



**Mortgage
Broker
Services**

Client Consent – Broker Authorization Form

For existing IC Savings Mortgagors

By signing this form, I/we consent to IC Savings disclosing my/our confidential mortgage and personal information to my/our mortgage broker, agent, or company representative, as listed below. I/We also understand that this authorization is valid for 120 days from the date this form is signed.

SELECT ONE – The purpose of this form is to authorize a mortgage broker/agent to:

- collect and use this information for a mortgage consultation.
- collect and use this information for a mortgage renewal that matures in 90 or more days. Less than 90 days, this option is invalid.

Client (Borrower) Information

Borrower Name(s) _____

Daytime Phone Number(s) _____

Email(s) _____

Mortgage Property Street Address _____

City _____ Postal code _____

IC Savings Mortgage Number _____

Authorization – All borrowers must sign this form for the authorization to take effect.

Signature _____ Date _____
DD/MM/YYYY

Signature _____ Date _____
DD/MM/YYYY

Broker Information

Mortgage Broker/Agent Name _____

Brokerage/Company _____

Ontario Mortgage Brokerage License Number _____

Email _____ Business Phone Number _____

Once completed, please submit this form to Joe Rosati, Vice-President, Business Development and Sales, at jrosati@icsavings.ca