

ADVISOR DISCLOSURE

Please be advised that as a life insurance agent I, _____ (enter advisor name), am obliged to disclose, in writing, any potential conflicts of interest to my clients. As such, please carefully read, sign and date the information below. Once complete, I will give you the original and will keep a copy as part of my client file. Your signature acknowledges that you received this information and does not waive any legal rights you may have.

Licenses and Jurisdictions

I am licensed for life insurance and health insurance in _____ (enter province). Life Insurance includes term and permanent types of coverage. Health insurance may include long-term disability, critical illness, long-term care, and medical/dental plans. Additionally, I am able to help clients with insured income and investment types of plans such as annuities and segregated funds.

I am also licensed/registered in the following fields:

BUSINESS ACTIVITY: (please select all that apply)	REPRESENTED THROUGH:
Accountant	
Tax Preparer	
Mutual Fund Advisor	
Sale of Property & Casualty Insurance	
Real Estate Agent	
Mortgages Broker	
Sale of Guaranteed Investment Certificates (GICs)	
Financial Planning	
Estate Planning	
Other: _____	
Other: _____	

For insurance products, I place business through _____.

Company(ies) I Represent

I have access to products through the distributor from a variety of companies including but not limited to:

Relationship with Company(ies) I Represent

As an Independent Financial Advisor, no insurer holds an ownership interest in me, nor do I hold a significant interest in any insurance company.

Compensation

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

For certain products, the commission may be different than the standard commission scale provided by the company providing the product. I will advise you if this occurs. Any future increases in the commission scale will require your written approval.

If my sales reach a certain level, I may be eligible for additional compensation, such as bonuses and other benefits, such as conferences. This compensation depends on various factors such as the volume or retention of business I place with a particular company during a given time period. Recognition/incentive-based compensation is an industry wide practice and is a standard form of payment.

As an Independent Financial Advisor, I am bound by the laws governing life insurance agents in _____ (enter province) This means that any insurance product(s) I recommend will be the product(s) I consider to best suit your needs, regardless of the compensation.

Conflict of Interest (choose one)☐ **No conflict of interest**

I take the potential of a conflict of interest seriously. I confirm that I have no conflict of interest. If I become aware of a potential conflict, I will tell you.

☐ **Conflict of interest related to another occupation.**

I take the potential of a conflict of interest seriously. My position/profession as _____, _____ may be perceived to be a potential conflict of interest with respect to my recommendations to you. However, I confirm that my recommendations will be based on my assessment of your needs.

☐ **Other conflict of interest**

I take the potential of a conflict of interest seriously. The following situation may be perceived to be a potential conflict of interest. However, I confirm that my recommendations will be based on my assessment of your needs.

This statement has been prepared by the advisor, and the advisor alone is responsible for its accuracy.

More Information

If you need more information about my qualifications or my business relationships, contact me. I would be happy to help.

Acknowledgment

I have received and reviewed this document. I understand any conflicts of interest or potential conflicts of interest outlined in this document. I am willing to continue working with the advisor.

PRIVACY PROTECTION NOTICE

1. Client Record and Personal Information:

The personal information collected about you for the purposes identified in this Privacy Protection Notice is held in a record called the "client record". The personal information in your client record may include your name, address and telephone number, social insurance number, birth date, driver's license, passport number, income, net worth, account holdings and the name, address and social insurance number of your spouse and beneficiary. Depending on the investment/insurance or service you request, additional personal information may be held in your client record. For example, if you have established a pre-authorized payment plan, your financial institution account number is recorded.

2. Providing Your Information to your Financial Advisor:

When you completed an application form or otherwise opened an account with my assistance, you provided me with personal information including, where applicable, personal information concerning your spouse and beneficiary. You may have also provided me with information when you gave instructions to me about insurance and/or investments you had or wished to have. I collect this personal information, hold it in your client record, use it and when needed, disclose it for the purposes identified in this Privacy Protection Notice.

