

FORM 3
AFFIDAVIT

In the Matter of the Foregoing)
Application for Deposit Insurance)
made under the *Canada Deposit*)
Insurance Corporation Act)

I, _____
(Name in full)

in the

MAKE OATH AND SAY:

1. I am the _____ [state title or office]
of _____, the controlling entity (the “Controlling Entity”)
of _____, (the “Applicant”) herein for deposit insurance.
2. The statements made and the information provided by the Controlling Entity in support of the application by the Applicant for deposit insurance are true and correct, in all material respects:
 - (a) as of the date hereof, in the case of the statements made in the application or incorporated by reference therein, and
 - (b) as of the respective dates as of which the statements were made, in the case of the statements made in the attachments or in any other supplementary document filed in support of this application, andas of their respective dates, contain no misrepresentations.

SWORN before me at the

in the _____ of _____)
_____)
this _____ day of 20 _____)

(Signature)

(Notary Public)