



										ACCOUNT NUMBER																																																											
<input type="checkbox"/> Corporation										<input type="checkbox"/> Sole Proprietorship										<input type="checkbox"/> Partnership										<input type="checkbox"/> Cooperative										<input type="checkbox"/> Charity										<input type="checkbox"/> Volunteer										<input type="checkbox"/> OTHER (SPECIFY)									
COMPANY / LEGAL / TRADE NAME(S)																				ORGANIZATION TYPE										INDUSTRY/SECTOR																																							
STREET ADDRESS															CITY															PROVINCE										POSTAL CODE																													
EMAIL ADDRESS																				PHONE NUMBER																																																	
<b>Declaration of Tax Residence</b> (Tick all that apply)																																																																					
<input type="checkbox"/> <b>The entity is a tax resident of Canada.</b> If the entity is a trust, give the 8 digit trust account number issued by the Canada Revenue Agency (CRA). Otherwise, give the 9 digit business number with one of the program accounts issued by the CRA.																																																																					
BUSINESS NUMBER																				OR										TRUST ACCOUNT NUMBER																																							
<input type="checkbox"/> <b>The entity is a tax resident of a jurisdiction other than Canada.</b> If you ticked this box, give the entity's jurisdictions of tax residence and taxpayer identification numbers (TINs) or functional equivalents.  If the entity does not have a TIN for a specific jurisdiction, give the reason using one of these choices: Reason 1: The entity will apply or has applied for a TIN but has not yet received it Reason 2: The entity's jurisdiction of tax residence does not issue TINs to its residents Reason 3: Other reason, please specify:																				REASON																																																	
JURISDICTION OF TAX RESIDENCE																				TAXPAYER IDENTIFICATION NUMBER										REASON																																							
<b>INTENDED USE OF THE ACCOUNT</b>																				If you wish to <b>access statements online</b> , we will contact you with login information by:																																																	
																				<input type="checkbox"/> Secure email <input type="checkbox"/> Phone <input type="checkbox"/> I/We decline online statements																																																	
<b>Deposit Details</b>																				TRANSACTION CODE										202 Renewal • 240 Holder Deposit																																							
PRINCIPAL AMOUNT (\$)																				YRS / MTHS					RATE (%)					DEPOSIT DATE (MM/DD/YY)										MATURITY DATE (MM/DD/YY)																													
<b>Interest Options</b>																				<input type="checkbox"/> Compounded Annually <input type="checkbox"/> Paid by Direct Deposit (choose a frequency below)																																																	
<b>Payment Frequency</b>																				<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually on Anniversary																																																	
<b>Direct Deposit</b> (Attach Void Cheque)										NAME OF FINANCIAL INSTITUTION															TRANSIT NO.					INST. NO.					ACCOUNT NO.																																		
<b>Is this transaction being carried out on behalf of a third party?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  When you are determining whether a third party is involved, it is not about who "owns" the money, but rather about "who gives instructions to deal with the money". To determine who the third party is, the point to remember is whether the individual in front of you is acting on someone else's instructions. If so, that someone else is the third party (FINTRAC Guideline 6G - section 5.1)																																																																					
FULL NAME OF ENTITY																																																																					
THIRD PARTY STREET ADDRESS																				CITY																				PROVINCE										POSTAL CODE																			
NATURE OF RELATIONSHIP TO THIRD PARTY																				INCORPORATION NUMBER																				PLACE OF INCORPORATION																													
<b>Certification</b>  • I/We certify that the information given is correct and complete. I will give my financial institution a new form within 30 days of any change in tax residency that causes the information to become incomplete or inaccurate. • I/We have provided identification details on the Ascertainning Identity form and have included it as part of this application. • I/We certify that I have read and signed the "Consent and Authorization to use Personal Information (Form A115) and have included it as part of this application. • I/We have read, understand and agree to the Deposits Disclosure which has been provided, and furthermore agree to be bound by its terms inclusive of fees and interest rates of which I/We have been informed.																																																																					
SIGNATURE OF HOLDER																				SIGNATURE OF HOLDER																																																	
SIGNATURE OF HOLDER																				SIGNATURE OF HOLDER																																																	
ACCEPTED BY AUTHORIZED OFFICER																				AGENT NO.															DATE (MM/DD/YY)																																		
<b>Additional Notes</b>																																																																					
<b>LSM - Internal Use Only</b>										SOURCE					BONUS LEVEL					CLASSIFICATION					SERVICE NO.					POTENTIAL INTEREST					CLASS																																		
<input type="checkbox"/> <b>Cheque Deposit</b> <input type="checkbox"/> <b>ICU Deposit</b> <input type="checkbox"/> <b>Internal Transfer</b>																																																																					
NAME OF FINANCIAL INSTITUTION																				TRANSIT NO.					INST. NO.					ACCOUNT NO.										CHECKED BY																													
RELATED ACCOUNT NUMBERS																														<input type="checkbox"/> Horizon Updated Rev. 11-19-2024																																							



