

BROKER AUTHORIZATION

customer@strivemortgage.ca

This consent authorizes and directs Strive Capital Corporation ("Strive") to act upon written instructions from my/our mortgage broker or agent to make changes to my/our mortgage*. I/We acknowledge and agree that in connection with the making of such changes, Strive may disclose confidential mortgage and personal information to my/our mortgage broker and/or agent. ALL FIELDS BELOW MUST BE COMPLETED. Once signed and submitted to Strive, this consent will be effective until the date that a separate notice is received by Strive from me/us cancelling this consent. I understand that this consent may also be cancelled by Strive.

Date:	
Client Name(s):	
Mortgage Property Address:	
Strive Mortgage Number:	
Contact Phone Number:	
Email Address:	
MORTGAGE BROKER INFORMATION	
Mortgage Broker/Agent Name(s)	
Brokerage Name**:	
Contact Phone Number:	
CLIENT AUTHORIZATION (ALL BORROWERS MUST SI	GN BELOW)
Client Name:	Signature:
(Print Name)	Cimpoturo
Client Name:(Print Name)	Signature:
Client Name:	Signature:
(Print Name)	
Client Name:(Print Name)	Signature:

^{*} The changes that may be made by my/our broker/agent will be limited to: balance requests and mortgage information statements, property tax inquiries, due date and frequency changes, payment increases and decreases, changes to bank account information for mortgage and other payments by pre-authorized debit (delivery of void cheque is required). The broker/agent shall also be authorized to obtain quotes on applicable prepayment charges and may request a copy of a renewal agreement.

^{**} This consent also authorizes other brokers, agents and representatives of the same brokerage to make the changes and receive the information described in this Consent.