Purpose portion or any other incomplete portion in order to obtain the Statement.
		(1) Borrower's Signature

(2) Borrower's Signature