



Inforce Life – Policy Delivery & Waiver of Liability

Client Name: _____
Company: _____
Contract #: _____
Written Date: _____
Issue Date: _____

1. **IMPORTANT:** Have there been any changes to your financial, personal, employment, driving or health circumstances and record that could affect the underwriting of this purchase? Have you been to a doctor or clinic for any reason since the date we wrote this application? Why?
2. Have you checked the contract for any spelling errors and other key factors such as date of birth, smoking status, gender, coverage type, amount, and beneficiary details?

Note: Read through contract and ensure the understanding of key provisions.

Please acknowledge your receipt and acceptance of this insurance contract, our review of it and your situation by your signature below. You acknowledge that this is the product you applied for and purchased.

I, _____ hereby certify that I have been offered many different types of financial solutions for which the benefits and any foreseeable drawbacks were explained to me by my advisor, and I decline to purchase the products checked off below:

- | | |
|---|--|
| <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Investment Products (Segregated |
| <input type="checkbox"/> Critical Illness Insurance | Funds - RRSP, RESP, TFSA, other registered |
| <input type="checkbox"/> Disability Insurance | and non-registered investments) |
| <input type="checkbox"/> Long-term Care Insurance | |
| <input type="checkbox"/> Drugs & Dental Insurance | |

We have completed an analysis of your needs in the event of your death/illness. We identified that you have a need for an \$_____ of insurance coverage for you to achieve your stated personal objectives.

After considering this recommendation, you have decided, against my advice, not to proceed with the implementation of this needed coverage.

After considering this recommendation, you have decided, against my advice, and proceeded with the amount of your own choice.



This liability waiver hereby removes from me any responsibility or liability associated with your decision not to proceed with the recommended implementation. The recommended coverage was based on your declared goals. Please acknowledge that your decision not to proceed is contrary to my best advice.

I, the undersigned, will not hold my advisor or the agency with whom he/she associates, responsible for any losses that I may incur in the future, which would have otherwise been covered had I not refused the protection offered.

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