Business Information				ACCOUNT NUMBER	
<input type="checkbox"/> Deposit		<input type="checkbox"/> Loan		<input type="checkbox"/> Mortgage	
<input type="checkbox"/> Corporation		<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Partnership	
<input type="checkbox"/> Cooperative		<input type="checkbox"/> Charity		<input type="checkbox"/> Volunteer	
<input type="checkbox"/> OTHER (SPECIFY)					
COMPANY / LEGAL / TRADE NAME(S)			BUSINESS NUMBER		
STREET ADDRESS		CITY		PROVINCE	POSTAL CODE
PRIMARY BUSINESS FUNCTION		<input type="checkbox"/> Documents confirming the existence, structure, ownership and control are attached			
Is the business a registered charity for tax purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No ( If no, does the business solicit donations from the public? <input type="checkbox"/> Yes <input type="checkbox"/> No )					
Names of Directors					
1	FULL NAME		4	FULL NAME	
2	FULL NAME		5	FULL NAME	
3	FULL NAME		6	FULL NAME	
For more than six names, please attach an additional form.					
Beneficial Ownership Individuals who own or control 25% or more of the corporation or entity, directly or indirectly					
1	FULL NAME			OCCUPATION	
STREET ADDRESS		CITY		PROVINCE	POSTAL CODE
2	FULL NAME			OCCUPATION	
STREET ADDRESS		CITY		PROVINCE	POSTAL CODE
3	FULL NAME			OCCUPATION	
STREET ADDRESS		CITY		PROVINCE	POSTAL CODE
4	FULL NAME			OCCUPATION	
STREET ADDRESS		CITY		PROVINCE	POSTAL CODE
<input type="checkbox"/> No individual owns or controls 25% or more of the corporation or entity, directly or indirectly.					
For more than four names, please attach an additional form.					
Most Senior Managing Officer (Identification of the most senior managing officer is required when beneficial ownership can not be obtained and confirmed)					
SENIOR MANAGER'S SURNAME		GIVEN NAME(S)		DATE OF BIRTH	
STREET ADDRESS		CITY		PROVINCE	POSTAL CODE
EMPLOYMENT STATUS		OCCUPATION		INDUSTRY/SECTOR	
Identification					
<input type="checkbox"/> Single Method Government Issued Photo Identification. Complete one of the document sections below.		<input type="checkbox"/> Single Method Canadian Credit Bureau Report. Include a unique identifier number.		<input type="checkbox"/> Dual Method Combination of Two Sources. Complete both of the document sections below.	
Document Section I					
DOCUMENT USED TO CONFIRM IDENTITY		REFERENCE NUMBER			
PLACE OF ISSUE		COUNTRY OF ISSUE		EXPIRY DATE	
Document Section II					
DOCUMENT USED TO CONFIRM IDENTITY		REFERENCE NUMBER			
PLACE OF ISSUE		COUNTRY OF ISSUE		EXPIRY DATE	
PEP DECLARATION					
Are you a Politically Exposed Person (PEP) or the Head of an International Organization (HIO)?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a family member or close associate of a PEP or HIO?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Definitions for PEPs and HIOs can be found on the FINTRAC website: fintrac-canafe.gc.ca/guidance-directives/client-clientele/Guide12/12-eng	
To be completed by the person examining documentation					
I certify that I i) have verified the original identification records listed above ii) having made reasonable inquiries, have no reason to believe the client is acting on the behalf of a third party or, if so, has provided the required third party information, and iii) have verified the individual(s) signature.					
NAME OF PERSON EXAMINING ID DOCUMENTS				DATE INDIVIDUAL(S) IDENTIFIED (MM/DD/YYYY)	
SIGNATURE OF PERSON EXAMINING ID DOCUMENTS					
LSM - Internal Use Only		CHECKED BY		DATE CHECKED	



