



**Certificate of Authorization**

To: SARM

I, \_\_\_\_\_, the \_\_\_\_\_ of \_\_\_\_\_ (the "Participant") CERTIFY THAT:

1. The "Authorized Individual(s)" named in Appendix A, attached hereto, with their respective offices set opposite their names and signatures, have been duly appointed and are authorized to give deposit, withdrawal, and transfer instructions via email communication to SARM, in connection with the CIBC account offered through SARM's High Interest Savings Account ("HISA"). Participants are to provide instructions by email by attaching a HISA Withdrawal Instruction form or HISA Deposit Instruction form signed by an Authorized Individual.
2. The "Communicator(s)" named in Appendix B, attached hereto, have been duly appointed and are authorized to send email instructions to SARM on behalf of the Participant provided that the HISA Withdrawal Instruction form or HISA Deposit Instruction form submitted to SARM by the Communicator is signed by an Authorized Individual.
3. A separate Participant's Information Sheet for External Account is attached for each external bank account the Participant will use for its transactions. The document identifies the Participant accounts that relate to each bank account.
4. One copy of the required Participant's Authorization for Pre-Authorized Debits ("PAD Authorization") is being provided by the Participant to its external financial institution (as named in the Information Sheet for External Account and from which it will transfer funds to the HISA) and a second copy is attached to this Certificate of Authorization.
5. This Certificate of Authorization shall remain in force and be binding upon the Participant until a new certificate repealing or replacing this Certificate of Authorization has been received by SARM.

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

\_\_\_\_\_  
Signature of Authorized Individual

\_\_\_\_\_  
Second signature (if required)



**Appendix A - Authorized Individuals**

Name (Print)	Office/Title	Authorized Email Address (Print)	Phone Number	Signature
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



**Appendix B – Communicators**

<b>Name (Print)</b>	<b>Title</b>	<b>Authorized Email Address for Communication (Print)</b>	<b>Phone number</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____