3. Collecting, Holding, Using and Disclosing Information in Your Client Record:

I may collect, hold, and use the information in your client record. I may also collect personal information from, and disclose personal information to, third parties for the following purposes:

- a. Identifying you and ensuring the accuracy of information contained in your client record.
- b. Establishing and administering your account, determining, maintaining, recording, and storing account holdings and transaction information in your client record.
- c. Providing you with investment account statements and other information related to any insurance policies held, which you may request as needed to service your account.
- d. Understanding your insurance and/or investment needs and eligibility for products and services and recommending particular products and services to meet your needs.
- e. Protecting you against error and fraud.
- f. Meeting the legal and regulatory requirements of various statutes including provincial securities legislation and federal money laundering regulations.
- g. Verifying information previously given by you with any other organization when necessary for the purposes provided in this Privacy Protection Notice.

4. I may collect personal information about you from third parties for the purposes identified in this Privacy Protection Notice. These parties include your other financial institutions, insurance/segregated fund companies, mutual fund companies and others who represent that they have the right to disclose the information.

I may disclose to third parties personal information about you for the purposes identified in this Privacy Protection Notice. These parties include the dealer(s) through which I place my life insurance business, other financial institutions, account statement preparation and mailing companies, Canada Post, courier and document storage companies, insurance/segregated fund companies and mutual fund companies. Other third parties could include Canadian government agencies such as the Canada Revenue Agency.

When I transfer personal information to any service providers, I ensure by contractual means, that the transferred personal information is used only for the purposes for which the service provider is retained. If you wish to withdraw consent to the continuation of this information sharing or discuss the implications of such withdrawal, please contact me through one of the means listed at the end of this notice. In some circumstances, legal requirements may prevent you from withholding consent. Your decision to withhold consent may limit my ability to deal with you and may also limit the products and services that I provide you,

because the collection of information and the disclosure to certain third parties is a necessary part of making the product or service available to you.

Your personal information will not be shared with sales advisors of any other company without your consent.

5. Using Your Social Insurance Number:

I am required by law to use your Social Insurance Number to facilitate required tax reporting to the Canada Revenue Agency. I may also provide the number to third parties engaged to provide income tax reports.

6. Employees and Advisors Who Have Access to Your Client Record:

I may have employees and advisors who may work with me and whom may have access to your client record provided they have a specific need to know in connection with the purposes identified in this Privacy Protection Notice. Access is permitted only to the extent necessary for such purposes.

7. Location of Your Client Record:

Your client records, in electronic or paper format, are kept at the offices of the dealer(s) through which I place my life insurance business and I may also keep my own records. Paper records forming part of your client record may also be kept in secure offsite storage. Your client record may be transferred to other locations for disaster recovery purposes.

8. Right to Access and Rectify Personal Information:

Except in limited circumstances prescribed by *the Protection of Personal Information and Electronic Documents Act (Canada)* and similar provincial privacy protection acts, you are entitled to access, through a written request, the personal information contained in your client record. You may verify this personal information and request that any inaccurate information be corrected. Please contact me through one of the means listed at the end of this notice. If your concerns have not been resolved to your satisfaction, you can contact the Privacy Officer of the dealer(s) through which I place my life insurance business.

9. Changes to Your Personal Information:

Please inform me promptly of any change in the personal information that you have previously provided. Contact information is provided below.

I appreciate your business and promise to handle your questions or input regarding personal information in a prompt and courteous manner.

You may contact me as follows:

T: _____

F: _____

E: _____

PRIVACY POLICY CONSENT

My Privacy Policy and Commitment to Protecting Your Privacy

I value your business and I thank you for your confidence in choosing me as your source for advice and products. As my client, you trust me with your personal information. I respect that trust and want you to be aware of my commitment to protect the information you share in the course of doing business with me.

Your Rights as they Pertain to Your Personal Information

- You have the right to know why an organization collects, uses, or discloses your personal information.
- You have the right to expect an organization to handle your information reasonably and to not use it for any other purpose other than the one to which you consented.
- You have the right to know who in an organization is responsible for protecting your information.
- You have the right to expect an organization to protect your information from unauthorized disclosure.
- You have the right to inspect the information an organization holds about you and make sure it is accurate, complete and current.
- You have the right to expect an organization to destroy your information when requested or when no longer required for the intended purpose.
- You have the right to confidentially complain to an organization about how it handles your information and to the Privacy Commissioner of Canada if need-be.

