

YOUR NAME: _____

TITLE: _____

CLIENT DISCLOSURE

INSURANCE COMPANY RELATIONSHIPS

I can offer a full range of insurance products and services offered by the following companies:

Assumption Life
Blue Cross
BMO Insurance
Canada Life
Canada Protection Plan
Desjardins Financial Security
Edge Benefits
Empire Life
Equitable Life of Canada
Foresters
Humania Insurance Inc.
IA Excellence
Industrial Alliance
Ivari
La Capitale / Penncorp
Manulife
RBC Insurance
SSQ
Standard Life
Sun Life Financial

DISTRIBUTOR RELATIONSHIP

I am an independent licensed life/accident and sickness representative. I process my insurance related business through Financial Horizons Group (a Managing General Agent « MGA »), which will pay me, or direct the insurance company to pay me, a bonus on commissions earned from the sale of insurance products that I sell. This bonus constitutes a portion of the overall compensation I am paid in conjunction with commissions referenced below.

OTHER DISTRIBUTOR RELATIONSHIPS

I am also a registered representative with the following other distributors:

_____ or NONE (check the box)

LIFE LICENSE AND CONTINUING EDUCATION

In order to maintain my life/accident and sickness license, I am required to meet mandatory continuing education. Where applicable, I meet these educational requirements through attendance at various seminars and industry meetings.

COMPENSATION – MONETARY AND NON-MONETARY

Upon completion of an insurance transaction, I will be paid a sales commission by the company that provides the product you purchase, which, is generally based on a percentage of the premiums. I may receive a renewal (or service) commission if you keep that policy in force. I may be eligible for additional compensation, such as bonuses or non-monetary benefits, such as travel incentives, conferences, seminars – depending on various factors such as the volume of my sales or persistency of business that I place with a particular company during a given time of period. Should your contract be cancelled within a certain period of time, I may be subject to a chargeback for a portion, or all of the commissions earned.

NATURE OF MY RELATIONSHIP WITH THE COMPANIES I REPRESENT

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

PRODUCTS PROVIDED

I can offer you a full range of insurance products and services including life, critical illness, disability, long term care, segregated funds, annuities, health and dental, GIAs and group benefits. Please initial those areas which you agree to engage myself for further review. Areas for which you opt to decline **WILL NOT BE DISCUSSED** and as such, you agree to remove myself from any responsibility whatsoever regarding those declined areas.

PRODUCT/SERVICE	I AM INTERESTED	I DECLINE
Life	_____	_____
Critical Illness	_____	_____
Disability	_____	_____
Long term care	_____	_____
Health and dental	_____	_____
Group benefits	_____	_____

CLIENT DISCLOSURE *continued*

CONFLICTS OF INTEREST

I am required to declare any interest that may prevent me from offering impartial advice. I will notify you immediately if there is a conflict of interest of which I become aware in regards to my services.

or **NONE** (check the box)

COLLECTION OF INFORMATION

I will, from time to time, collect financial and other information on you. This information includes transaction-related details arising from your relationship with or through me. I may obtain this information from a variety of sources, including your own records with me, transactions you have made with or through me, credit reporting agencies and other financial institutions, or references you have provided to me.

USE OF INFORMATION AND ACCESS TO INFORMATION

You authorize me and my distributor, Financial Horizons Group, to collect and maintain this information when you apply for an insurance product or service, and during the course of our relationship in order to administer the insurance product or service for which you have applied, and to fulfill our legal and regulatory obligations.

For these purposes, we will have to share your information with third party services, such as paramedical service providers, and insurers to whom you are applying for an insurance product or service.

You have the right to obtain access to the information we hold about you on file at any time to review its content and accuracy and to have it amended as appropriate. To request access to your information, to ask questions about our privacy policies, or to request that the information not be shared or used for the purposes outlined above, you can now, or anytime in the future, contact us.

If you are no longer our client, or this agreement terminates, we may keep your information in our records so long as it is needed for the purposes described above or as long as it may be required by the law.

ADDITIONAL BUSINESS

You are not required to transact additional or other business with me as a condition of this transaction. Other than outlined above, your personal information will not be shared with individuals or other organizations.

Signature of Insurance Representative

Name of Insurance Representative

ANTI SPAM EXPRESS CONSENT

Canada's anti-spam law (CASL) came into effect on July 1st, 2014 and may affect our ability to send you a commercial electronic message (CEM). This may include any commercial electronic message, which may include communications about regulatory changes, news, publications, education program, information and invitations to events that may be of interest to you.

Check the box below to consent to receiving from me at the following email address:

Yes, I agree

(please print email address clearly)

Should your email address change, this consent is still valid until you unsubscribe or otherwise notified us in writing to our address or by email that you no longer would like to receive CEM's.

For information about CASL, please visit their website at <http://www.crtc.gc.ca/eng/casl-lcap.htm>.

CLIENT DISCLOSURE *continued*

ACKNOWLEDGEMENT

I/We, _____, hereby acknowledge that:

- a) My/our signature indicate(s) that I/we have been given a copy of this Client Disclosure Notice and have read it and understand it fully, specifically, with regard to the companies my Broker works with and how he or she may be compensated; and
- b) I/we have authorized and consented to the collection, use and disclosure of my/our personal information as described in the Client Disclosure Notice; and
- c) I/we have authorized and consented to receive by email from my Broker commercial electronic message.

Signed in _____, on the _____ day of _____, 20____.

(city/town) (day) (month) (year)

X _____ X _____
Signature(s) of client(s)

Name(s) of client(s)