REGISTERED INSURANCE BROKERS OF ONTARIO

401 Bay Street, Suite 1200
P.O. Box 45
Toronto, ON M5H 2Y4
416 365 1900
1 800 265 3097
Fax: 416 365 7664
www.ribo.com

Name of Firm:_____

Name of Principal Broker:_____

UNDERTAKING

We, the undersigned agree to the condition that the shareholder loan injected to meet or maintain the minimum equity requirement will **NOT** be removed in full or in part, if the effect of such removal of funds would result in an equity shortfall.

_____ _____
Signature of Principal Broker Date

TO BE COMPLETED BY EACH SHAREHOLDER:

Name – Shareholder (1)	Signature – Shareholder (1)	Date
Name – Shareholder (2)	Signature – Shareholder (2)	Date
Name – Shareholder (3)	Signature – Shareholder (3)	Date
Name – Shareholder (4)	Signature – Shareholder (4)	Date
Name – Shareholder (5)	Signature – Shareholder (5)	Date
Name – Shareholder (6)	Signature – Shareholder (6)	Date

*** Please attach a separate sheet if more space is required.**