

Disclosure Statement

In accordance with the Provincial Insurance Act, I declare that I will be paid compensation by the insurer which issues a life, health, segregated fund or other insurance product on your life (or lives) upon the settlement of the product. The issuing insurer may also provide me with production related benefits such as conventions, travel or other rewards.

As an Advisor, I am duly licensed in the Province(s) of:

NEWFOUNDLAND LABRADOR

ALBERTA

I am affiliated with the following MGAs:

PPI SOLUTIONS

Through my affiliation(s) with this/these office(s), I am able to offer clients insurance and investment products underwritten by the following companies:

MANULIFE	ASSUMPTION LIFE	FORESTERS FINANCIAL
SUN LIFE FINANCIAL	CANADA PROTECTION PLAN	EQUITABLE LIFE OF CANADA
RBC INSURANCE	SSQ INSURANCE	EMPIRE LIFE
BMO INSURANCE	DESJARDINS	
CANADA LIFE	INDUSTRIAL ALLIANCE	

Any recommendation I make will be appropriate for your circumstances, taking into account the features, price and suitability of the insurance product selected, and any other relevant factors.

I confirm that, other than disclosed herein, there is no conflict of interest in regard to the sale of the product you are considering and that my overall recommendation is based on my analysis and assessment of your financial needs.

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

Advisor Name (Please print)

Advisor Signature

I acknowledge having received a copy of this Disclosure Statement.

Agreed to this day of , .

Date

Month

Year

Client Name (Please print)

Client Signature
