Date:
you to provide a statement to FCT for count.
for renewal on or around the effective, consider this your instruction to not, pending payout of it. Should the enewed, consider this your instruction e only for a 6 month open term. These are priority over any other renewal ther instrument you may have sent to
ed statement should reflect the balance; accrued interest as of the count debit or credit; the per diem rate

I/We hereby authorize the noted mortgage/ac If this mortgage is due date of this statement renew this mortgage, mortgage have to be re to renew the mortgage instructions are to ha letter, document or ot me/us. The above mention outstanding principal above date; any tax acc calculation of any prepayment changes. mortgage, if applicable. that: funds. receipt of payment and a request for discharge. institution. incomplete portion in order to obtain the Statement.

Sir/Madam,

of interest on such principal balance accruing from the above date; whether the loan is in good standing; and if the mortgage contains a readvanceable provision and/or if additional 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. Prepare the statement(s) on the basis that any allowable prepayment privilege has been applied prior to the * For assignment/transfer statements, please provide the default insurer's reference number associated with this Please note: If this mortgage secures a Line of Credit or other readvanceable product, I/we hereby acknowledge Upon receipt of this request freeze the credit limit on the product so no further credit can be extended/utilized, pending receipt of payout 2. Any and all credit lines are to be closed upon I/We hereby further acknowledge that in order to facilitate the payout and discharge/transfer of the mortgage/account there may be additional per diem interest charged to me/us representing the required time to deliver funds to the lending I/we authorize you to release any information requested by FCT in connection with the Purpose. I/we authorize FCT to make corrections to the Purpose, to any typos hereunder, and/or to complete the Purpose portion or any other (1) Borrower's Signature (2) Borrower's Signature Standardized FCT Request for Statement and Authorization

REQUEST FOR STATEMENT & AUTHORIZATION

Address of Othe	r Financial Institute (OFI)
OFI Name:	
Address:	
City:	
Province:	
Postal Code:	
Tel. No:	
Fax. No:	
Existing Mortga	ge Number (MANDATORY)
Mortgage #:	,
Parramor and D	vanauti. Information
Borrower	roperty Information
Name (1)	
Borrower	
Name (2)	
Address:	
City	
City:	
Province:	
Postal Code:	
Tel. No:	
Fax. No:	
Purpose (PLEAS	E COMPLETE THE FOLLOWING)
	☐ Discharge
Purpose:	☐ Assignment/Transfer
	☐ Information Only