Personal Information of Signing Officers				ACCOUNT NUMBER		
<div><input type="checkbox"/> Deposit</div> <div><input type="checkbox"/> Loan</div> <div><input type="checkbox"/> Mortgage</div>						
COMPANY / LEGAL / TRADE NAME(S)						
1	SIGNING OFFICER'S SURNAME		GIVEN NAME(S)		DATE OF BIRTH	
STREET ADDRESS			CITY		PROVINCE	POSTAL CODE
EMPLOYMENT STATUS			OCCUPATION		INDUSTRY/SECTOR	
<div>Identification</div> <div><div><input type="checkbox"/> <b>Single Method</b> <b>Government Issued Photo Identification.</b> Complete <b>one</b> of the document sections below.</div><div><input type="checkbox"/> <b>Single Method</b> <b>Canadian Credit Bureau Report.</b> Include a unique identifier number.</div><div><input type="checkbox"/> <b>Dual Method</b> <b>Combination of Two Sources.</b> Complete <b>both</b> of the document sections below.</div></div>						
<div>Document Section I</div> <div><div>DOCUMENT USED TO CONFIRM IDENTITY</div><div>REFERENCE NUMBER</div></div>						
PLACE OF ISSUE			COUNTRY OF ISSUE		EXPIRY DATE	
<div>Document Section II</div> <div><div>DOCUMENT USED TO CONFIRM IDENTITY</div><div>REFERENCE NUMBER</div></div>						
PLACE OF ISSUE			COUNTRY OF ISSUE		EXPIRY DATE	
2	SIGNING OFFICER'S SURNAME		GIVEN NAME(S)		DATE OF BIRTH	
STREET ADDRESS			CITY		PROVINCE	POSTAL CODE
EMPLOYMENT STATUS			OCCUPATION		INDUSTRY/SECTOR	
<div>Identification</div> <div><div><input type="checkbox"/> <b>Single Method</b> <b>Government Issued Photo Identification.</b> Complete <b>one</b> of the document sections below.</div><div><input type="checkbox"/> <b>Single Method</b> <b>Canadian Credit Bureau Report.</b> Include a unique identifier number.</div><div><input type="checkbox"/> <b>Dual Method</b> <b>Combination of Two Sources.</b> Complete <b>both</b> of the document sections below.</div></div>						
<div>Document Section I</div> <div><div>DOCUMENT USED TO CONFIRM IDENTITY</div><div>REFERENCE NUMBER</div></div>						
PLACE OF ISSUE			COUNTRY OF ISSUE		EXPIRY DATE	
<div>Document Section II</div> <div><div>DOCUMENT USED TO CONFIRM IDENTITY</div><div>REFERENCE NUMBER</div></div>						
PLACE OF ISSUE			COUNTRY OF ISSUE		EXPIRY DATE	
3	SIGNING OFFICER'S SURNAME		GIVEN NAME(S)		DATE OF BIRTH	
STREET ADDRESS			CITY		PROVINCE	POSTAL CODE
EMPLOYMENT STATUS			OCCUPATION		INDUSTRY/SECTOR	
<div>Identification</div> <div><div><input type="checkbox"/> <b>Single Method</b> <b>Government Issued Photo Identification.</b> Complete <b>one</b> of the document sections below.</div><div><input type="checkbox"/> <b>Single Method</b> <b>Canadian Credit Bureau Report.</b> Include a unique identifier number.</div><div><input type="checkbox"/> <b>Dual Method</b> <b>Combination of Two Sources.</b> Complete <b>both</b> of the document sections below.</div></div>						
<div>Document Section I</div> <div><div>DOCUMENT USED TO CONFIRM IDENTITY</div><div>REFERENCE NUMBER</div></div>						
PLACE OF ISSUE			COUNTRY OF ISSUE		EXPIRY DATE	
<div>Document Section II</div> <div><div>DOCUMENT USED TO CONFIRM IDENTITY</div><div>REFERENCE NUMBER</div></div>						
PLACE OF ISSUE			COUNTRY OF ISSUE		EXPIRY DATE	
For more than three names, please attach an additional form.						
To be completed by the person examining documentation						
I certify that I i) have verified the original identification records listed above ii) having made reasonable inquiries, have no reason to believe the client is acting on the behalf of a third party or, if so, has provided the required third party information, and iii) have verified the individual(s) signature.						
NAME OF PERSON EXAMINING ID DOCUMENTS					DATE INDIVIDUAL(S) IDENTIFIED (MM/DD/YYYY)	
SIGNATURE OF PERSON EXAMINING ID DOCUMENTS						
LSM - Internal Use Only		CHECKED BY			DATE CHECKED	

