



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 jbyra@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



SIGNING AUTHORITY FORM

General Information

- As with other financial institutions, the FNFA must be notified of any changes to your organization's signing list. This is to ensure your accounts are kept safe and to ensure no disruption of access to Investment Account.
- The person responsible for the finance function in your organization must be one of your authorized signers.
- It is recommended that your organization have sufficient signers available and in place prior to holiday or vacation periods to avoid disruption of access to your Account.
- Signing Authority structure is up to your organization; however, it must be in one of three formats. Please see signing schedule for options.
- Documents must be filled out electronically to ensure accurate information is provided to FNFA. Adobe Acrobat is free program available from www.adobe.com.
- Documentation is emailed to jbyra@fnfa.ca We do not require the originals, please retain for your records.

To Add Authorized Signer(S)

When you add new signers:

- Complete all fields of **Schedule of Authorized Signers** listing all authorized signers and their positions.
- Complete one signature card for each of your authorized signers ensuring each signature card is attested by your Corporate Officer. Where your Corporate Officer is also a signer, please provide a clear copy of a piece of photo ID to attest the signature of this individual.
- Although not required, you may include a copy of your signing resolution, if needed.



SIGNING AUTHORITY FORM

Member Information

Organization Legal Name: _____

Contact Person: _____

Contact Email: _____

Individual Signer Information

Please fill out one signing card for each authorized signer

First and Last Name: _____

Title: _____

Email Address: _____

Signature:
This is how you will sign FNFA documents _____

Attestation Signature

Each signature must be attested by the Corporate Officer (CO) or equivalent. Where the Corporate Officer is also a signer, we ask that the CO also provide a clear photocopy piece of photo ID to accompany the attestation.

Print Attestation Name: _____

Print Attestation Title: _____

Attestation Signature: _____



BANKING INFORMATION

Member Information

Effective Date: _____
Organization Legal Name: _____
Contact Person: _____
Contact Email: _____

New Banking Information

Bank Name: _____
Bank Street Address: _____
Bank Mailing Address: _____ provide if bank address and mailing address are different
Bank Transit Number: _____ Institution Number: _____
Account Number: _____

VOID Cheque

Please provide a clear copy of a void cheque.

Signed

The undersigned MUST be authorized by the Chief Financial Officer and one other authorized signer.

Signature: _____ Signature: _____
Print Name: _____ Print Name: _____