

CLIENT DISCLOSURE

1) INSURANCE COMPANY RELATIONSHIPS

I can offer you a full range of insurance products and services including: life, critical illness, disability, long term care, segregated funds, annuities, GIAs and group benefits from the insurance companies checked below:

Assumption Life
 Blue Cross
 BMO Insurance
 Canada Life
 Canada Protection Plan
 Desjardins Financial Security
 Edge Benefits
 Empire Life
 Equitable Life of Canada
 Foresters
 Humania Assurance Inc.
 IA Excellence
 Industrial Alliance
 La Capitale / Penncorp
 Manulife
 RBC Insurance
 SSQ
 Standard Life
 Sun Life Financial
 TIC Travel Insurance
 Tour-Med
 Transamerica
 UL Mutual

2) DISTRIBUTOR RELATIONSHIP

I am an independent licensed life/accident and sickness insurance 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 in item #5 and #6 below.

3) OTHER DISTRIBUTOR RELATIONSHIPS

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

If none, state "none". NONE

4) 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.

5) COMPENSATION – MONETARY

Upon completion of an insurance transaction, I will be paid compensation in the form of a commission, which is generally based on a percentage of premiums paid.

6) COMPENSATION – NON-MONETARY

I may be eligible for non-monetary compensation such as attendance at conferences based on insurance company suppliers and volume of my sales with those companies.

7) 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. If none, state "none".

NONE

8) COLLECTION OF INFORMATION

I will, from time to time, collect financial and other information about 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, from transactions you have made with or through me, from credit reporting agencies and other financial institutions, and from references you have provided to me.



CLIENT DISCLOSURE *continued*

9) 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 share your Information with third party service, 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 law.

10) ADDITIONAL BUSINESS

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

Signature of Insurance Representative

Name of Insurance Representative

ACKNOWLEDGEMENT

I/We _____, hereby acknowledge that:
(client)

- 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.

Signed in _____, on the _____ day of _____, 20____.
(city/town) (day) (month) (year)

X _____ X _____
Signature of Client(s)

Name(s) of Client(s)