



**GET ONE OF THE LOWEST MORTGAGE RATES
AVAILABLE NO MATTER WHO YOU ARE;
WITHOUT HAVING TO NEGOTIATE!**

PRE-APPROVAL Application - Want to be pre-approved for a mortgage?	Print pgs 2 & 3
PURCHASE Application - Need a new mortgage for your new home?	Print pgs 4 & 5
TRANSFER Application - Transferring your existing mortgage?	Print pgs 6 & 7
EQUITY TAKE OUT Application - Interested in an equity mortgage?	Print pgs 8 & 9

To ensure quick turn around on your application please complete all sections of this box.

Mr <input type="checkbox"/> Mrs <input type="checkbox"/>		FIRST NAME		INITIAL		LAST NAME	
Miss <input type="checkbox"/> Ms <input type="checkbox"/>							
ADDRESS				Previous address (if at current address for less than 3 years):			
CITY		PROVINCE		POSTAL CODE		CITY	
SOCIAL INSURANCE NUMBER		DATE OF BIRTH		LENGTH OF TIME AT THIS ADDRESS		<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	
		DAY MONTH YEAR					
NUMBER OF DEPENDANTS		MARITAL STATUS		CLIENT NUMBER (IF ALREADY A CLIENT)			
		<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED					
RESIDENCE TELEPHONE		BUSINESS TELEPHONE		FAX NUMBER		E-MAIL ADDRESS	
NAME OF CURRENT EMPLOYER				OCCUPATION		GROSS ANNUAL INCOME	
						\$	
ADDRESS OF EMPLOYER				CITY		PROVINCE	
						POSTAL CODE	
LENGTH OF EMPLOYMENT				OTHER INCOME (if any)		SOURCE OF OTHER INCOME	
				\$			
PREVIOUS EMPLOYER (If less than 2 years)				OCCUPATION		GROSS ANNUAL INCOME	
						\$	

CO-APPLICANT:

Mr <input type="checkbox"/> Mrs <input type="checkbox"/>		FIRST NAME		INITIAL		LAST NAME	
Miss <input type="checkbox"/> Ms <input type="checkbox"/>							
ADDRESS				Previous address (if at current address for less than 3 years):			
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SOCIAL INSURANCE NUMBER		DATE OF BIRTH		LENGTH OF TIME AT THIS ADDRESS		<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	
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NUMBER OF DEPENDANTS		MARITAL STATUS		CLIENT NUMBER (IF ALREADY A CLIENT)			
		<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED					
RESIDENCE TELEPHONE		BUSINESS TELEPHONE		FAX NUMBER		E-MAIL ADDRESS	
NAME OF CURRENT EMPLOYER				OCCUPATION		GROSS ANNUAL INCOME	
						\$	
ADDRESS OF EMPLOYER				CITY		PROVINCE	
						POSTAL CODE	
LENGTH OF EMPLOYMENT				OTHER INCOME (if any)		SOURCE OF OTHER INCOME	
				\$			
PREVIOUS EMPLOYER (If less than 2 years)				OCCUPATION		GROSS ANNUAL INCOME	
						\$	

ASSETS AND LIABILITIES FOR APPLICANT(S):

ASSETS	CURRENT VALUE	LIABILITIES	MONTHLY PAYMENTS	CURRENT BALANCE
BANK ACCOUNT <input type="checkbox"/> Savings <input type="checkbox"/> Chequing	\$	CREDIT CARDS	\$	\$
PROPERTY		RENT/MORTGAGE		
OTHER/RENTAL PROPERTIES		OTHER/RENTAL PROPERTIES		
RRSP		PERSONAL LOANS/LINES OF CREDIT		
STOCKS/BONDS		SUPPORT PAYMENTS		
VEHICLE		CAR LOAN		
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$	\$
NET WORTH (TOTAL ASSETS - TOTAL LIABILITIES):	\$			

NEW MORTGAGE ACCOUNT DETAILS:

VARIABLE 5YR <input type="checkbox"/>	FIXED 1YR <input type="checkbox"/> 3YR <input type="checkbox"/> 5YR <input type="checkbox"/> 10YR <input type="checkbox"/>	AMORTIZATION Years	PAYMENT FREQUENCY <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly	
DOWNPAYMENT \$	SOURCE OF DOWNPAYMENT <input type="checkbox"/> GIFT <input type="checkbox"/> RSP <input type="checkbox"/> SAVINGS <input type="checkbox"/> SALE OF PROPERTY		PURCHASE PRICE \$	CLOSING DATE
PROPERTY ADDRESS		CITY	PROVINCE	POSTAL CODE

I/we are applying for an ING DIRECT Mortgage Account in the amount of:

\$

Please answer the following:

Anti-money laundering legislation requires us to obtain the following information. We cannot open your account without this information, which will remain strictly confidential.

