



FIRST NATIONS FINANCE AUTHORITY

Instructions for Pooled Investment Funds Account

Instructions:

The following document is separated into five sections. Once completed, the document along with a photocopied cheque should be submitted by either scan/e-mail or fax, and then followed up with the original copy by mail to:

First Nations Finance Authority
202-3500 Carrington Road
Westbank, BC V4T 3C1
Fax: 250-768-5253 or e-mail: info@fnfa.ca

Application for Enrolment:

Use this to open a new Pooled Investment Fund account (PIF).

Section A: Client Information

Section A contains the general Client information, as well as your employee's contact information, stating who should be contacted with correspondence pertaining to the FNFA programs. Please complete the Client section including a general contact name for inquiries regarding the information on this form.

Section B: Signing Authorities

Use this section to list your designated, authorized signers.

Below the specimen signature section is where a legal counsel, commissioner for taking affidavits, or a staff member from the organization with knowledge of all signers listed, would attest to the validity of the signatures in the previous section.

At the bottom of this section is where signing instructions should be included. Please indicate whether one, two, or more signatures are needed as authorization in the programs, or whether one person plus any of the other signers are required to sign. For example, each of your FNFA transactions might require the signature of one elected official and one staff member (a suggested method to separate these two groups is to label each name as 'Group A' or 'Group B' in the space to the left of the name).

The determination of who should sign is at your discretion; the FNFA has no set requirement in this regard. Should you require additional room for these instructions, please feel free to add another page.

Section C: Banking Information

This section is for your organization's required banking information.

Note that any set-up or change of banking information must be authorized by your designated, existing signers (at the bottom of the page) according to your requirements.

Section D: Legal Terms and Conditions

The last section contains the Legal Terms and Conditions of the Business Pre-Authorized Debit Plan that we are required to provide as per the Canadian Payments Association. A signature is required on the last page of this document indicating your understanding and acceptance of the details of our banking arrangements.

**** Should signers and/or banking information change in the future, please complete only the relevant page(s), and submit them to us by scan/email or fax, with originals to follow by mail.**

Please feel free to contact us if you have any questions or need more information:

info@fnfa.ca

Phone: 250-768-5253



FIRST NATIONS FINANCE AUTHORITY

Pooled Investments - Application for Enrolment

TO: First Nations Finance Authority
202-3500 Carrington Road
Westbank, British Columbia
V4T 3C1

The _____ (First Nation) hereby applies to enroll as a participant in the Pooled Investments Program, as established by the First Nations Finance Authority, under the account name of:

The undersigned subscribing to the Pooled Investments Fund warrants to the FNFA that they fall within the exemption found in section **149(1)(c) or (d) of the Income Tax Act**.

In consideration of FNFA accepting this application and the undersigned subscribing to the Pooled Investment Funds, the undersigned hereby agrees to be bound by the Subscription, Redemption, Transfer and Investment policies as determined by the Investment Advisory Committee.

SIGNATURE: _____

PRINT NAME: _____

TITLE: _____

DATE: ____/____/____
YYYY MM DD

SIGNATURE: _____

PRINT NAME: _____

TITLE: _____

DATE: ____/____/____
YYYY MM DD

CONTACT INFORMATION:

Contact Name: _____

Address:

Telephone: _____

Facsimile: _____

E-mail: _____

OFFICE USE ONLY

Accepted by FNFA:

Per: _____

Date: _____

FNFA Account Number: _____

CIBC Institution Number: 91520
(customer number)

CIBC Identification Number: _____
(pass code)



FIRST NATIONS FINANCE AUTHORITY

Section A: Client Information

Effective Date: ____/____/____

YYYY MM DD

CLIENT INFORMATION (Please type or print clearly)

Client Legal Name:		
Account Name:	Account Number:	
Address:		
City:	Province:	Postal Code:
Contact Name (Head of Finance Department):		
E-Mail Address:		
Telephone:	Fax:	

FNFA PROGRAM CONTACT INFORMATION

The contact(s) named below will receive all correspondence for the FNFA Pooled Investment Funds Program

** indicate contact(s) preferred method of contact by checking the appropriate box*

CONTACT NAME:	EMAIL: <input type="checkbox"/>
	FAX: <input type="checkbox"/>
	PHONE: <input type="checkbox"/>
CONTACT NAME:	EMAIL: <input type="checkbox"/>
	FAX: <input type="checkbox"/>
	PHONE: <input type="checkbox"/>
CONTACT NAME:	EMAIL: <input type="checkbox"/>
	FAX: <input type="checkbox"/>
	PHONE: <input type="checkbox"/>

Authorized Signatories:

Per _____ Print Name _____

Per _____ Print Name _____



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Section B: Signing Authorities for FNFA Pooled Investment Fund

Client Legal Name: _____ Effective Date: ____/____/____

YYYY MM DD

Account Name: _____ Account Number: _____

Name	Title	Signature

The signature appearing opposite the name and title of each Authorized Officer above is the genuine and original signature of such officer. I further certify that if any Authorized Officer ceases to hold his/her current title and authority to bind the FNFA Member as set out below, or if any additional person receives such authority, the FNFA Member will provide the FNFA with a new specimen signature form reflecting such changes.

