



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 as bank signatories and are authorized to approve deposit, withdrawal, and transfer instructions in connection with the CIBC account offered through SARM's High Interest Savings Account ("HISA").
2. The "Communicator(s)" named in Appendix B, attached hereto, have been duly appointed and are authorized to provide email instructions to SARM on behalf of the Participant provided that the HISA Deposit Instruction form or HISA Withdrawal Instruction form submitted to SARM by the Communicator is signed by the Authorized Individual(s).
3. One copy of the required Pre-Authorized Debit (PAD) Agreement is being provided by the Participant to its external financial institution and a second copy is included alongside this Certificate of Authorization.
4. 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

The individuals below have been duly appointed as bank signatories and are authorized to approve deposit, withdrawal, and transfer instructions in connection with the CIBC account offered through SARM’s High Interest Savings Account (“HISA”).

Name (Print)	Office/Title	Authorized Email Address	Phone Number	Signature
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Appendix B – Communicators

The individuals below have been duly appointed and are authorized to provide email instructions to SARM on behalf of the Participant provided that the HISA Deposit Instruction form or HISA Withdrawal Instruction form submitted to SARM by the Communicator is signed by the Authorized Individual(s) listed in Appendix A.

Name (Print)	Title	Authorized Email Address for Communication	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____