

Parkbridge Lifestyle Communities Inc.

Broker Co-operation Program

Purchaser Name: _____

Project: _____ The Bluffs at Huron / Huron Haven Village _____ Model: _____

Civic Address: _____ Lot #: _____

Purchase Price including HST: _____

Purchase Price net of HST: _____

Parkbridge Lifestyle Communities Inc. (The "VENDOR") agrees to pay _____ the "BROKER" a co-operating fee (the "FEE") for the above noted Agreement of Purchase and Sale dated: _____

The Fee for the above noted property is payable as follows:

- Total Commission of _____% of the purchase price, net of HST and payable at the Final Closing, Plus HST.

You must be a licensed and registered real estate agent in the province of Ontario with the authority to act on your client's behalf. Should you falsely represent to the VENDOR that you have such authority, or falsely represent that you accompanied the purchaser on their first visit to our sales office, the VENDOR will not pay any commission to you under this program and may report your conduct to the Real Estate Council of Ontario – RECO.

We agree to the terms set out herein and acknowledge having received a true copy of this Agreement and agree to invoice **only the Vendor named above** and provide a complete and accurate invoice on our Brokerage's letterhead as well as attach any duly signed copies of the first and second page of the Agreement of Purchase and Sale hereto. Invoices must be submitted to the Vendor (attn: jgiffen@parkbridge.com) at least 30 days prior to closing.

In the Event that the unit has not closed by the title transfer date for any reason whatsoever, or in the event that the Purchaser is otherwise in Breach of Agreement, the Brokerage hereby acknowledges and agrees that this agreement shall become null and void.

LEAD SOURCE: _____

DATE OF INTRODUCTION BY REALTOR: _____

CO-OPERATING BROKERAGE: _____

BROKERAGE ADDRESS: _____

BROKERAGE TELEPHONE: _____ EMAIL: _____

REGISTERED SALESPERSON: _____

REGISTERED SALESPERSON SIGNATURE: _____ DATE: _____

SALESPERSON TELEPHONE: _____ EMAIL: _____

APPROVED BY VENDOR: _____ DATE: _____