

## Certificate of Authorization

To: First Nations Finance Authority ("FNFA")

I, \_\_\_\_\_, the \_\_\_\_\_ of  
*Print name Title*

\_\_\_\_\_ (the "Participant") CERTIFY THAT:  
*First Nation name*

- 1) The "Authorized Individual(s)" named in Appendix A, attached hereto, with their respective offices set opposite their names and signatures, have been duly appointed the Participant and are authorized to give deposit, withdrawal, and transfer instructions via email communication to FNFA, in connection with the CIBC account offered through the FNFA's High Interest Savings Account Product ("HISA"). Participants are to provide instructions by email by attaching a HISA Withdrawal Instruction form or HISA Deposit Instruction form signed by an Authorized Individual.
- 2) The "Communicator(s)" named in Appendix B, attached hereto, have been duly appointed and are authorized by the Participant to send email instructions to FNFA on behalf of the Participant provided that the HISA Withdrawal Instruction form or HISA Deposit Instruction form submitted to FNFA by the Communicator is signed by an Authorized Individual.
- 3) A separate Participant's Information Sheet for External Account is attached for each external bank account the Participant will use for its transactions. The document identifies the Participant accounts that relate to each bank account.
- 4) One copy of the required Participant's Authorization for Pre-Authorized Debits ("PAD Authorization") is being provided by the Participant to its external financial institution (as named in the Information Sheet for External Account and from which it will transfer funds to the HISA) and a second copy is attached to this Certificate of Authorization.
- 5) This Certificate of Authorization shall remain in force and be binding upon the Participant until a new certificate repealing or replacing this Certificate of Authorization has been received by FNFA.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
*Printed name of 1<sup>st</sup> Authorized individual*

\_\_\_\_\_  
*Printed name of 2<sup>nd</sup> Authorized individual*

\_\_\_\_\_  
*Signature of 1<sup>st</sup> Authorized individual*

\_\_\_\_\_  
*Signature of 2<sup>nd</sup> Authorized individual*

**FNFA**

#202 - 3500 Carrington Road, Westbank, B.C. Canada V4T 3C1

Telephone: (250) 768-5253 Fax: (250) 768-5258

Email: [mail@fnfa.ca](mailto:mail@fnfa.ca) [www.fnfa.ca](http://www.fnfa.ca)

## Appendix A

### Authorized Individuals

\_\_\_\_\_  
*Printed name of Authorized individual 1*

\_\_\_\_\_  
*Title of Authorized individual 1*

\_\_\_\_\_  
*Phone # of Authorized Individual 1*

\_\_\_\_\_  
*Email of Authorized Individual 1*

\_\_\_\_\_  
*Signature of Authorized individual 1*

\_\_\_\_\_  
*Printed name of Authorized individual 2*

\_\_\_\_\_  
*Title of Authorized individual 2*

\_\_\_\_\_  
*Phone # of Auth 2*

\_\_\_\_\_  
*Email of Auth 2*

\_\_\_\_\_  
*Signature of Authorized individual 2*

\_\_\_\_\_  
*Printed name of Authorized individual 3*

\_\_\_\_\_  
*Title of Authorized individual 3*

\_\_\_\_\_  
*Phone # of Auth 3*

\_\_\_\_\_  
*Email of Auth 3*

\_\_\_\_\_  
*Signature of Authorized individual 3*

## Appendix B

### Communicators

\_\_\_\_\_  
*Printed name of Communicator 1*

\_\_\_\_\_  
*Title of Communicator 1*

\_\_\_\_\_  
*Phone # of Communicator 1*

\_\_\_\_\_  
*Email of Communicator 1*

\_\_\_\_\_  
*Printed name of Communicator 2*

\_\_\_\_\_  
*Title of Communicator 2*

\_\_\_\_\_  
*Phone # of Communicator 2*

\_\_\_\_\_  
*Email of Communicator 2*

\_\_\_\_\_  
*Printed name of Communicator 3*

\_\_\_\_\_  
*Title of Communicator 3*

\_\_\_\_\_  
*Phone # of Communicator 3*

\_\_\_\_\_  
*Email of Communicator 3*