

# CHIP Home Income Plan

## Family Integrity Corporation Client Referral Sheet



When you have completed this form and obtained your client(s) signature(s), please fax it to 1-877-408-7269. Once completed and faxed, please keep a copy on file.

Inform your client that CHIP will contact them within 1 business day. If your clients have questions about the CHIP Home Income Plan™, call 1-866-536-2447 to speak with their CHIP Home Income Plan Representative.

### Step 1 – Information About You (\*Required Information)

Customer #1 (Customer must be at least 60 years of age)

Mr.  Mrs.  Ms.  Dr.  Rev. \*

First Name \* \_\_\_\_\_

Last Name \* \_\_\_\_\_

Birth Date \* \_\_\_\_\_

Street Address \* \_\_\_\_\_

Province \* \_\_\_\_\_

Telephone \* \_\_\_\_\_

Customer #2 (Customer must be at least 60 years of age)

Mr.  Mrs.  Ms.  Dr.  Rev.

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Birth Date \_\_\_\_\_

City \* \_\_\_\_\_

Postal Code \* \_\_\_\_\_

Email \_\_\_\_\_

### Step 2 – Information About Your House (\*Required Information)

Type of Home \*  Detached  Semi-Detached  Modular Home  Duplex  
 Townhouse  Semi-Detached (QC)  Rural Acreage  Triplex  
 Condo-Apartment  Condo-Townhouse  Mobile Home

Market Value of Home \* \$ \_\_\_\_\_

Amount of Deferred Property Tax (BC Only) \* \$ \_\_\_\_\_

Amount of Existing Mortgage, Secured Line of Credit \* \$ \_\_\_\_\_

Expected Use of Funds (check all that apply)

Major Purchase  Travel  Health Care  Home Renovation  
 Income/Investment  Pay Debt  Estate Planning  Family Gifts

### Step 3 – Branch Information (\*Required Information)

First Name \* \_\_\_\_\_

Title \* \_\_\_\_\_

Transit Number \* \_\_\_\_\_

City \* \_\_\_\_\_

Postal Code \* \_\_\_\_\_

Email Address \* \_\_\_\_\_

Last Name \* \_\_\_\_\_

Branch Name \* \_\_\_\_\_

Branch Street Address \* \_\_\_\_\_

Province \* \_\_\_\_\_

Telephone Number \* \_\_\_\_\_

Fax Number \* \_\_\_\_\_

### Authorization

I/We direct Family Integrity Corporation (the "Referrer") and/or its domestic subsidiaries to submit this completed Referral Sheet (the "Sheet") to Canadian Home Income Plan Corporation ("CHIP") in connection with a CHIP Home Income Plan. The Sheet has been completed using information provided by me/us and I/we confirm that the information contained in the Sheet is correct. In addition to providing the Sheet to CHIP, I/we also authorize CHIP to disclose to the Referrer details of any CHIP Home Income Plan that CHIP has granted to me so that the Referrer may serve me better, including assisting me with investing the proceeds of the Plan. I/we have been advised that CHIP and the Referrer have a referral agreement under which CHIP pays a fee to the Referrer in the event that CHIP enters into a CHIP Home Income Plan with me/us. I/we will settle any claims and disputes relating to the Sheet or any CHIP Home Income Plan arising from the Sheet directly with CHIP.

Date \* \_\_\_\_\_

Customer #1 Signature \* \_\_\_\_\_

Customer Name \* \_\_\_\_\_

Date \_\_\_\_\_

Customer #2 Signature \_\_\_\_\_

Customer Name \_\_\_\_\_