

## Consent for Broker Representation

- Authorizes** the release of mortgage information and/or personal information to the named mortgage broker and their assistants or agents for the purpose of mortgage consultation or refinancing. This authorization shall continue in force until revoked in writing using a separate form. This form does not authorize the named individual to request maintenance or changes to the status or terms and conditions of the account.
- Cancels** the existing authorization on file for the named mortgage broker.

## Mortgagor Information

BORROWER 1 NAME

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BORROWER 2 NAME

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MORTGAGE NUMBER

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TELEPHONE NUMBER  HOME  CELL  WORK

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TELEPHONE NUMBER  HOME  CELL  WORK

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## Mortgage Broker Information

BROKER NAME

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BROKERAGE NAME

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BUSINESS ADDRESS

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CITY PROVINCE POSTAL CODE COUNTRY

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BUSINESS TELEPHONE NUMBER

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EMAIL ADDRESS

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Signed at (city/province) \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

BORROWER 1 SIGNATURE

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BORROWER 2 SIGNATURE

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Please submit completed form **signed by all borrowers** to:Home Trust Company  
Security Address  
145 King Street West, Suite 2300  
Toronto, ON M5H 1J8  
Fax 416-363-7611  
Email broker.relations@hometruster.ca