

This is the form to be used by Deposit Agents under the Deposit Agent Rules. It can be used for either an initial filing or an annual filing.

In this form:

"Deposit Agent" is someone who receives or solicits funds from investors and transmits those funds to a Financial Institution for investment in guaranteed investment certificates issued by the Financial Institution.

"Financial Institution" is:

- a bank,
- a credit union, and
- a trust corporation or a loan corporation.

"Sub-agent" is someone who acts as a Deposit Agent but deals through another Deposit Agent instead of dealing directly with Financial Institutions.

We confirm that we carry on the business of a Deposit Agent in Saskatchewan.

Deposit Agent's Surname: _____

Deposit Agent's First and Middle Names: _____

Other names Deposit Agent operates under: _____

Main business address: _____

Postal Code: _____ Phone #: _____ Fax #: _____

Mailing Address (if different from business address): _____

Name of contact person: _____

Contact Email Address: _____

Date of Deposit Agent's financial year end (This date **must** be completed, as it is used to verify that the Deposit Agent Reporting Form has been filed within the required time limit.): _____

Branch offices

Do you have branch offices? yes no If yes, please give the information requested below.
[If more than one branch office, list information on another sheet.]

Business address: _____

Postal Code: _____ Phone #: _____ Fax #: _____

Mailing address (if different than business address): _____

Name of contact person: _____



Other licenses

What other licenses do you hold?

Insurance yes no

Mutual Fund yes no

Real Estate yes no

Other (*Please specify*): _____

Additional:

Attach a list with the names of all support staff who assist you in processing GIC's.

Trust Accounts

Do you maintain an account in which you deposit investor's funds for the purchase of GICs?

yes no

If yes, state the name and address of the Financial Institution where the account is located:

Name of Financial Institution: _____

Address: _____

Postal Code: _____

If you have a trust account and this is a renewal filing, you must also submit a completed Auditor's Report.

Financial Institutions

Attach a list with the following information about each Financial Institution you will be placing your GIC business through.

- name of Financial Institution,
- name of contact person at Financial Institution,
- business address of the branch you deal with,
- mailing address with postal code,
- telephone number, and
- email address.

Sub-agents

Do you have Sub-agents? yes no

You must have approval from the Financial and Consumer Affairs Authority before you can have Sub-agents. Contact the FCAA for more information.



Dated at _____, this _____ day of _____, 20____.

(Name of Deposit Agent)

By _____
(Signature of Deposit Agent or authorized officer)

(Type or print name)

(Official capacity)

Mail or Email this completed form to:

Financial and Consumer Affairs Authority of Saskatchewan
4th Floor, 2365 Albert Street, Regina, Canada, S4P 4K1
Phone: (306) 787-5645

Or

Email: exemptions@gov.sk.ca

Don't forget to attach:

- a list of the Financial Institutions you place your GIC business with,
- a completed Auditor's Report if you have a trust account, and are not filing this Reporting Form for the first time, and
- Information about your branch offices if you have more than two.

AFFIDAVIT

Province of Saskatchewan) I, _____
) (name in full)
)
) of the _____
)
) in the _____ of _____
)

MAKE OATH AND SAY:

- 1. I am the Deposit Agent (or authorized officer for the Deposit Agent) herein and I signed the Reporting Form.
- 2. The statements of fact made in the Reporting Form are true.

SWORN before me at _____)
)
 in the province of _____)
)
 this _____ day of _____)
)
 20____.) _____
)
)
)
 _____)

A Commissioner for Oaths in and for the

Province of _____.

My commission expires _____.