

\*Automatic Savings Plan eligible

Centre Name	DLC - HillTop Financial
Agent Name	Kiki Berg

Product	<input type="checkbox"/> EASYONE	<input type="checkbox"/> EASYRSP	<input type="checkbox"/> RSP*
	<input type="checkbox"/> TFSA*	<input type="checkbox"/> GIC	<input type="checkbox"/> HISA*
	<input type="checkbox"/> AUTOMATIC SAVINGS PLAN		

## CLIENT 1

Salutation	
First Name	
Last Name	
Phone	
Email	

## CLIENT 2

Salutation	
First Name	
Last Name	
Phone	
Email	

Preferred Contact Date and Time	
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### CONSENT

I/we have discussed with our mortgage agent the availability of various financial products and services available from CFF Bank. By signing below I/we agree, and if more than one person signs below, each of us agrees, as follows:

I agree to be contacted by a CFF Bank representative at the contact information I provided to receive more information about CFF Bank products.

I understand that I am under no obligation to agree to the purchase of any products and services.

I authorize my mortgage agent to share with CFF Bank and its representatives all of my information provided to my mortgage agent, including personal contact information, financial details, credit history and any consumer, credit or other report for the purpose of determining my eligibility for, and providing me with information about, financial products and services that may be of interest to me and I understand that such information will be maintained by CFF Bank in accordance with its privacy policy, which can be accessed online at [www.CFFBANK.ca/privacy](http://www.CFFBANK.ca/privacy).

☐ I acknowledge and agree that delivery of a facsimile or other means of electronic communication of document(s) executed by me shall be a valid and enforceable form of execution and delivery. I consent to the electronic delivery to me of the CFF Bank EasyOne Account Offer, including the Initial Disclosure Statement, and additional disclosures provided with the CFF Bank Account Application Forms and Terms and Conditions, through the email address noted above.

I understand that such electronic communication may not be considered secure.

☐ By checking this box, I agree to receive email, telephone and direct mail communications from CFF Bank relating to other financial products and services offered by CFF Bank and its affiliates and select third party partners. I may withdraw my consent at any time by contacting CFF Bank at 2020 Winston Park Drive, Suite 201, Oakville, ON, L6H 6X7 or online at [www.CFFBANK.ca](http://www.CFFBANK.ca).

By signing below, I acknowledge and agree that I consent to the collection, use, retention and disclosure by CFF Bank of my personal information as contemplated above and as set out in detail in CFF Bank's privacy policy available at [www.CFFBANK.ca/privacy](http://www.CFFBANK.ca/privacy) and I consent to CFF Bank obtaining credit, financial and related personal or business information about me (including a consumer, credit or other report) from any credit bureau or credit reporting agency from time to time. These consents will be valid so long as required to fulfill the purposes described above.

Client 1 Signature		Date	
Client 2 Signature		Date	
Mortgage Agent Signature		Date	

Client Source	Existing Centre Client	<input checked="" type="radio"/> CFF Bank Mortgage	<input type="radio"/> OFI Mortgage	<input type="radio"/> Other Product
	New Centre Client	<input type="radio"/> CFF Bank Mortgage	<input type="radio"/> OFI Mortgage	<input type="radio"/> Referral <input type="radio"/> Walk In

Notes	
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Mortgage Agents, please submit all completed Client Referral Forms via fax or email to CFF Bank at the contact information below.