

Client Authorization Form

Date: _____

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

Alterna Bank has formed a tactical alliance with Spectrum-Québec Mortgage Services Inc. ("Spectrum") to provide extended alternative funding solutions to our customers. Spectrum'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. With your consent we will send your mortgage application information to Spectrum for this purpose.

If Alterna Bank ("Alterna") cannot approve my mortgage application, I/we would like to locate an alternate lender through the services of Spectrum-Québec Mortgage Services Inc. ("Spectrum"). By signing below, I/we consent to Alterna passing any credit or other information about me that I have provided to Alterna or authorized Alterna to obtain in respect of my mortgage application, including any information on my Alterna 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 Alterna.

I/We understand and acknowledge that there may be fees payable to Spectrum, Alterna 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 and other service providers for this purpose.

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: _____

Referring Branch: _____

Contact: _____

Email: _____

Phone: _____

Please send this form to Spectrum-Québec by email at info@spectrum-quebec.com or by fax at 1-877-770-7229