Excluding the co-applicant/guarantor, will a third party or any other person benefit from this account? <input type="checkbox"/> NO <input type="checkbox"/> YES				
NAME OF THE OTHER PARTY:				
ADDRESS OF OTHER PARTY:	UNIT	STREET		
	CITY		PROVINCE	POSTAL CODE
OCCUPATION OR TYPE OF BUSINESS OF THE OTHER PARTY				
RELATIONSHIP TO THE OTHER PARTY				
INCORPORATION NUMBER (If Applicable):			PLACE OF INCORPORATION (If Applicable):	

I/we agree that ING DIRECT may obtain and exchange such personal information (including credit experience and financial information) as may be required by ING DIRECT in connection with my/our accounts. I/we also confirm that I/we have read and consent to the ING DIRECT Privacy Code.

Applicant's Signature: X	Co-Applicant's Signature: X	Date:
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PLEASE RETURN VIA FACSIMILE 416-758-5012 or 1-866-202-3528.

To ensure quick turn around on your application please complete all sections of this box.

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Miss <input type="checkbox"/> Ms <input type="checkbox"/>							
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						PROVINCE	
						POSTAL CODE	
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		DAY MONTH YEAR					
NUMBER OF DEPENDANTS		MARITAL STATUS		CLIENT NUMBER (IF ALREADY A CLIENT)			
		<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED					
RESIDENCE TELEPHONE		BUSINESS TELEPHONE		FAX NUMBER		E-MAIL ADDRESS	
NAME OF CURRENT EMPLOYER				OCCUPATION		GROSS ANNUAL INCOME	
						\$	
ADDRESS OF EMPLOYER				CITY		PROVINCE	
						POSTAL CODE	
LENGTH OF EMPLOYMENT				OTHER INCOME (if any)		SOURCE OF OTHER INCOME	
				\$			
PREVIOUS EMPLOYER (If less than 2 years)				OCCUPATION		GROSS ANNUAL INCOME	
						\$	

CO-APPLICANT:

Mr <input type="checkbox"/> Mrs <input type="checkbox"/>		FIRST NAME		INITIAL		LAST NAME	
Miss <input type="checkbox"/> Ms <input type="checkbox"/>							
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						POSTAL CODE	
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RESIDENCE TELEPHONE		BUSINESS TELEPHONE		FAX NUMBER		E-MAIL ADDRESS	
NAME OF CURRENT EMPLOYER				OCCUPATION		GROSS ANNUAL INCOME	
						\$	
ADDRESS OF EMPLOYER				CITY		PROVINCE	
						POSTAL CODE	
LENGTH OF EMPLOYMENT				OTHER INCOME (if any)		SOURCE OF OTHER INCOME	
PREVIOUS EMPLOYER (If less than 2 years)				OCCUPATION		GROSS ANNUAL INCOME	
						\$	

ASSETS AND LIABILITIES FOR APPLICANT(S):

ASSETS	CURRENT VALUE	LIABILITIES	MONTHLY PAYMENTS	CURRENT BALANCE
BANK ACCOUNT <input type="checkbox"/> Savings <input type="checkbox"/> Chequing	\$	CREDIT CARDS	\$	\$
PROPERTY		RENT/MORTGAGE		
OTHER/RENTAL PROPERTIES		OTHER/RENTAL PROPERTIES		
RRSP		PERSONAL LOANS/LINES OF CREDIT		
STOCKS/BONDS		SUPPORT PAYMENTS		
VEHICLE		CAR LOAN		
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$	\$
NET WORTH (TOTAL ASSETS - TOTAL LIABILITIES):	\$			

NEW MORTGAGE ACCOUNT DETAILS:

VARIABLE 5YR <input type="checkbox"/>		FIXED 1YR <input type="checkbox"/> 3YR <input type="checkbox"/> 5YR <input type="checkbox"/> 10YR <input type="checkbox"/>			AMORTIZATION Years		PAYMENT FREQUENCY <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly			
DOWNPAYMENT \$		SOURCE OF DOWNPAYMENT <input type="checkbox"/> GIFT <input type="checkbox"/> RSP <input type="checkbox"/> SAVINGS <input type="checkbox"/> SALE OF PROPERTY				LOT AND PLAN NO.		CLOSING DATE		
PROPERTY ADDRESS					CITY			PROVINCE		POSTAL CODE
AGE OF BUILDING		NO. OF UNITS	SQ. FT.	ANNUAL PROPERTY TAX \$		CONDOMINIUM FEES \$		HEATING FEES \$		
TYPE OF BUILDING <input type="checkbox"/> LEASEHOLD <input type="checkbox"/> CONDOMINIUM <input type="checkbox"/> FREEHOLD				DESCRIPTION OF BUILDING <input type="checkbox"/> SEMI-DETACHED <input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> DETACHED <input type="checkbox"/> SIDE-SPLIT <input type="checkbox"/> BACK-SPLIT <input type="checkbox"/> 2 STOREY						
HEATING TYPE <input type="checkbox"/> ELECTRIC <input type="checkbox"/> GAS <input type="checkbox"/> OIL <input type="checkbox"/> OTHER				GARAGE TYPE <input type="checkbox"/> ATTACHED <input type="checkbox"/> DETACHED <input type="checkbox"/> SINGLE <input type="checkbox"/> DOUBLE						

