

FORM 32-501F1

REPORT BY MUTUAL FUND DEALER PURSUANT TO CLAUSE 4(d) OF LOCAL INSTRUMENT 32-501 DEPOSIT AGENTS

[Subclause 4(d)(i)]

*Instruction:*

Use this form if you are claiming the exemption in clause 4(d) of Local Instrument 32-501 Deposit Agents. Clause 4(d) exempts officials and salespersons of registered mutual fund dealers that are members of the MFDA from the registration requirement in Local Instrument 32-501 on certain conditions.

1.(a) Name of registered mutual fund dealer \_\_\_\_\_

(b) Head Office Business Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

2. Attach a list with the following information about each official of your firm who trades in guaranteed investment certificates for your firm's account and through your firm's facilities:

- name
- position with your firm
- business address
- telephone number
- fax number

*Instruction: An "official" is a partner, director or officer of your firm.*

3. Attach a list with the following information about each salesperson with your firm who trades in guaranteed investment certificates ("GICs") for your firm's account and through your firm's facilities:

- name
- position with your firm
- business address
- telephone number
- fax number

4. Attach a list with the following information about each financial institution that your firm places GIC business through:

- name of the financial institution
- name of contact person at the financial institution
- business address of the branch you deal with
- mailing address with postal code
- telephone number
- fax number

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

\_\_\_\_\_  
(Name of Mutual Fund Dealer)

By: \_\_\_\_\_  
(Signature of authorized officer)

\_\_\_\_\_  
(Type or print name)

\_\_\_\_\_  
(Official capacity)

**AFFIDAVIT**

PROVINCE OF SASKATCHEWAN

I, \_\_\_\_\_  
*(name in full)*  
of the \_\_\_\_\_  
*(municipality)*  
in the \_\_\_\_\_  
*(jurisdiction)*

MAKE OATH AND SAY:

1. I am the authorized officer for the Mutual Fund Dealer herein and I signed the Reporting Form.
2. The statements of fact made in the Reporting Form are true.

SWORN before me at \_\_\_\_\_  
in the \_\_\_\_\_  
of \_\_\_\_\_  
this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

*(A Commissioner for Oaths in and for the Province of Saskatchewan, or \_\_\_\_\_)*

My commission expires \_\_\_\_\_ .

SWORN before me at \_\_\_\_\_  
in the \_\_\_\_\_  
of \_\_\_\_\_  
this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

*A Notary Public in and for the Province of \_\_\_\_\_, or \_\_\_\_\_*

My commission expires \_\_\_\_\_ .

**If swearing an affidavit outside Saskatchewan, you must be a Notary Public.**

**It is an offence under Saskatchewan securities laws to file an application that contains a statement that, at the time and in the light of the circumstances in which it is made, is false or misleading, or fails to state a material fact.**