

Companies I represent:

I am a licensed agent in the province of Ontario. I represent several insurers, but I place the majority of my business with the follows:

- | | | |
|---|---|--|
| <input type="checkbox"/> BMO Life | <input type="checkbox"/> Manulife | <input type="checkbox"/> Industrial Alliance |
| <input type="checkbox"/> Equitable Life | <input type="checkbox"/> Canada Protection Plan | <input type="checkbox"/> Edge Benefits |
| <input type="checkbox"/> Desjardins Insurance | <input type="checkbox"/> Foresters | <input type="checkbox"/> IA Excellence |
| <input type="checkbox"/> Canada Life | <input type="checkbox"/> Ivari | <input type="checkbox"/> Sunlife |
| <input type="checkbox"/> Assumption Life | <input type="checkbox"/> RBC Life | <input type="checkbox"/> Empire Life |
| <input type="checkbox"/> _____ | | |

I am also licensed/registered in the following fields: _____ and for _____ (product), I place business through: _____ (distribution firm's name).

Relationship with Company(ies) I represent

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

If my sales reach a certain level, I may be eligible for additional compensation, such as bonuses, and other benefits, such as conferences.

Conflict of Interest

I take the potential of a conflict of interest seriously. I will notify you if there is a conflict of interest of which I become aware of; in regard to my recommendations to you. My overall recommendations are as unbiased as possible and (where possible) are based on an independent survey of companies that provide the products that you are interested in.

More Information

Should you require additional information about my qualifications or the nature of my business relationships, I would be pleased to assist you.

Acknowledgement

I, _____ have been informed of, and understand the implications of, this disclosure including any conflict of interest or potential conflict of interest associated with _____ in relation to any recommendations made.

Signature of Client

Date

Signature of Advisor

Date