I/we are applying for an ING DIRECT Mortgage Account in the amount of: \$

Please answer the following:

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RESIDENCE TELEPHONE		BUSINESS TELEPHONE		FAX NUMBER		E-MAIL ADDRESS	
NAME OF CURRENT EMPLOYER				OCCUPATION		GROSS ANNUAL INCOME	
						\$	
ADDRESS OF EMPLOYER				CITY		PROVINCE	
						POSTAL CODE	
LENGTH OF EMPLOYMENT				OTHER INCOME (if any)		SOURCE OF OTHER INCOME	
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PREVIOUS EMPLOYER (If less than 2 years)				OCCUPATION		GROSS ANNUAL INCOME	
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NEW MORTGAGE ACCOUNT DETAILS:

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HEATING TYPE <input type="checkbox"/> ELECTRIC <input type="checkbox"/> GAS <input type="checkbox"/> OIL <input type="checkbox"/> OTHER				GARAGE TYPE <input type="checkbox"/> ATTACHED <input type="checkbox"/> DETACHED <input type="checkbox"/> SINGLE <input type="checkbox"/> DOUBLE						
PROPERTY ADDRESS			CITY		PROVINCE		POSTAL CODE		CONDO FEES \$	HEAT COST \$
AGE OF BUILDING		NO. OF UNITS	SQ. FT.	ANNUAL PROPERTY TAX \$			LOT AND PLAN NO.			
TYPE OF BUILDING <input type="checkbox"/> LEASEHOLD <input type="checkbox"/> FREEHOLD <input type="checkbox"/> CONDOMINIUM				DESCRIPTION OF BUILDING <input type="checkbox"/> SEMI-DETACHED <input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> DETACHED <input type="checkbox"/> SIDE-SPLIT <input type="checkbox"/> BACK-SPLIT <input type="checkbox"/> 2 STOREY						
ORIGINAL MORTGAGE AMOUNT \$				CURRENT MORTGAGE HOLDER						
ORIGINAL PURCHASE PRICE \$				CURRENT MORTGAGE PAYMENT \$						
ORIGINAL PURCHASE DATE		MATURITY DATE/CLOSING DATE			CURRENT MORTGAGE AMOUNT \$					

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RESIDENCE TELEPHONE		BUSINESS TELEPHONE		FAX NUMBER		E-MAIL ADDRESS	
NAME OF CURRENT EMPLOYER				OCCUPATION		GROSS ANNUAL INCOME	
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LENGTH OF EMPLOYMENT				OTHER INCOME (if any)		SOURCE OF OTHER INCOME	
				\$			
PREVIOUS EMPLOYER (If less than 2 years)				OCCUPATION		GROSS ANNUAL INCOME	
						\$	
						LENGTH OF EMPLOYMENT	

CO-APPLICANT:

Mr <input type="checkbox"/> Mrs <input type="checkbox"/>		FIRST NAME		INITIAL		LAST NAME	
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RESIDENCE TELEPHONE		BUSINESS TELEPHONE		FAX NUMBER		E-MAIL ADDRESS	
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MORTGAGE ACCOUNT DETAILS:

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HEATING TYPE <input type="checkbox"/> ELECTRIC <input type="checkbox"/> GAS <input type="checkbox"/> OIL <input type="checkbox"/> OTHER				GARAGE TYPE <input type="checkbox"/> ATTACHED <input type="checkbox"/> DETACHED <input type="checkbox"/> SINGLE <input type="checkbox"/> DOUBLE						
PROPERTY ADDRESS			CITY		PROVINCE		POSTAL CODE	CONDO FEES \$	HEAT COST \$	LOT AND PLAN NO.
AGE OF BUILDING		NO. OF UNITS	SQ. FT.	ANNUAL PROPERTY TAX \$			CURRENT MORTGAGE HOLDER			
TYPE OF BUILDING <input type="checkbox"/> LEASEHOLD <input type="checkbox"/> FREEHOLD <input type="checkbox"/> CONDOMINIUM				DESCRIPTION OF BUILDING <input type="checkbox"/> SEMI-DETACHED <input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> DETACHED <input type="checkbox"/> SIDE-SPLIT <input type="checkbox"/> BACK-SPLIT <input type="checkbox"/> 2 STOREY						
ORIGINAL MORTGAGE AMOUNT \$					CURRENT MORTGAGE PAYMENT \$					
ORIGINAL PURCHASE PRICE \$					CURRENT MORTGAGE AMOUNT \$					
ORIGINAL PURCHASE DATE				MATURITY DATE/CLOSING DATE			PURPOSE OF FUNDS			

I/we are applying for an ING DIRECT Mortgage Account in the amount of:

\$	
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