

This is the form to be used by Sub-Agents under the Deposit Agent Rules. It can be used for 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.

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

I confirm that I act as a Sub-Agent in Saskatchewan.

Sub-Agent's Surname: _____

Sub-Agent's First and Middle Names: _____

Other names Sub-Agent operates under: _____

Main business address: _____

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

Mailing Address (*if different from business address*): _____

Name of contact person: _____

Contact Email Address: _____

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*): _____

Deposit Agents

State the name and address of the Deposit Agent you act for:

Name of Deposit Agent: _____

Address: _____

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

Additional:

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

Under the Deposit Agent Rules you cannot act as a Sub-agent for any Deposit Agent other than the one named above. The Rules also prohibit you from dealing directly with a financial institution.



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

(Name of Sub-Agent)

By _____
(Signature of Sub-Agent or authorized officer)

(Type or print name)

(Official capacity)

(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:

- **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 Sub-Agent (or authorized officer for the Sub-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 _____.