**(insert Advisor name/Company name)**

 **ADVISOR DISCLOSURE**

**License’s & Jurisdictions**

I am licensed as a life and health insurance agent in **<province(s)>**. (In Quebec provide list by license class).

I am also licensed/registered in the following fields:

For insurance products, I place business through **<firm>.** For **<other products>**, I place business through **<firm>**.

**Companies I Represent**

I represent several insurers, but I place the majority of my business with:

**<list of companies>**

(For Ontario and Quebec where a complete list of companies is required, attach it to the letter if the list of companies is long) Attached to this letter is a complete list of the companies I represent.

**Relationship with Company(ies) I Represent**

(For no ownership situation) No insurer holds an ownership interest in my business. I don’t hold a significant interest in any insurance company.

(If there is an ownership situation) **<Insurer(s)>** has a significant ownership interest in my business

I have a significant ownership interest in **<insurer>**.

**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**

(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.

**More Information**

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

**Acknowledgement**

I, **< *client’s name* >,** on **< date >** 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.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **CLIENT PRIVACY STATEMENT AND CONSENT**

**Our Privacy Policy and Commitment to Protecting Your Privacy**

I/We value your business and thank you for your confidence in choosing our firm as your source for advice and products. As our client, you entrust us with your personal information. We respect that trust and want you to be aware of our commitment to protecting the information you share with us in the course of doing business with us.

**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 if need be.

**How We Collect, Use and Disclose Your Information**

By signing below, you give your consent for us to obtain, verify, retain and share your personal information, including **financial and medical information**, so that we may provide you with financial strategies, products and services, which best meet your needs.

This consent also allows for the sharing of information with any persons, financial institutions, businesses, or other parties with whom we deal. This may include service providers in jurisdictions outside of Canada and would therefore be subject to the laws of those jurisdictions.

By signing below, you consent to our firm to use and disclose this information in order to:

* Communicate with you in a timely and efficient manner
* Communicate with you by mail, email, internet or other electronic means
* Assess your application for investment, insurance and other services available to you by our firm
* Evaluate claims and underwriting risks when required
* Detect and prevent fraud
* Analyze performance results
* Act as required or authorized by law
* Provide printing, mailings and marketing information on products & services we offer

**What We Will Not Do With Your Information**

I/We do not sell client information to anyone. Nor do we share your information with organizations outside of our relationship with you that would use it to contact you about their own products or services.

**We Strive to Protect Your Personal Information**

All employees, associated advisors and service provider who are granted access to your 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. We've also established physical and systems safeguards, along with proper processes, to protect your 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 us reasonable notice) by contacting our Privacy Officer. Please be aware that withdrawing your consent may prevent us from providing you with requested products or services. We may occasionally use your personal information to advise you of products or services we believe may be of interest to you or fit your personal

circumstances. If you would rather not receive this type of communication, please advise our Privacy Officer.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Compliance with Canadian Anti-Spam Law and its Regulations (CASL)**

I consent to receiving electronic communications from (insert Advisor or Company Name) about my insurance and/or investment needs and coverage and information about products and services that might benefit me. I understand that I may withdraw my consent at any time.

By signing below, you give your consent to collect and maintain your personal information in your

client file and consent to receiving electronic communications.

Signed this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20xx

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Our Privacy Officer is:**

 *Name of Advisor/Delegate*

*Address &*

*Contact information*