

PRIVACY CONSENT

For Collection, Use, Retention & Disclosure of Personal Information

AGREEMENT

I am aware that my advisor is required to obtain my consent in order to use my personal information under the Personal Information Protection and Electronic Documents Act (PIPEDA). The Privacy Act covers the collection, use or disclosure of personal information. This information has been collected to assist in reviewing and advising me of current and future insurance needs.

In the course of providing me services, you may ask me to provide personal information, such as name, address, date of birth, social insurance number, family and financial circumstances, employer information and medical information. You can obtain personal information about me as described below, including financial and medical information. You can use my personal information to:

- Help assess my insurance needs;
- Determine which financial and insurance products may meet those needs;
- Determine whether any insurance recommended would be issued by an insurer; and
- Consult with appropriate insurers regarding the suitability of their products.

I agree that you can obtain personal information about me from third parties such as doctor or medical facility, lawyer, accountant or insurance companies. I authorize third parties to give you any of our personal information that may be relevant to the purposes described above. I agree that you can share our personal information that may be relevant to the purposes described above. I agree that you can share our personal information with those third parties who may be required to assist us for the purposes described above.

If you need to determine whether any insurance you may recommend would require or be eligible for reinsurance, then I agree that you or an insurer you engage can provide our personal information to potential reinsurers for that purpose.

I understand that by signing this document below, I authorize my advisor to obtain and retain on file the personal information that I have provided to him/her, and that this personal information may include, but is not limited to:

- Copies of applications for insurance including medical and financial information;
- Copies of forms and correspondence submitted to our insurer(s);
- Copies of correspondence with me;
- Copies of any claim information provided to our insurer(s).
- Any income tax information;
- Account statements from other firms, including banks, trust companies, insurance companies or fund companies;
- Pension plan information;
- Legal documents including wills, trusts, and powers of attorney; and
- Copies of identification including photo identification and banking information.

I may request access to our personal and other information, use and disclosure of that information by sending our request to you. I will be given reasonable access to my information, and will be entitled to challenge the accuracy and completeness of the information and to have it amended as appropriate. I can help maintain the accuracy of my information by notifying you of any changes as they occur.

I am aware that my advisor may only use and disclose of my personal information for purposes clearly identified by my advisor including:

- Assessing my application for investment, insurance and other services available to me by his/her firm;
- Assessing my financial situation and contacting me with any other suitable products that he/she is authorized to sell;
- Evaluating claims and underwriting risks when required;
- Detecting and preventing fraud; and
- Acting as required or authorized by law.

I also understand that I have the following rights concerning my privacy:

- I have the right to know why my advisor collects, uses or discloses my personal information;
- I have the right to know how my advisor will ensure the protection of my information;
- I have the right to expect my advisor to protect my information from unauthorized disclosure;
- I have the right to inspect the information my advisor holds about me and make sure it is accurate, complete and current;
- I have the right to expect my advisor to destroy my information when requested;
- I have the right to withdraw my consent at any time by contacting my advisor in writing.

Security

You take reasonable organizational, technological and physical measures to protect our personal information against unauthorized access, collection, use, disclosure, copying, modification or disposal, or similar risks.

Please mark only one of the two options below.

Maintain my personal information on file until I withdraw my consent to do so

Destroy any information that you have on file, governed by the PIPEDA

I authorize my advisor to communication with me in a timely and efficient manner including by electronic means.

I can withdraw my consent to the collection, use or disclosure of my personal information as described in this form. If I withdraw my consent, you may not be able to assist me in assessing my insurance needs or for the other purposes described above. To withdraw my consent, or to request access or correction to my personal information, I will contact my insurance advisor.

I, the undersigned, have read, understand and consent to this document.

Client Name

Client Signature

Date (day/month/year)

Witness Signature

Name of Insurance Advisor