## Quick Reference Guide for Ascertaining Identity

### Single and Dual Source Methods of Identification

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#### Single Source: Government Issued Photo Identification

The identification card or document must be **face to face** and contain the following:

- Include the individual's name
- Include the individual's photo
- Include a unique identifier number
- Be issued by a provincial, federal or territorial government in Canada **OR** is a foreign identification document that is equivalent to an acceptable Canadian photo identification card or document

#### Single Source: Canadian Credit Bureau Report Checklist

The credit bureau report information can be used for **face to face or non-face to face** identification however this method may prove challenging as all information on the credit check **must match** exactly what has been provided by the individual

- Match the name, address, and date of birth provided by the individual
- Include a unique identifier number (File Number or Unique Number)
- Be at least three years in existence

#### Dual Source: Combination of Two Sources

The two sources together must meet one of the following combinations and can **face to face or non-face to face**:

- The name and address on one document/source & the name and date of birth on the second document/source
- The name and address on one document/source & the name and confirms a deposit, loan or credit card account on the second document/source
- The name and date of birth on one document/source & the name and confirmation of a deposit, loan or credit card account on the second document/source

The documents or sources must be:

- Reliable
- From two separate, independent sources (issuers)
- Provide an account number, or if no account number, include a reference number pertaining to the document or source
- In its original format as received by the individual from the issuer
- Valid/legitimate (not altered)
- Current (not expired) or is the most recent version of the source (utility bill etc.)

### Corporations

**A corporation's existence, directors, beneficial ownership and powers to bind must be verified before an application can be processed.**

- Beneficial Ownership: the following documents can be used to verify beneficial ownership of the corporation: Shareholders statement, register or agreement; articles of incorporation; bylaws; annual return, or an annual record that has been filed under provincial securities legislation.
- Powers to Bind: These can be confirmed by referring to any one of the following: Certificate of Incumbency, Articles of Incorporation, or Bylaws of the Corporation.
- Please provide copies of the documentation used to verify directors, beneficial ownership and powers to bind to League Savings with the completed application.
- Associations and Non-Incorporated Businesses- Existence and beneficial ownership must be confirmed for non-corporate entities.

