



CLIENT CONSENT & AUTHORIZATION FORM



Client Authorization Form

Date: _____

Although your Mortgage Application does not fit the lending guidelines of Coast Capital Savings, we value our relationship with you and wish to offer the best alternative.

Coast Capital Savings has formed a tactical alliance with Spectrum-Canada Mortgage Services to provide extended alternative funding solutions to our customers. Spectrum Canada's mandate is to find the best solution at the lowest cost to you. They specialize in working with all available lenders across Canada and have access to unique funding mechanisms to provide the widest range of funding sources and options.

If Coast Capital Savings (CCS) cannot approve my mortgage application, I/we would like to locate an alternate lender through the services of Spectrum-Canada Mortgage Services Inc (Spectrum). By signing below, I/we consent to CCS passing any credit or other information about me, including any information on my CCS application to Spectrum, solely for the purpose of locating an alternate lender.

I/We recognize that this consent is optional, and whether or not I/we consent will not affect my/our mortgage application with CCS.

I/We understand and acknowledge that there may be fees payable to Spectrum, CCS and/or the alternate lender and I/we also understand that these will be fully disclosed to me by Spectrum prior to me accepting any mortgage offer.

Spectrum may obtain personal information about me/us from consumer reporting agencies, credit bureaus, real estate appraisers, employers, existing mortgage holders and other creditors. Spectrum, and its employees, may use this information only for the purpose of obtaining or renewing mortgage financing for me/us. To this end, I/we authorize Spectrum to forward such personal information as is required to Lenders.

I/We understand that Spectrum is required to retain this information for seven years. I/We also understand that my/our file will be retained securely either in Spectrum's offices or at a secure storage facility and that the information in my/our file will not be provided to any parties, other than stated above or as required under law.

Spectrum has my/our permission to contact me/us on an on-going basis.

I/We acknowledge and consent to the preceding statements.

Client's Name (printed): _____ Signature: _____

Client's Name (printed): _____ Signature: _____

I/We also acknowledge that I/We will not apply to any other source for this financing – unless at the recommendation of Spectrum. Spectrum will be the only agent attempting to procure financing for me/us.

Client's Name (printed): _____ Signature: _____

Client's Name (printed): _____ Signature: _____

If you would like to learn more about Spectrum-Canada Mortgage Services, please visit their website at www.spectrum-canada.com

Spectrum-Canada Mortgage Services Inc. is licensed as a mortgage broker under the Financial Services Commission of Ontario, License number 10832; the BC Ministry of Finance, License number X027170; and the Real Estate Council of AB with a registered office in Edmonton.