

SMART Loan Referral Card

Telephone: 1.877.702.7627 Fax: 1.877.708.7627

E-mail: smartloan@b2bbank.com Web: b2bbank.com/smartloan

Hours of Operation: Monday to Friday Saturday 9:00 a.m. to 11:00 p.m. (ET) 9:00 a.m. to 5:00 p.m. (ET)

Fax the original copy of this Referral Card toll free to B2B Bank Head Office: 1.877.708.7627 Referral #			
Please print clearly and press firmly to ensure transfer of information onto carbon copy.			
1: INTRODUCTION INFORMATION			
Salutation: Mr. Mrs. Ms Language Preference: English		Salutation: Mr. Mrs. Ms Language Preference: English	
First name	Initial Last name	First name	Initial Last name
Address	Apt.#	Address	Apt#
City	Province Postal Code	City	Province Postal Code
() Fax	Email address	() Fax	Email address
	10 The control of the Section of the Control of the	Tax	Ental address
2: SCHEDULING YOUR APPOINTMENT			
Coordinator will call you to sched Specialist. In the "Preferred Apportudent of the B2B B appointment. If your preferred time Coordinator will work with you to that is convenient for you.	ing your referral card, a B2B Bank Referral lule an appointment with a Lending pointment Time" section, please indicate Bank Referral Coordinator to schedule your ne is not available, the B2B Bank Referral schedule your appointment at another time	Preferred Appointment Time: (Please see above for our hours of ope to Day of the week Time to Day of the week Time	Paration.) AM Daytime contact number AM PM Evening contact number
Apply online and receive our SMART Priority Service.			
3: AUTHORIZATION By completing and signing this Referral Card you:			
 acknowledge that you have read, understand and agree to the information set out in the Notice (on the reverse of this Referral Card); authorize Primerica Life Insurance Company of Canada (PLICC) and the Representative, or alternatively, if the Representative is acting on behalf of PFSL Investments Canada Ltd. (PFSL), you hereby authorize PFSL and the Representative, to provide this Referral Card and the information contained herein to B2B Bank for the purpose of introducing you to B2B Bank and; authorize B2B Bank to use the information contained herein to contact you about a possible mortgage loan from B2B Bank. 			
Applicant signature		Co-applicant signature	
Date (mm/dd/yyyy)		Date (mm/dd/yyyy)	
4: REPRESENTATIVE INFORMATION (to be completed by referrer)			
Primerica Associate/Represent	tative:	Primerica Representative:	
Name	Solution number Phone number	Name	Solution number Phone number
Email address		Email address	
RVP name	Solution number Phone number	RVP name	Solution number Phone number
Email address		Email address	
In Alberta, Representatives must be licensed life insurance agents or authorized representatives of PLICC. If an Alberta Representative holds both a life insurance agent's license and a mutual fund license, the Representative must at all times be acting solely in the capacity of a licensed life insurance agent of PLICC in order to be eligible to participate in the SMART Loan Referral Program.			
In Quebec, Representatives must be certified with the Autorité des marchés financiers as a mutual fund representative and/or a representative in insurance of persons in order to be eligible to participate in the SMART Loan Referral Program.			
PFSL Representative shall check and complete below:			
(a) _ I,, hold a mutual fund representative's license and I am a representative of PFSL Investments Canada Ltd., a registered mutual fund dealer. (b) Is this a split referral? _ Yes _ No			