PAYOUT STATEMENT AUTHORIZATION FORM

Please check ONE box below: Payout Statement Request for:

☐ **Transfer Purposes (Transfer Program)** **OR** ☐ **Discharge Purposes (Street Smart Refinance Program)**

To: (Name of Institution holding current mortgage)			**Date:**
Address: (Address of Institution holding current mortgage)			
Phone:	**Fax:**		
Client's Name(s):			
Mortgage Reference No.:			
Property Address:		**City:**	**Prov:**

I/We hereby authorize and instruct you as follows:

1. Please provide **FNF Canada** with a **PAYOUT STATEMENT** as at______________(Payout Date);

2. Do not renew the Mortgage, as the Mortgage will be paid out. However, should you have to renew the mortgage, consider these your instructions to renew the Mortgage only for a six (6) month "open" term. These instructions are to have priority over any other renewal letter, document or other instrument you may have sent to me/us. **Note:** If you cannot renew for a six (6) month "open" term, advise FNF Canada immediately in writing prior to renewal of the mortgage;

3. The above-mentioned statement should reflect the outstanding principal balance as at the payout date, accrued interest as at the payout date, any debit or credit tax account balance, the per diem rate of interest on such principal balance accruing from the payout date, administration fees (if applicable), the date and the amount of the last payment, the payment frequency and whether the loan is in good standing; and

4. Provide FNF Canada with confirmation that our mortgage is in good standing and not in arrears.

We will rely on the accuracy of your statement despite any general exception or qualification in it.

Please fax the **PAYOUT STATEMENT** as soon as possible to FNF Canada.

______________________________ ______________________________

Borrower 1 Borrower 2