DIRECTION / INDEMNITY AGREEMENT

TO: League Savings and Mortgage Company (referred to as the Issuer) THE UNDERSIGNED (insert names of all heirs of deceased): hereby state: _____ late of _____ 1 The deceased in the Province of ____ died at ____ on the day of A.D. 20 holding certificate(s) and amount(s) under League Savings and Mortgage GIC (non registered) Program as listed: Certificate # _____ Amount \$ _____ 2 (Strike out a) or b) as required and initial alteration) a) The deceased left a Will dated the day of A.D. 20 was appointed as wherein executor thereof, and: The deceased left no other Will or other testamentary document. It is desired to eliminate the expense of acquiring Letter Probate of the said Will of the deceased and no application for Letter Probate or Letter of Administration with Will Annexed of the deceased has been made or intended to be made in any jurisdiction, and A notarial copy of the said Will is deposited herewith. b) The deceased died intestate and The undersigned are the sole heirs of the deceased. Excepting any of the undersigned, there are no other children of the deceased or any children of a deceased child of the deceased. It is desired to eliminate the expense of acquiring Letters of Administration of the estate of the deceased and no such application has been made or intended to be made in any jurisdiction, and The relationship of the undersigned to the deceased is as follows: NAME RELATIONSHIP AGE 3 Proof of death is provided herewith. All debts of the estate have been paid in full. The net value of all property passing at the death of the deceased was approximately

THEREFORE, I/we request the GIC investment(s) be distributed as follows: Redeem and pay to Estate Direct Deposit Route (Void Cheque Attached) (Inst) (name and address of financial institution) without requiring Letters Probate or Letters of Administration of the estate of the deceased. IN CONSIDERATION of the Issuer complying with the above request each of the undersigned severally covenants and agrees for himself or herself and his or her heirs, executors, and administrators with the Issuer, their successors and assigns, to indemnify and hold them harmless from and against all actions, suits and other proceedings whatsoever which at any time hereafter shall or may be brought or prosecuted against the Issuer, their successors or assigns arising out of the transfer or payment as requested. IN WITNESS WHEREOF, each of the undersigned has affixed his or her signature this day of A.D. 20 In the presence of (Witness) (Signature) (This declaration is to be sworn by the executor named in 2 a) or by one of the heirs named at 2 b)) do solemnly declare that I have personal knowledge Ι, of the facts represented in the foregoing Direction/Indemnity Agreement and that all such facts are true and correct and that I am not in possession of any other facts or information which would have any effect on entitlement to proceeds. I MAKE THIS SOLEMN DECLARATION CONSCIENTIOUSLY believing it to be true and knowing it is of the same force and effect as if made under oath and by virtue of the "Canada Evidence Act". DECLARED before me at the of in the Province of Claimant's Signature this day of A.D. Commissioner for Oaths/Notary Public

Note: *Any alterations must be initialed by both the Claimant and Commissioner for Oaths/Notary Public

*Where this document is being sworn outside of the province where the issuer is located, it must be sworn in the presence of a Notary Public