### Entities neither Individuals or Corporations

The following can be used to verify the beneficial ownership of an entity other than a corporation:

- partnership agreement
- a letter signed by all partners confirming the existence, ownership, control and structure of the partnership
- articles of association
- articles of constitution
- a letter stating the purpose, ownership, control and structure of the group (listing all the group members and signed by two signing officers)
- minutes of group meetings (listing the structure of the group, as well as all the group members and signed by the person recording the minutes)

**(FORM 115)**  
**CONSENT AND AUTHORIZATION TO USE PERSONAL INFORMATION**

1. As the undersigned(s) to this Consent and Authorization to Use Personal Information, and in connection with the application to League Saving and Mortgage Company ("LSM") for a financial product and/or service, and/or providing a guarantee in support of an application for a financial product and/or service (the "Application"), I/we (individually and collectively, as applicable, referred to hereafter in the singular) provide LSM with consent and authorization to:
  - a) verify, confirm, collect, use, and/or disclose any personal information contained in the Application for making reasonable inquiries and decisions necessary for evaluating the Application;
  - b) in the case of a mortgage or loan application: request, collect and obtain from LSM or its affiliates; any person; credit reporting agency; insurer; financial institution; or any other entity as may be required, any information necessary to verify and confirm the state of my financial affairs; and
  - c) collect, use and disclose my personal information for the following purposes:
    - i. to understand my financial needs;
    - ii. in the case of a mortgage or loan application, to evaluate my credit standing and to share or exchange reports and information with credit reporting agencies, insurers and/or other financial institutions;
    - iii. to determine my suitability and eligibility for products and services including loan insurance;
    - iv. to promote and offer LSM products and services to me, or those of others that LSM believes may be of interest to me;
    - v. to meet legal and regulatory requirements;
    - vi. to investigate and adjudicate insurance claims, fraudulent and/or other illegal activities;
    - vii. to provide ongoing service to me, and disclose my personal information to anyone who works with or for LSM, but only to the extent necessary for providing products and/or services to me;
    - viii. where my account has originated through a credit union or broker/agent, to release periodic information on these accounts to the referring source to enhance the level of service provided to me; and
    - ix. to protect my interests and those of LSM.
- "Personal information" means information that identifies me as a customer of LSM and includes, without limitation, information provided to LSM and information obtained from other sources with my consent.
2. I hereby understand and acknowledge that if the Application is a referral from a credit union or broker/agent, LSM may pay a referral fee as compensation to the referring agent.
3. Where LSM is unable to approve my Application for a real property mortgage, I provide LSM with consent and authorization to refer the Application to another lender (an "Alternate Lender") who, subject to my final agreement, may approve the Application on terms and conditions it deems acceptable. For this purpose, as applicable, I provide consent and authorization for:

- a) disclosure of any personal information concerning the Application by LSM to an Alternate Lender;
  - b) disclosure of details of an approved Application by the Alternate Lender to my real estate agent; and/or
  - c) disclosure of any personal information by the Alternate Lender concerning its approved Application to LSM from time to time over the term of the mortgage, and LSM's collection of that personal information.
4. I consent and authorize LSM, at its sole option and without further notice to me, to disclose my personal information to the referring credit union or broker/agent for the purpose of their being kept up to date on the balance and renewal status of the LSM product(s) and/or service(s) I received from that referral, as applicable.
5. I acknowledge that my consent and acknowledgement under paragraph 1 may only be withdrawn prior to the Application being approved, and is effective only through written notice of such withdrawal to LSM. Receipt of such notice will result in a declined Application. Once an Application is approved, consent provided under paragraph is required for LSM's delivery of its products and/or services and cannot be withdrawn.
6. From time to time, I consent to LSM sending me commercial electronic messages to promote and offer its products and services, and/or those LSM believes to be of interest to me. I understand that I may withdraw my consent to receive these messages at any time by using the unsubscribe mechanism accompanying those messages.