How I Collect, Use and Disclose Your Information

When you do business with me, you share personal information, including sensitive medical information, which I keep in your file so that I may provide you with financial strategies, products and services that best meet your needs. I assume you consent for me to use this information in an appropriate manner. I may use and disclose this information in order to:

- Communicate with you in a timely and efficient manner
- Assess your application for investment, insurance, and other services available to you by me
- Evaluate claims and underwriting risks when required
- Detect and prevent fraud
- Analyze business results
- Act as require or authorized by law

What I Will NOT Do with Your Information

I will not sell your information to anyone. Nor will I share your information with organizations outside of my relationship with you that would use it to contact you about their own products or services.

I Strive to Protect Your Personal Information

All employees, associated advisors and suppliers who are granted access to client records understand the need to keep this information protected and confidential. They know they are to use the information only for the purposes intended and this expectation is clearly communicated. I also established physical and systems safeguards, along with proper processes, to protect client information from unauthorized access or use.

Your Privacy Choices

You may withdraw your consent at any time (subject to legal or contractual obligations and on providing me reasonable notice) by contacting me or the Privacy Officer of the dealer(s) through which I place my life insurance business. Please be aware that withdrawing your consent may prevent me from providing you with the requested products or services. I may occasionally use your personal information to advise you of products or services I believe may be of interest to you or fit your personal circumstances. If you would rather not receive this type of communication, please advise me or the Privacy Officer of the dealer(s) through which I place my life insurance business.

Until advised otherwise, you have my consent to collect and maintain my personal information in my client file.

CANADA'S ANTI-SPAM LEGISLATION (CASL) CONSENT

I/We, _____ (enter client(s) name(s)), consent to communicate with my insurance advisor _____ (enter advisor name) and/or with _____ (enter advisor's corporation name, if applicable) and _____ (enter name of advisor's dealer) electronically. This may include communications for information folder delivery, fund profiles, publications, newsletters, letters, sales communications and marketing materials, invitations to events and other announcements.

Client's e-mail address: _____

Joint Client's e-mail address: _____

☐

I/We have read, understood, and consented to the above.

Revoking this Authorization

☐

I /We have the option of revoking this consent through initialing this form or by visiting "My Portfolio" under the "My Info" section within VieFUND access and selecting the electronic delivery "Unsubscribe" option.

REASON WHY EXPLANATION

The CLHIA now requires a “Reason Why” letter as a new element to their recommended approach to needs-based selling.

PURPOSE

FOR THE ADVISOR:

- Confirm facts
- Verify the direction received from the client
- Identify needs that the product meets and needs left uninsured
- Document that the sale is suitable
- Substantiate the client’s understanding of the sale

FOR THE CLIENT:

- Check accuracy
- Review that the product meets their needs
- Review any gaps in coverage
- Review the reason for the advisor’s recommendation
- Contact their advisor if something is incorrect or forgotten
- Documentation about why a particular product was purchased

CONTENT

EACH “REASON WHY” LETTER SHOULD IDENTIFY THE:

- Product being purchased
- Type of insurance, the carrier, and brand name
- Key facts
- Needs and gaps in coverage
- Plans to follow-up on unmet needs
- Discretionary fee choices

DELIVERY

SEND A “REASON WHY” LETTER:

- No later than the date the client receives the policy
- Via e-mail if the client consents
- After each transaction
- *Clients should keep this letter with their personal documents as a reminder of why they have purchased this/these product(s).

REASON WHY LETTER

Dear _____,

Thank you for your business! I enjoyed getting to know you and appreciate the time you took to apply for coverage. To ensure you have a record of our meeting, below is a summary of what we discussed.

Coverage Details

Summary of facts and needs:

The plan you are applying for meets your needs by:

We also discussed these options, and you declined coverage in these areas:

Some other key points of our discussion included:

If any of this information about you or your needs is not correct, please let me know right away. If you have any questions about the policy or why I am recommending it, do not hesitate to ask me now or at any time in the future. You should also keep this letter with your personal papers as a reminder of why you have the policy.

Thank you.

CLIENT ACKNOWLEDGEMENT AND SIGNATURE

By signing below, I/we acknowledge reading and understanding this full document comprising of the following:

- Advisor Disclosure
- Privacy Protection Notice
- Privacy policy Consent
- Canada's Anti-Spam Legislation (CASL) Consent
- "Reason Why" Letter

Client Signature(s): _____

Client Full Name(s): _____

Date: _____

Advisor Signature: _____

Advisor Name: _____

Date: _____