



INSTRUCTIONS

- 1. This form is required pursuant to section 12(1)(b) of the FINANCIAL INSTITUTIONS ACT and section 6(1)(b) of the CREDIT UNION INCORPORATION ACT.
2. This form must be typewritten or printed.
3. All applicable information must be provided. Attach additional typed/printed sheets as necessary.
4. Upon completion, please forward this form together with all attachments to the Financial Institutions Commission, Suite 1200, 13450 - 102nd Avenue, Surrey, BC V3T 5X3.
5. All material requested must be submitted at the same time.

Freedom of Information and Protection of Privacy Act
The information requested on this form is collected under the authority of and used for the purpose of administering the Financial Institutions Act and the Credit Union Incorporation Act. If you have any questions about the collection or use of this information, contact the Freedom of Information Coordinator, 604 953-5300, Suite 1200, 13450 - 102nd Avenue, Surrey, BC V3T 5X3.

A. APPLICANT DETAILS

1. APPLICATION FOR INCORPORATION OF:

- Trust Company Insurance Company Credit Union

2. NAME OF COMPANY/CREDIT UNION:

3. HEAD OFFICE ADDRESS:

4. TELEPHONE NUMBER: 5. FAX NUMBER:

6. (i) CONTACT PERSON:

(ii) TITLE:

B. INCORPORATION FEES

Attach the incorporation fee, in the amount set out in the Financial Institutions Fees Regulation, made payable to the Minister of Finance.

C. PLAN

Attach a business plan for the proposed company/credit union.

D. MEMORANDUM/CONSTITUTION

Attach the proposed memorandum/constitution for the company/credit union.

E. ARTICLES/RULES

Attach the proposed articles/rules for the company/credit union.

F. NOTICE OF OFFICE

Provide the following:

1. Registered Office Address:

2. Records Office Address:

3. Branch Address(es):

[Blank lines for branch addresses]

G. PRELIMINARY ACTIVITIES

List the preliminary activities the company/credit union will be undertaking before obtaining a business authorization.
(Attach separate sheet if additional space is required.)

H. SUBSCRIBERS, DIRECTORS AND SENIOR OFFICERS

Attach a Personal Information Return for each subscriber who would own or control 10% or more of the voting shares in the company/credit union and for each proposed director and senior officer.

CERTIFICATION

I, the undersigned, hereby certify that the foregoing statements are true, correct and complete to the best of my knowledge, information and belief, and hereby undertake to notify the Financial Institutions Commission immediately in writing of any material change therein.

SIGNATURE

TITLE

DATE SIGNED

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