CONTACT PROVIDER CO-ORDINATOR VERIFICATION FORM

I hereby verify that the	his proposed Trust Ag	reement for	
Client's Name		SIN	
Is in compliance with	n the conditions laid ou	ut in the Principle of A	greement – To
Administer CPP Disassets.	sability Benefits on b	ehalf of the clients v	with only nominal
Program:			<u></u>
Program Contact:	(signature)		
Date:			