

PLEASE HOLD FOR TDCT MOBILE MORTGAGE SPECIALIST

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For Office Use Only
 WAPP Reference # _____
 Servicing Branch # _____

Primary Applicant:

Name (first/init./last): _____
 Address: _____
 City: _____ Prov.: _____ Postal code: _____
 Telephone: _____
 Home: (____) _____ Business (____) _____
 Years at Res.: _____ Months: _____
 Previous Address: _____
 _____ Yrs.: _____

Know Your Customer (KYC)

Male Female Birth Date: (M/D/Y) _____
 Marital Status: _____
 Single S.I.N.: _____
 Married No. of Dependents: _____
 Widowed ID Type: _____ Reference # _____
 Separated ID Type: _____ Reference # _____
 Divorced
 Common Law ID Type: _____ Reference # _____
Dwelling Status: Rent Own
 Rents & Buying Living with parents
 Other: _____

Employment

Current Employer: _____
 Address: _____ City: _____ Prov.: _____
 Job Description: _____
 Annual Income: \$ _____
 Length of Employment: Yrs.: _____ Mths.: _____
 Industry Sector: _____
 Occupation: _____
Income Type: Salaried Self Employed Pensioner
 Alimony/Support Commission Contract
 Other: _____
 Additional Income: _____ \$ _____
Previous Employer: _____
 Job Description: _____
 Annual Income: \$ _____
 Length of Employment: Yrs.: _____ Mths.: _____
 Industry Sector: _____
 Occupation: _____

Existing Insurance Coverage
 Group Life Insurance Coverage Amount \$ _____
 (i.e. Employer or Association Plan)
 Personal Life Insurance Coverage Amount \$ _____
 (i.e. Individual Coverage)
 Credit Protection Insurance Coverage Amount \$ _____
 (i.g. Mortgage Insurance)
Critical Illness Insurance coverage under existing plan(s) Yes No
Disability Insurance coverage under existing plan(s) Yes No

Assets / Liabilities

Types / Description	Financial Institution	Years	Asset Value	Liability Bal.	Mthly. Pymt.	Co-Borrower
_____	_____	_____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>

Real Estate
 Address: _____ \$ _____
 Address: _____ \$ _____
 Total Assets: \$ _____
 Total Liabilities: \$ _____
 Net Worth: \$ _____

Mortgage Property
 Street Address: _____ Apt.: _____
 City: _____ Postal Code: _____ Province: _____
 Monthly Maintenance: \$ _____ Annual Property Taxes: \$ _____
 Lot Number: _____ **Tenure Code:** Freehold Leasehold Condo
 Plan No.: _____ **Lot Size:** Length: _____ Width: _____
 Partial Lot No.: _____ Feet Metres
 Conc./Twnshp.: _____ **Building Age:** Months: _____ Years: _____
Building Size: Length: _____ Width: _____
 Feet Metres
 Dwelling Type: _____ **Owner Type:** Investor Primary, Owner Occupied Secondary, Owner Occupied
 House Type: _____ **Building Type:** New Existing Improvement
 Zoning: _____ **Environmental Hazard:** Yes No
 Square Footage: _____

Joint Applicant/Guarantor:

Name (first/init./last): _____
 Address: _____
 City: _____ Prov.: _____ Postal code: _____
 Telephone: _____
 Home: (____) _____ Business (____) _____
 Years at Res.: _____ Months: _____
 Previous Address: _____
 _____ Yrs.: _____

Know Your Customer (KYC)

Male Female Birth Date: (M/D/Y) _____
 Marital Status: _____
 Single S.I.N.: _____
 Married No. of Dependents: _____
 Widowed ID Type: _____ Reference # _____
 Separated ID Type: _____ Reference # _____
 Divorced
 Common Law ID Type: _____ Reference # _____
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 Occupation: _____

Existing Insurance Coverage
 Group Life Insurance Coverage Amount \$ _____
 (i.e. Employer or Association Plan)
 Personal Life Insurance Coverage Amount \$ _____
 (i.e. Individual Coverage)
 Credit Protection Insurance Coverage Amount \$ _____
 (i.g. Mortgage Insurance)
Critical Illness Insurance coverage under existing plan(s) Yes No
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_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>

Real Estate
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 Square Footage: _____

Qualification

Purchase Price/Value:	\$ _____	Type of Financing:	Product Type:	Property Description
Downpayment* or	\$ _____	<input type="checkbox"/> Purchase	<input type="checkbox"/> Mortgage	<input type="checkbox"/> Major Urban Centre
Existing Mortgage	\$ _____	<input type="checkbox"/> Mortgage Transfer	<input type="checkbox"/> HELOC	<input type="checkbox"/> Urban Centre
Required Financing:	\$ _____	<input type="checkbox"/> Refinancing	<input type="checkbox"/> Pre approval	<input type="checkbox"/> Non Urban/Recreational
CMHC/Genworth premium:	\$ _____	<input type="checkbox"/> Transfer Existing NHA		<input type="checkbox"/> Rental
Total Mortgage	\$ _____	<input type="checkbox"/> Other: _____		
*Downpayment Source:	<input type="checkbox"/> Own resources	<input type="checkbox"/> Borrowed from Liquid Assets	<input type="checkbox"/> Gift:	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> RRSP	<input type="checkbox"/> Sale of other Property	Address: _____	

Payments

Mortgage Type: Closing Date: _____ (Month/Day/Year)

Regular Mortgage Amount: \$ _____ Interest Rate: _____ % Term: _____ Amortization: _____ Yrs.