**Please complete the following section in full:**

- ☐ **Yes, I do.** If your loan application is for a real property mortgage, do you consent to the referral of your application to an Alternate Lender as described in paragraph 3?
- ☐ **No, I do not.**
- ☐ **Not applicable.**

- ☐ **Yes, I do.** Do you consent to LSM sending you commercial electronic messages to promote their products and services to you as described in paragraph 6 above?
- ☐ **No, I do not.**

**DATED** the \_\_\_\_ day of \_\_\_\_\_, 20 .

\_\_\_\_\_  
Name of Applicant or Guarantor (please print)

\_\_\_\_\_  
Signature of Applicant or Guarantor

\_\_\_\_\_  
Name of Co-Applicant (please print)

\_\_\_\_\_  
Signature of Co-Applicant

For more information regarding League Savings' commitment to protecting your privacy including your right to limit or withdraw your consent and authorization respecting your personal information, please review League Savings' Privacy Code available at [www.lsm.ca](http://www.lsm.ca) or call us at 1-800-668-2879. Our address is 6074 Lady Hammond Road, Halifax, NS, B3K 2R7.

# Deposit Disclosure

This disclosure of interest information, fees and charges applies to all GIC, RRSP, RRIF, TFSA and FHSA deposits held with League Savings and Mortgage. Fees and charges are subject to change, with advance notice.

League Savings and Mortgage is a member of the Canada Deposit Insurance Corporation (CDIC). CDIC insures many types of savings against the failure of a financial institution. Please visit our website at [www.lsm.ca](http://www.lsm.ca) for more information.

## DISCLOSURE OF INTEREST INFORMATION

### Variable Rate Deposit

- Interest rates are priced to market.
- Interest is calculated on the daily closing balance.
- Interest is paid monthly.

### Redeemable 1 Year Deposit

- Fully redeemable after 30 days
- Interest is paid at maturity or at time of redemption.
- Maximum two withdrawal requests per year.

### Fixed-Term Deposits 1 – 5 Years

- Interest is guaranteed for the term of the deposit.
- Interest is calculated on an annual basis as a percentage of the deposit amount.
- Interest is paid in accordance with the specified interest payment frequency on the deposit.

### Better Earth and Better Equality Portfolio Market Linked Guaranteed Investment (Non-Redeemable)

- Principal is 100% guaranteed.
- Rate of return is based on the variation in the price of 20 equal-weighted equity securities, paid at maturity. Refer to the Terms and Conditions Governing the Method of Calculation of Interest in the Market Linked Agreement.

## MINIMUM BALANCES

League Savings and Mortgage (excluding Nominee Deposit Brokers & Deposit Broker Services)	Nominee Deposit Brokers & Deposit Broker Services
<b>Term Deposits</b> <ul style="list-style-type: none"> <li>• Minimum deposit of \$1,000.00</li> <li>• Minimum deposit of \$5,000.00 for GIC with interest paid monthly or semi-annually by AFT.</li> </ul>	<b>Term Deposits-Nominee Deposit Brokers</b> <ul style="list-style-type: none"> <li>• Minimum deposit of \$5,000.00</li> </ul>
<b>Variable Accounts</b> <ul style="list-style-type: none"> <li>• Minimum deposit of \$100.00, or a regular scheduled preauthorized contribution of \$50.00 or more</li> </ul>	<b>Term Deposits-Deposit Broker Services</b> <ul style="list-style-type: none"> <li>• Minimum deposit of \$25,000.00</li> </ul>

## DEPOSIT RENEWALS

### 21 Day Rate Guarantee

- A notice of maturing deposit will be mailed approximately 21 days prior to maturity date. Depositors will receive the highest rate within 21 days prior to the maturity date.

### Automatic Renewal

- If League Savings and Mortgage has not received renewal instructions, the deposit will be renewed for a similar term at the current posted rate of interest. Automatic renewals for terms under the minimum deposit balances will be renewed into a variable account or combined with a similar term if available.
- Deposit may be amended, redeemed or transferred within 10 business days of the investment or maturity date.

