



Advisor Disclosure Document

Where brackets exist in RED in the disclosure document, insert words or names that apply to you or your situation. Any statement in the disclosure document which does not apply to you may be modified.

About Me:

- I am licensed as a life and health insurance advisor in the province of <Alberta, British Columbia, Ontario, Nova Scotia, Newfoundland>.
- I currently hold the following license: <Life & Accident and Sickness>
- I have my designation as a <e.g. Certified Health Insurance Specialist (CHS), Chartered Life Underwriter (CLU), Certified Financial Planner>.
- I am affiliated with the following Managing General Agency (MGA): Inforce Life Financial Services Inc.
- Through my affiliation(s) with this office, I am able to offer clients insurance and investment products.

I have access to the following companies' products:

- Industrial Alliance Financial Group
- Desjardins Financial Security
- Canada Protection Plan
- Foresters Financial
- Manulife Affinity
- Specialty Life Insurance
- Faith Life Financial
- SSQ Insurance
- La Capitale
- B2B Bank
- Assumption Life
- Sun Life
- Other

Nature of Relationship with Companies

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

Compensation

I will be paid by the Company that offers the product you choose. I am compensated by a sales commission for most products at the time of sale and may receive a renewal (or service) commission. For certain products, I may receive a referral fee.

I may also be eligible for additional compensation, such as bonuses and non-monetary benefits such as conventions, conferences, and travel incentives. I may be entitled to participate in a share purchase plan. This compensation depends on various factors such as the volume and retention of business I place with a particular company during a given period.

In respect of 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.



Conflict of Interest

I take the potential of a conflict of interest seriously. I confirm that I have no conflict of interest. I will notify you if there is a conflict of interest of which I become aware in regard to my services. My services will take into consideration your financial needs.

(If there is a conflict or potential conflict, include this paragraph)

I take the potential of a conflict of interest seriously. The following situation may be perceived to be a potential conflict of interest with respect to my services. Please take this matter into consideration before acting. My services will take into consideration your financial needs.

More Information

If you need more information about my qualifications or business relationships, please do not hesitate to contact me.

Acknowledgement

I, <client's name> have been informed of, and understand the implications of, this disclosure including any conflict of interest or potential conflict of interest associated with <advisor's name> in relation to any recommendations made.

I agree to continue discussions with you and understand that I may ask for further information regarding this disclosure.

_____	_____	_____
Client Name	Client Signature	Date
_____	_____	_____
Advisor Name	Advisor Signature	Date