

**CONTACT FORM**

Fax to NBC at 1-888-307-2997

Name of Distributor (Firm / Head office Name)	Advisor Name	Dealer-Rep # / Advisor #
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(Name of company that NBC has signed a distribution agreement with)

<b>APPLICANT INFORMATION</b>	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Best Time to Call <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Evening	Best Number to Call <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Other
	Language: <input type="checkbox"/> Eng <input type="checkbox"/> Fr	Hour: _____ Date: _____	
Last Name <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		First Name	E-mail
Address		City	Province
		SIN (optional)	
Postal Code (Required)	Home Number	Office Number	Other (Cell, Pager etc.)

Applicant Identification			
1 - Type of Document	Source (Place of Issue)	Document Number	Expiration Date
2 - Type of Document	Source (Place of Issue)	Document Number	Expiration Date

<b>CO- APPLICANT INFORMATION</b>	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Best Time to Call <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Evening	Best Number to Call <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Other
	Language: <input type="checkbox"/> Eng <input type="checkbox"/> Fr		
Last Name <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		First Name	E-mail
Postal Code (Required)		Office Number	Other (Cell, Pager etc.)
Co - Applicant Identification			
1 - Type of Document	Source (Place of Issue)	Document Number	Expiration Date
2 - Type of Document	Source (Place of Issue)	Document Number	Expiration Date

**TERMS AND CONDITIONS**

**DEFINITIONS:** In this form, the following words are defined as follows: "Advisor" means any person authorized by the Distributor to make referrals to the Bank; "Applicant" designates each of the individuals described above in respect of whom the Distributor is providing contact information to the Bank, including the Co-Applicant; "Bank" designates National Bank of Canada as well as its successors and assigns; "Distributor" designates the company indicated above.

**COLLECTION, USE AND COMMUNICATION OF PERSONAL INFORMATION** (In the following sections, the terms "I", "me", "my" & "myself" refer to the Applicant)  
 The Distributor collects my personal information provided above in order to communicate it to the Bank which will use same for the following purposes: a) to contact me by e-mail, by phone or by mail, as applicable, at the addresses and contact numbers I have provided, to offer me its products and services; b) to allow the Bank and the Distributor to comply with applicable legislation, such as the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act*; c) to determine my financial situation; and d) to facilitate my identification and to distinguish me from the Bank's and the Distributor's other clients in its databases and with credit reporting and assessment agencies ("credit bureaus"). I consent to the above and I authorize the Bank to communicate to the Distributor information on products and services acquired following this referral, particularly for the needs of the compensation's calculation provided below.

**COMPENSATION DISCLOSURE:** I acknowledge that the Bank may pay referral compensation for products and services supplied by the Bank to myself as a result of a referral by the Distributor. This compensation will be paid to the Distributor, which may in turn compensate the Advisor. The amount of the compensation and how it is calculated will depend on the product or service I acquired. This amount will be based either on a percentage of the balance held in the acquired product or service or on the income generated from my use of the product or service or be paid as a flat fee or result from a combination of these methods. The actual amount of the compensation will vary according to promotions in effect at the Bank. For more information on such compensation, I can contact my Advisor directly.

**RELATIONSHIP** I acknowledge that I have been advised that the Bank and the Distributor are not related parties and that the Bank is the manufacturer of the product or the provider of service for which I am applying.

**AGREEMENT AND SIGNATURES**  
 I acknowledge having read this form and agree to be bound by its terms and conditions. In addition, I attest that the information provided above is accurate. By signing this form, I acknowledge that I also provide authorizations and consents with respect to my personal information effective as of this day and for as long as I do not revoke them.

**Finally, I specifically authorize the Bank to conduct, at any time, verification of my solvency and my credit with, and to obtain credit records from, any credit bureaus.**

Date (YYYY-MM-DD)

Applicant's Signature  \_\_\_\_\_ Co-Applicant's Signature  \_\_\_\_\_

I authorize the Bank to send me offers about products and services that may interest me by e-mail.

I may withdraw this consent at any time. I can also contact the Bank at : National Bank of Canada, 600, De la Gauchetiere Street West, Montreal (Qc) H3B 4L2 ([www.nbc.ca](http://www.nbc.ca)). To find out more about the Bank's practices concerning the protection of personal information or promotional communications, I may consult its Privacy Policy at <https://www.nbc.ca/en/confidentiality-policies.html>.

Applicant's initials \_\_\_\_\_ Co-Applicant's initials: \_\_\_\_\_

<b>COMPLETED BY</b> (Must be signed and dated at the same time as Applicant signs the form)	
By signing this section, the Advisor confirms to the Bank that he/she has duly identified the Applicant and Co-Applicant and certifies that the signatures above were executed before him/her.	
Advisor's Phone #: _____	Advisor's e-mail: _____
Date (YYYY-MM-DD)	

Advisor's Name: (Printed) \_\_\_\_\_ X \_\_\_\_\_ Advisor's Signature \_\_\_\_\_ X \_\_\_\_\_

# FAX COVER SHEET *(NBC Contact form)*



<b>FROM :</b>		<b>Company Name:</b>	
Advisor's Name:	Office Number or Code <i>(Optional)</i>	Advisor's Phone #	
<b>SENT BY <i>(as applicable)</i></b>			
Name:	Telephone Number	Fax Number	

<b>TO:</b>		<b>National Bank of Canada – Advisor Distribution Banking Centre</b>	
Attention:	Telephone Number	Fax Number <b>1-888-307-2997</b>	

<b>SUBJECT</b>	
<b>Banking referral for:</b>	
Applicant Name	Co-Applicant Name

What product is the client interested in or considering? <input type="checkbox"/> All-in-One banking (Home Equity LOC) <input type="checkbox"/> Traditional Mortgage Loan(s) <input type="checkbox"/> Integrated AIO & Mortgage Loan(s) <input type="checkbox"/> Other: _____	What is the nature of the potential transaction? <input type="checkbox"/> To Purchase a new property <input type="checkbox"/> To refinance an existing property <input type="checkbox"/> Other: _____
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- Checklist before sending contact form:**
- Header Section
- Distributor name completed *(Company that NBC has signed a distribution agreement with eg. MGA/IIROC/MFDA firm name)*
  - Advisor's name is completed
- Applicant Section
- Applicant section completed *(Full name, salutation, Postal Code & at least 1 contact number)*
  - 2 pieces of valid original IDs of the Applicant have been seen & the information transcribed in the appropriate place *(N.B. Health cards are not acceptable for Ontario, Manitoba & Prince Edward Island)*
  - Applicant has signed the form
- When a Co-Applicant is present *(N.B. all owners of the property to be mortgaged will need to be on the application):*
- Co-Applicant section completed *(Full name, salutation, Postal Code & at least 1 contact number)*
  - 2 pieces of valid original IDs of the Applicant have been seen & the information transcribed in the appropriate place *(N.B. Health cards are not acceptable for Ontario, Manitoba & Prince Edward Island)*
  - Co-Applicant has signed the form
- Signatures & Completed By:
- Applicant has signed the form
  - Co-Applicant has signed the form *(when applying)*
  - Advisor has signed the form
  - Applicant and Co-Applicant have put their initials in the box under the signatures
  - Dates have been entered in each signature section *(Dates must be the same)*

Additional Comments or Notes about this referral:

**CONFIDENTIALITY NOTICE / AVIS DE CONFIDENTIALITÉ**

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