## DISCLOSURE OF FEES & CHARGES

Bank drafts	\$10.00 for each bank draft
Transfer from registered plans (RSP, RIF, TFSA, FHSA)	\$100.00 for each transfer of registered product
Withdrawal from registered plans (RSP, RIF, FHSA)	\$50.00 transaction fee per withdrawal
Early withdrawal of redeemable 1-year deposit	No interest will be paid if redemption is within 30 days of purchase or last renewal date.
Redemption of a non-redeemable deposit prior to the maturity date due to financial hardship	Pre-approval with League Savings and Mortgage \$100.00 transaction fee, plus 50% discount of interest earned on each deposit as of the last renewal date
Withdrawal from non-redeemable RRIF deposit prior to maturity	Maximum of 25% of the previous year-end balance Limit of 2 special withdrawals per year \$100.00 transaction fee per withdrawal
Pension legislated special withdrawal request	\$150.00 unlocking fee, in addition to applicable withdrawal fee
Account closed within 90 days of opening	\$100.00 per account
Change of registration/internal transfer	\$25.00 transaction fee per deposit
NSF (non-sufficient funds) fee	\$40.00 transaction fee
Estate administration	Estate processing is charged at a rate of \$275.00 per hour, with a minimum of \$275.00
Wire transfers	Incoming wire transfer \$20.00 Outgoing wire transfer \$30.00 domestic/ \$40.00 international
Dormant accounts	After two years notice of inactivity \$20.00, after five years notice of inactivity \$30.00 and after nine years notice of inactivity \$40.00
Transactional research	\$150.00 per hour, with a minimum charge of \$150.00 to research historical information and calculations
Provide personal information	\$25.00 fee to provide personal information pursuant to federal or provincial privacy legislation

# Protecting your deposits

Canada Deposit Insurance Corporation (CDIC) is a federal Crown corporation that insures more than \$1 trillion in deposits held in member institutions. CDIC is fully funded by our members and coverage is free and automatic – you don't have to sign up.

CDIC protects eligible deposits in Canadian and foreign currency for up to \$100,000 (Canadian dollars) in each of CDIC's insurance categories.

## What's covered?

- Deposits in Canadian or foreign currency (including via payroll, Interac e-transfer, or cheque)
- Guaranteed Investment Certificates (GICs)
- Other term deposits

## What's not covered?

- Mutual funds
- Stocks and bonds
- Exchange Traded Funds (ETFs)
- Cryptocurrencies

**Example:** Jane Doe has placed the following funds at a CDIC member institution. Here's what does ✓ and does not ✗ qualify for CDIC coverage:

\$ 40,000 in a GIC ✓  
 \$ 25,000 in a savings account ✓  
 \$ 25,000 in a chequing account ✓  
 \$ 130,000 in mutual funds ✗

---

\$220,000 = Total Portfolio  
 \$ 90,000 = Total Eligible Deposits  
 \$ 90,000 = Total Deposits Protected by CDIC

Jane's GIC, savings and chequing accounts are in her name only and all qualify for CDIC coverage within the same coverage category (deposits held in one name). As a result, total amounts in these accounts are combined and are insured for up to a total of \$100,000 in the event of a member institution's failure.

## A word about financial service providers, products and deposit protection

CDIC deposit insurance may be available for eligible financial products offered by a CDIC member, another financial institution, a broker, a third-party financial service provider (for example, a financial technology company), or other providers. To find out if your deposits are protected by CDIC, speak to your financial service provider.

## What happens if a CDIC member fails?

In the unlikely event of failure of a CDIC member institution, CDIC provides access to insured funds (including interest) within days. It's automatic – we will contact you.

## What you can do

- Know what is covered and what is not
- Keep your address, phone number and email up-to-date at your financial institution
- Ask your broker or financial advisor about CDIC's rules for deposits held in trust including keeping up-to-date beneficiary information

## Want to know more?

Visit our website

**cdic.ca**

Call us

**1-800-461-2342**

Follow us



**Canada**