



FNFA INVESTMENT FUND

ENROLLMENT AGREEMENT

Please fill out this agreement electronically. You will need Adobe Acrobat Reader, which can be downloaded free of charge from Adobe.com. If you are unable to download the free program, please contact us at info@fnfa.ca

TO: First Nations Finance Authority

_____ (the "Participant") hereby applies to enroll in the FNFA Investment fund Program (the "Program") which has been established by the First Nations Finance Authority ("FNFA"). The Participant wishes FNFA to establish or re-establish an account ("Account") within the Investment Fund for the benefit of the undersigned. Having an Account will provide access to all the unitized investment funds (the "Funds") established by FNFA, currently and in the future.

The Participant represents and confirms that it is permitted, through its Investment Policy and governing legislation, to invest in Funds established by FNFA, and that if the Participant makes a request to FNFA to invest in a particular Fund, by doing so the Participant represents and confirms that it is permitted to make an investment in such Fund. The Participant further confirms and acknowledges that FNFA has not provided any advice to the Participant on the investment merits and risks of the Funds, and that the Participant is solely responsible for determining suitability and assessing risk of the investment's purposes and objectives, and has made, or will have made, its own assessment of the risks associated with each Fund in which it has chosen or in future chooses to invest.

The Participant also acknowledges that at any time its designated representatives, as denoted on the Signing Authority Update form most recently provided to FNFA (the "Most Recent Form"), are responsible for conducting account transactions, reviewing statements and otherwise managing the account in accordance with the Fund Documents. The Participant confirms and acknowledges that FNFA is entitled to rely on the Most Recent Form in connection with the execution of any documents on behalf of the Participant, now and in the future. The below signatories are authorized to bind the Participant.

Signature: _____	Signature: _____
Print Name: _____	Print Name: _____
Title: _____	Title: _____
Date: _____	
Contact Name: _____	Contact Email: _____

This Enrollment Agreement is hereby accepted and entered into by FNFA on this ____ day of _____, 20__

First Nations Finance Authority

Name: Steve Berna
Title: Chief Operating Officer