



## Exclusion Program Enrollment Form

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### ACCOUNT HOLDER'S AUTHORIZATION AND DIRECTION TO NRT TO BLOCK TRANSACTIONS

The undersigned ("**Account Holder**") of the card(s) or checking account(s) specified below (each, an "**Account**" and collectively, the "**Accounts**") does hereby instruct NRT Technology Corp. and its affiliates (collectively "**NRT**"), to block any cash access transaction request using the Cards and/or Accounts at machine terminals or cashier's desks which utilize credit card cash advance, ATM, and check cashing services provided by NRT ("**Transactions**"). Account Holder is making this request pursuant to the *Voluntary Self-Exclusion Program* (the "**Program**") administered by NRT. Upon registering Cards and/or Accounts into the Program, Account Holder acknowledges that the Account blocking will not occur immediately and that it can take NRT up to ten (10) days from the date such authorization and direction is actually received by NRT to initiate the Account blocking.

Account Holder represents and warrants to NRT that Account Holder has all right, power and authority to make this request on behalf of all joint holders of the Accounts. Account Holder authorizes NRT to obtain credit reports using the information provided herein for verifying the Account Holder's identity and authority to make this request. Account Holder agrees that NRT's acceptance of this request is solely an accommodation to Account Holder, without any consideration to NRT; therefore, in no event shall NRT bear any liability for its acceptance, rejection, compliance or noncompliance with this request or any revocation thereof for any reason whatsoever. Account Holder hereby waives any claims against NRT in connection with this request or any revocation thereof, including without limitation NRT's rejection of Accounts and/or Transactions pursuant to this request, NRT's failure to comply with this request or NRT's rejection of Accounts and/or Transactions prior to the effectiveness of any revocation of this request, and Account Holder agrees to indemnify NRT against any liability arising from or relating to this request or any revocation thereof, including, without limitation, any liability to any joint holders of the Accounts; processors of Account Transactions; the bank which administers the Accounts; any acquiring or merchant bank involved in the processing of the Accounts, or any gaming establishment.

By signing below, Account Holder hereby agrees that this request and any revocation thereof shall be governed in all respects as follows:

- if Account Holder resides in Canada, by the laws of the Province of Ontario, without regard to any conflicts of law's provisions which may result in the application of the laws of any jurisdiction other than the internal law of the Province of Ontario. Account Holder agrees that any claim or controversy arising out of or related the Program and this request or any revocation thereof, including question regarding its existence, interpretation, validity, breach or termination, shall be referred to and finally resolved by arbitration under the Canadian Arbitration Association Arbitration Rules, as follows: (i) the place of the arbitration shall be Toronto, Canada; (ii) there shall be one (1) arbitrator; (iii) the language of the arbitration shall be English; (iv) the Arbitral Tribunal must select its award from one of the final offers made by each of the parties, in its entirety and without modification; (v) the Arbitral Tribunal need not provide detailed reasons for its award (vi) an oral hearing need not be held; and (vii) there will be no appeal from the decision of the Arbitral Tribunal on questions of fact, law, or mixed fact and law.
- if Account Holder resides in US, by the laws of the State of Nevada, without regard to any conflicts of law's provisions which may result in the application of the laws of any jurisdiction other than the internal law of the State of Nevada. Account Holder agrees that any claim or controversy arising out of this request or any revocation thereof shall be settled by final and binding arbitration under the Commercial Arbitration Rules of the American Arbitration Association in Clark County in the State of Nevada by a single arbitrator. Judgment on any award rendered by the arbitrator may be entered in any federal or state court located in Clark County in the State of Nevada.

Account numbers will be processed by NRT as set out by the Account Holder below. Account Holder must include any and all leading zeros for Account numbers. This information will remain confidential and will be used solely for the purposes set forth above.

Account Holder acknowledges and agrees that incomplete or illegible forms cannot be processed and will result in NRT's rejection of Account Holder's request to block Transactions, without notification to Account Holder.

If Account Holder requires assistance in completing the form, please contact NRT at 1-887-332-1060.

PLEASE PRINT NEATLY.



### Exclusion Program Enrollment Form

|                                     |            |                |      |
|-------------------------------------|------------|----------------|------|
| First Name:                         | Last Name: | Date of Birth: |      |
| Street Address:                     |            | City:          |      |
| State:                              | Zip Code:  | Phone:         |      |
| ID Type: Driver's License/ Passport | ID #:      | <b>OR</b>      | SSN: |

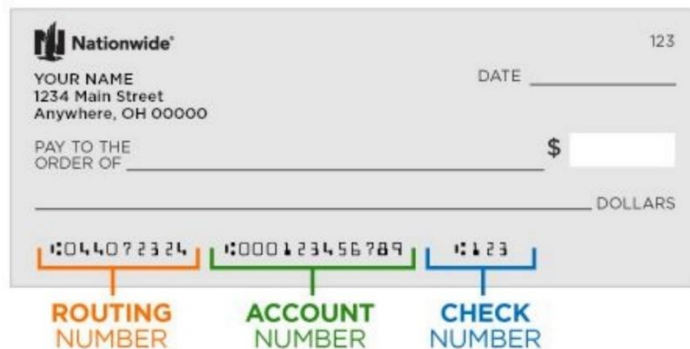
|   |                          |
|---|--------------------------|
| Mark 'X' to block <b>all bank card Transactions</b> performed at NRT devices: | <input type="checkbox"/> |
| Mark 'X' to block <b>all check Transactions</b> performed at NRT devices:     | <input type="checkbox"/> |

**Insert Bank Card Numbers to block from doing Transactions on NRT casino devices:**

|                               |                               |
|-------------------------------|-------------------------------|
| _____ - _____ - _____ - _____ | _____ - _____ - _____ - _____ |
| _____ - _____ - _____ - _____ | _____ - _____ - _____ - _____ |
| _____ - _____ - _____ - _____ | _____ - _____ - _____ - _____ |

**Insert Check Account to block from doing Transactions on NRT casino devices:**

|                       |                          |
|-----------------------|--------------------------|
| Check Routing Number: | Checking Account Number: |
| Check Routing Number: | Checking Account Number: |



**AGREED TO AND AUTHORIZED** by the undersigned Account Holder as of the date written below.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



## Exclusion Program Enrollment Form

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Submit signed and completed form by Fax **OR** Mail.

**FAX:** (416) 646-5242

**MAIL:** **NRT TECHNOLOGY**  
(USA) Attn.: Voluntary Self-Exclusion Program  
3525 E Post Rd., Suite 120  
Las Vegas, NV 89120

**MAIL:** **NRT TECHNOLOGY**  
(Canada) Attn.: Voluntary Self-Exclusion Program  
10 Compass Court  
Toronto, ON M1S 5R3

**INTERNAL USE ONLY:**

DATE RECEIVED:

DATE COMPLETED:

COMPLETED BY:

SIGNATURE: