

Please fill out this agreement electronically. You will need Adobe Acrobat Reader, which can be downloaded free of charge from Adobe.com. If you are unable to download the free program, please contact us at mif@fnfa.ca

_____ (the "Participant") hereby applies to enroll in the FNFA Investment fund Program (the "Program") which has been established by the First Nations Finance Authority ("FNFA"). The Participant wishes FNFA to establish or re-establish an account ("Account") within the Investment Fund for the benefit of the undersigned. Having an Account will provide access to all the unitized investment funds (the "Funds") established by FNFA, currently and in the future.

The Participant represents and confirms that it is permitted, through its Investment Policy and governing legislation, to invest in Funds established by FNFA, and that if the Participant makes a request to FNFA to invest in a particular Fund, by doing so the Participant represents and confirms that it is permitted to make an investment in such Fund. The Participant further confirms and acknowledges that FNFA has not provided any advice to the Participant on the investment merits and risks of the Funds, and that the Participant is solely responsible for determining suitability and assessing risk of the investment's purposes and objectives, and has made, or will have made, its own assessment of the risks associated with each Fund in which it has chosen or in future chooses to invest.

The Participant also acknowledges that at any time its designated representatives, as denoted on the Signing Authority Update form most recently provided to FNFA (the "Most Recent Form"), are responsible for conducting account transactions, reviewing statements and otherwise managing the account in accordance with the Fund Documents. The Participant confirms and acknowledges that FNFA is entitled to rely on the Most Recent Form in connection with the execution of any documents on behalf of the Participant, now and in the future. The below signatories are authorized to bind the Participant.

Printed name of 1st Authorized individual

Title of 1st Authorized individual

Signature of 1st Authorized individual

Date of signature

Printed name of 2nd Authorized individual

Title of 2nd Authorized individual

Signature of 2nd Authorized individual

Date of signature

This Enrollment Agreement is hereby accepted and entered by FNFA on this ____ day of _____, 20____.

First Nations Finance Authority

James Byra
Printed name of FNFA Representative

Managing Director of Finance & Investments
Title of 1st Authorized individual

Signature of FNFA Representative

Date of signature

GENERAL INFORMATION

- As with other financial institutions, the FNFA must be notified of any changes to your organization's signing list. This is to ensure your accounts are kept safe and to ensure no disruption of access to Investment Account.
- The person responsible for the finance function in your organization must be one of your authorized signers.
- It is recommended that your organization have sufficient signers available and in place prior to holiday or vacation periods to avoid disruption of access to your Account.
- Signing Authority structure is up to your organization; however, it must be in one of three formats. Please see signing schedule for options.
- Documents must be filled out electronically to ensure accurate information is provided to FNFA. Adobe Acrobat is free program available from www.adobe.com.
- Documentation is emailed to mif@fnfa.ca We do not require the originals, please retain for your records.

TO ADD AUTHORIZED SIGNER(S)

When you add new signers:

- Complete all fields of Schedule of Authorized Signers listing all authorized signers and their positions.
- Complete one signature card for each of your authorized signers ensuring each signature card is attested by your Corporate Officer. Where your Corporate Officer is also a signer, please provide a clear copy of a piece of photo ID to attest the signature of this individual.
- Although not required, you may include a copy of your signing resolution, if needed.

SIGNING AUTHORITY FORM

MEMBER INFORMATION

Organization Legal Name: _____

Main Contact Person: _____

Main Contact Email: _____

SIGNING AUTHORITY STRUCTURE

- ☐ Any one signer
- ☐ Any two signers from list
- ☐ Two signers – one from List A and one from List B

SCHEDULE OF AUTHORIZED SIGNERS

The undersigned is a complete and current list of designated signing officers with First Nations Finance Authority.

LIST A - NAME AND JOB TITLE	LIST B - NAME AND JOB TITLE

BANKING INFORMATION

MEMBER INFORMATION

Name of First Nation: _____

Address: _____

Contact Person: _____

Contact Email: _____

BANKING INFORMATION

The information provided below must match what is currently on file with First Nations Finance Authority:

Name of Bank Account: _____

Bank Name: _____

Bank Street Address: _____

Bank Transit Number: _____ Institution Number: _____

Account Number: _____

VOID CHEQUE

Please provide a clear copy of a void cheque.

SIGNED

The undersigned **MUST** be authorized by the Chief Financial Officer and one other authorized signer.

Printed name of Chief Financial Officer

Printed name of 2nd Authorized individual

Signature of Chief Financial Officer

Signature of 2nd Authorized individual