## **REQUEST FOR STATEMENT & AUTHORIZATION**

Address of Other Financial Institute (OFI)		Sir/Madam,	
OFI Name:		I/We hereby authorize you to provide a statement to FCT for	
Address:		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 Mortgage Number (MANDATORY)		date; any tax account debit or credit; the per diem rate of interest on such principal balance accruing from the above date; whether the loan is in good standing; and if the mortgage	
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 Pi	roperty Information	of any prepayment charges, if prepayment privileges apply to	
Borrower Name (1)		full repayments under the mortgage contract.	
Borrower		* For assignment/transfer statements, please provide the	
Name (2)		default insurer's reference number associated with this	
Address:		mortgage, if applicable.	
-		Please note: If this mortgage secures a Line of Credit or other	
-		readvanceable product, I/we hereby acknowledge that:	
City:		1. Upon receipt of this request freeze the credit limit on the product so no further credit can be	
Province:		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 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