



Consent to Disclose Information

*Freedom of Information and
Protection of Privacy*

1. I, _____, Subscriber to Embark Agreement number _____, consent to the release of information to _____, (hereafter referred to as "the delegate")

for the purpose of determining or verifying my initial or ongoing maintenance of my plan offered by Embark, or collecting information about me, my spouse, or my nominated student, for these purposes, and

2. Without restricting the generality of the consent in section 1, I also consent to the release of information relating to bank account, deposit amounts, any and all financial details of any nature or kind whatsoever held by me or on my behalf or on behalf of my spouse, regarding funds held in trust for my dependants or nominated student in the above mentioned plan offered by Embark, and
3. I further consent to the delegate the ability to disclose any personal information, including the social insurance numbers, about me, my spouse, any of my dependants, or my nominated student, for the purposes of administering my Embark, to its distributor, Embark Student Corp., and
4. I further consent to the exchange of information between the delegate, and Embark., for the purposes of maintaining and administering my plan offered by Embark for the nominated Student, and
5. I understand that this consent will apply to all present and future inquiries made relating to the maintenance and administration of my plan offered by Embark. I further understand that the inquiries may take the form of verbal exchanges, facsimile exchanges and/or electronic data exchanges.

I have read the consent as set out above, and I join in this consent.

Signature

Date (DD/MM/YYYY)

Signature of joint subscriber (if applicable)

Date (DD/MM/YYYY)

Signature of the delegate

Date (DD/MM/YYYY)

Signature of Witness

Date (DD/MM/YYYY)