_____ Date

_____ Signature of person attesting to authorized signatures

_____ Printed name & title

All instructions require the signature of _____ (if applicable) and any _____ (please indicate number) of the authorized officers.



FIRST NATIONS FINANCE AUTHORITY

Section D: Authorization of the Payer to the Payee to Direct Debit an Account

Payee Name: First Nations Finance Authority
 Payee Address: 202-3500 Carrington Road, Westbank, BC V4T 3C1
 Payee Email: info@fnfa.ca
 Payee Telephone: 250-768-5253 Payee Facsimile: 250-768-5258

PAYER'S PAD AGREEMENT – Business Pre-Authorized Debit Plan – Terms & Conditions

We authorize the Payee indicated above and any successor or assign of the Payee to draw a debit in paper, electronic or other form for the purpose of making payment for goods or services related to our commercial activities (a "Business PAD") on our account(s) and at the financial institution indicated on the attached "Section C" (the "Account" and the "Financial Institution") and we authorize the Financial Institution to honour and pay such debits. This Agreement and our authorization are provided for the benefit of the Payee and our Financial Institution and are provided in consideration of our Financial Institution agreeing to process debit against our Account in accordance with the Rules of the Canadian Payments Association. We agree that any direction we may provide to draw a Business PAD, and any Business PAD drawn in accordance with this Agreement, shall be binding on us as if signed by us, and, in the case of paper debits, as if they were cheques signed by us.

1. **Cancellation:** We understand that we may revoke our Payer's PAD Agreement at any time in writing 30 days prior to the next scheduled payment due by us to the Payee under any of the programs listed below. This Agreement applies only to the method of payment and we agree that revocation or cancellation of this Agreement does not terminate or otherwise have any bearing on any contract that exists between us and the Payee.
2. **Standard Recourse Statement:** We understand that we have certain recourse rights if any debit does not comply with these terms. For example, we have the right to receive a reimbursement for any PAD that is not authorized or is not consistent with the PAD agreement. To obtain more information on recourse rights, we may contact our financial institution or visit: www.cdnpay.ca
3. **a) We understand that with respect to:**
 - i. **Pooled Investment Fund** transactions will occur on an 'as requested' basis and will be initiated by us providing a written request by fax to CIBC Mellon. Subscriptions must also be entered via "Rapid Trans Telephone Banking".
 - ii. **Capital Financing Invoicing:** Payments occur at set dates as per amortization schedule, payor shall receive written notice from the payee of the amount to be debited and the due date(s) of debiting at the time of the financing is established, and, at least ten (10) calendar days before the 1st due date. Such notice shall be received every time there is a change in the amount or payment date(s).
 - iii. **Interim Financing (short-term debt):** Variable amount Business PAD occurring monthly. Payor shall receive written or electronic notice from the payee indicating the amount of interest to be debited for the month. The amount is debited from the payor account five (5) business days before the end of the month, or at such times that have been previously arranged.
4. We certify that all information provided with respect to the Account is accurate and we agree to inform the Payee, in writing, of any change in the Account information provided in this Agreement at least ten (10) business days prior to the next due date of a Business PAD. In the event of any such change, this Agreement shall continue in respect of any new account to be used for Business PAD.
5. We warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Agreement below. In addition we warrant the guarantee, where applicable, that we have the authority to electronically agree to commit to this Agreement by secure electronic signature and that our secure electronic signature conforms with the requirements of Rule H1.
6. We understand and agree to the foregoing terms and conditions, and we agree to comply with Rules of the Canadian Payment Association, or any other rules or regulations which may affect the services described herein, as may be introduced in the future or are currently in effect and we agree to execute any further documentation which may be prescribed from time to time by the Canadian Payments Association in respect of the services described herein.

Client Legal Name

Date

Per: _____
Signature of Authorizing Signing Officer

Per: _____
Signature of Authorizing Signing Officer

Name _____

Name _____

Title: _____

Title: _____