Weekly Bi Weekly Semi Monthly Monthly

Rapid Weekly Rapid Bi-Weekly

Home Equity Line of Credit Credit Limit: \$ _____ Variable Rate Amount: \$ _____

Fixed Rate Amount: \$ _____ Interest Rate: _____ % Term: _____ Amortization: _____ Yrs.

Mortgage Payment: \$ _____ Including Life Insurance Critical Illness Borrower: _____

(Monthly) Heat: \$ _____ Life Insurance Critical Illness Borrower: _____

Taxes: \$ _____

Condo Fees: \$ _____

Total: \$ _____ / Total Income: \$ _____ = GDSR: _____ %

+ Liabilities: \$ _____

Total: \$ _____ / Total Income: \$ _____ = TDSR: _____ %

Solicitor Information

In-House Registration Yes No

Lawyer's Name: _____

Firm Name: _____

Address: _____

Phone Number: _____ () _____

Fax Number: _____ () _____

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Mortgage Reference:

Source of Business: _____

Company Name: _____

Contact: _____

Phone Number: _____ () _____

Service Plus Id.: _____ () _____

In this section, the words *you, your* and *yours* mean the Applicant, Joint Applicant(s) and any guarantor(s). The words *we, us* and *our* mean the TD Bank Financial Group*.

WAPP Reference # _____

By signing below, you certify that:

- you are applying for the accounts and services indicated in this Application;
- the information provided is true and correct;
- you do not intend to use the proceeds of the credit facility for business purposes; and
- you will be bound by the terms and conditions of each credit facility applied for, as amended by us from time to time.

If you are applying for a Mortgage or Home Equity Line of Credit, you confirm that:

- you will pay any evaluation, inspection and legal expenses related to this Application;
- you have not been refused a loan on the security; and
- you are not in arrears on your present mortgage.

Consent to the Collection, Use and/or Disclosure of Your Information

You agree that, at the time you begin a relationship with us and during the course of this relationship, we may collect, use and disclose your Information as described in the Privacy Agreement provided with this Application and located on td.com, including for, but not limited to, the purposes of identifying you, providing ongoing service, understanding your financial needs, marketing products and services to you by telephone, fax, and automatic dialing-announcing device, at the numbers you have provided us, or by internet and mail or other methods, protecting us both from fraud and error and complying with legal and regulatory requirements.

Credit Consent

We will obtain information and reports about you from credit reporting agencies and other lenders at the time of and during the application process, and on an ongoing basis to review and verify your creditworthiness and/or establish credit and hold limits. You may choose not to have us conduct a credit check in order to assess an application for credit. Once you have such a facility or product with us, we may from time to time disclose your Information to other lenders and credit reporting agencies seeking such Information, which helps establish your credit history and supports the credit granting and processing functions in general. If you have a credit product with us, you may not withdraw your credit consent.

Credit Products

If you are applying for a Mortgage or a Home Equity Line of Credit, or other product that may be insured by mortgage default insurance, you agree that a mortgage default insurer may also obtain Information about you from a credit reporting agency from time to time, and may use such information for any purpose related to the credit product and the mortgage default insurance.

You agree that the approval or granting of any credit by us to you, with or without mortgage default insurance, is not to be construed or relied on by you as representing the value or condition of any underlying security or that it confirms that you have the ability to pay the credit facility.

You agree that we make no representation, warranty, statement, recommendation, guarantee or endorsement with respect to any investment or with any goods or services purchased using the credit facility.

*The TD Bank Financial Group means The Toronto-Dominion Bank and its affiliates, who provide deposit, investment, loan, securities, trust, insurance and other products or services.

Third Party Statement

Will this credit facility be used by or on behalf of a person other than the Applicant or Joint Applicant?

- Yes (complete Third Party Statement form #592018)
- No

Purpose of Account

At this time, this credit facility is intended to be used primarily for the following purpose:

- to purchase real estate property
- to improve/renovate real estate property
- to purchase personal property
- to refinance/consolidate existing debt
- to have available credit for future use
- other (explain): _____

Date: _____

Applicant: _____
(sign and print name)

Witness: _____
(sign and print name)

Joint Applicant/Guarantor: _____
(sign and print name)

Witness: _____
(sign and print name)