

## Advisor / Broker Disclosure

I, \_\_\_\_\_, am licensed as a life and health insurance agent in the province(s) of the following:

Alberta (AB)

British Columbia (BC)

Manitoba (MB)

Nova Scotia (NS)

Ontario (ON)

Quebec (QC)

Saskatchewan (SK)

Other \_\_\_\_\_

### Companies I represent

I currently hold broker contract(s) with following insurance companies:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

6. \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_ 9. \_\_\_\_\_ 10. \_\_\_\_\_

I also provide services and sell products with the following license(s) that I hold: (check appropriate box and provide company name)

☐ Exempt Market Dealer (EMD) license through \_\_\_\_\_

☐ Mortgage Broker license through \_\_\_\_\_

☐ Mutual Funds license through \_\_\_\_\_

☐ Property and Casualty Insurance license through \_\_\_\_\_

☐ Real Estate license through \_\_\_\_\_

☐ Registered Education Savings Plan (RESP) license through \_\_\_\_\_

☐ Other \_\_\_\_\_

**Note:** The above additional services and products that I am licensed to sell are not inter-related and are segregated from my life insurance and segregated funds businesses.

### Nature of relationship with insurance company(ies) I represent

No insurance company holds an ownership interest in my business, nor do I hold an interest in any insurance company.

### Insurance Compensation

I am compensated by sales commission on policies I sell, and may receive a renewal (or service) commission on policies that remain active. Commissions are paid by the insurance company that provides the product you purchased. For certain products I may receive a referral fee.

If my sales reach a certain level, I may be eligible for additional compensation, such as bonuses and other benefits. For business placed through a MGA, compensation may be received from both the insurer and the MGA. MGA may also provide additional benefits.

### Referral Fee

If you were referred by your network and start insurance/investment products from me, I will give your network \_\_\_\_\_, the referrer, a referral fee as an appreciation.

### Potential conflict or conflict of interest

I confirm that I have no conflict of interest in regards to my recommendations to you. If I become aware of a potential conflict of interest, I will tell you.

### More information

If you need more information about my qualifications or my business relationships, please let me know. My contact information is below:

Email \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Client 1 Initial

\_\_\_\_\_  
Client 2 Initial

## Privacy Statement and Consent

I endeavour to maintain the highest standards of confidentiality in dealing with client information and I adhere to the Personal Information and Electronic Documents Act ("PIPEDA"), a federal privacy law.

### Privacy commitment and your client file

Protecting the privacy of your personal information is important to me and the companies whose products and services I offer, and I'm committed to collecting, using and disclosing your personal information responsibly. The personal information being collected, such as contact information, financial information as well as records of meetings and phone calls, general correspondence and any instructions you provide to me, will be maintained by me or at my direction in paper and/or electronic format in a client file. This information will be used to assess your financial situation, offer products and services that may be of interest and benefit to you, and provide ongoing client service.

Your personal information in your client file will be disclosed only to:

- My employees and persons authorized by me
- Companies whose products and services I offer and their employees and agents, for the purpose of, or relating to, their providing or seeking to provide financial products or services to you (and for, or related to, any other purposes you have authorized)
- Third party service providers selected and authorized by me. If located outside of Canada your personal information may be subject to the laws, including public authority access laws, of other countries
- Persons or entities to which you have granted access or that are allowed access by law

In accordance with applicable law and by your written request, you have the right to: review the personal information in your client file, request corrections to this information, and to revoke your consent subject to contractual limitations.

If requested by you, additional personal documents such as copies of insurance policies, wills and powers of attorney may be kept in your client file.

If you need more information about my privacy policies and/or those of the companies I represent, please let me know. I would be pleased to assist you.

All the written information I receive from you is either in secured filing cabinets or in password protected computer files. Any computer files stored off site are encrypted or locked. Old files that are discarded are shredded or otherwise completely destroyed. My staff understands the sensitivity of this information and the importance of protecting it.

### Questions, Concerns and Access

You may contact me at anytime by telephone, email or letter at the address shown on this page about your files with me and request changes. You may review PIPEDA online at [www.privcom.gc.ca](http://www.privcom.gc.ca). If you have any complaints about my procedures I will investigate and provide you with a response as soon as practical. A full copy of my Privacy Policy is available upon request.

### Consent

You agree to receive electronic communications or Commercial Electronic Messages (CEMs) from me. The information through electronic communications may include status of your application, update of your policy/investment account, promotion of the services/products that I provide.

### Client(s) Acknowledgment

I / We Client Name(s) acknowledge that my / our advisor had reviewed this document with me / us. I / We understand any conflicts of interest or potential conflicts of interest outlined in this document. I / We also agree to allow you to retain my / our information in your paper and electronic files for as long as I / We wish you to be my / our advisor or as long as you have a business or legal need to retain the information.

\_\_\_\_\_  
*Client 1 Signature*

\_\_\_\_\_  
*Client 2 Signature*

\_\_\_\_\_  
*Advisor Signature*

\_\_\_\_\_  
*Date*

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