

Insurance Advisor Disclosure

1. I am licensed as a life and health insurance agent in _____.
2. I am licensed to sell insurance through Credential Financial Strategies Inc. (CFS) and may also be licensed to sell investment products through either Credential Securities Inc. ("CSI") or Credential Asset Management Inc. ("CAM"). CSI and CAM are also separate legal entities from _____ ("your credit union") and CFS. Further information about CSI or CAM may be provided to you in a separate disclosure document. Furthermore, I am also authorized to offer the products of your credit union.
3. My insurance license permits me to sell products such as Life Insurance, Disability Insurance, Fixed and Deferred Annuities, Segregated Funds, and RRSP and RRIF insurance products which are available primarily through the following insurance providers:
BMO Life Assurance Company, The Canada Life Assurance Company, Canada Protection Plan, CUMIS Life Insurance Company, Desjardins Financial Security, The Edge Benefits, Empire Life, Industrial Alliance, ivari, Manulife Life Insurance Company, Sun Life Assurance Company of Canada, Benefits by Design, Group Medical Services, Co-Operators, Serre Financial Services, CI Investments, IA Clarington, Mackenzie Financial, RBC Insurance, TD Asset Management. The insurance and investment products available through CFS are not guaranteed by CFS, CSI, CAM or your credit union and are not insured by any deposit insurer. Assuris may provide protection to all life insurance benefits under policies issued in Canada by a Member Company.
4. Based on financial and other information you provide, I will analyze your current financial needs and possible alternatives to meet those needs. Therefore, your information should be as accurate as possible. As projected results are based on current assumptions, they cannot be assured nor guaranteed.
5. While there is no charge for any of my services, CFS receives commissions for the insurance and investment products I sell. Your credit union may receive payment from CFS, although this depends on the CFS program earning a profit. I am paid directly by CFS in the form of: _____. I may also be eligible for additional compensation, such as bonuses, or non-monetary benefits, such as travel incentives, depending on various factors such as the volume or persistency of business that I place with a particular company during a given time period.
6. You do not have to be a credit union member and are not obligated to purchase any products through me or your credit union in order to receive my services.
7. I will disclose to you in writing any conflict of interest or potential conflict of interest that may be associated with each transaction or recommendation.
8. I am a Credential Financial Strategies ("CFS") Representative. CFS is a wholly-owned subsidiary of Credential Insurance Services Inc., a member company under Aviso Wealth Inc. ("Aviso"). Aviso is owned by Desjardins Financial Holding Inc., the five provincial central credit unions and The CUMIS Group Limited.
9. If you need more information about my qualifications or business relationships, contact me. I'm available to assist you.

Life Insurance Engagement

A **comprehensive insurance review** is an important part of the financial planning process. An appropriate insurance program is essential to ensure a family's and/or business' financial situation is not negatively impacted by death, disability, accident or sickness. A regular review of one's insurance program is recommended to ensure the appropriate insurance coverage is in place. After completing an insurance needs analysis with you, the following areas of insurance protection was addressed:

- ☐ Your life
- ☐ Your ability to earn an income during a disability
- ☐ Your ability to earn an income during a critical illness
- ☐ Your ability to pay medical expenses during any illness or injury

The financial services provided to you do not constitute a financial planning engagement. Should financial planning services be provided a separate letter will be provided to you outlining those services.

- ☐ An insurance needs analysis has been **completed** and indicates that you require additional coverage of \$_____ at this time to cover _____. You have **accepted** the purchase of the recommended coverage.
- ☐ An insurance needs analysis has been **completed** and indicates that you require additional coverage of \$_____ at this time to cover _____. You have **declined** the purchase of the recommended coverage and have decided to purchase coverage of \$_____ for the purpose of _____.
- ☐ An insurance needs analysis has been **declined**. You have decided to purchase coverage of \$_____ for the purpose of _____.

Consent and Acknowledgement

Exchange of Information: To help us to best serve your financial needs, including providing a high level of customer service and notifying you of new products or services, Credential Financial Strategies and your credit union require your permission to share information about your dealings with them. Without your approval, such information cannot be disclosed or exchanged. By initialing in the space provided, you authorize Credential Financial Strategies, your credit union, and their respective affiliates, to exchange information about you as permitted bylaw, including credit information and information about the insurance and other financial products and services obtained by you. Please note that information relating to medical, health or lifestyle matters will not be shared. If you subsequently decide that you no longer wish to have us exchange information you may revoke your consent by writing to: Credential Financial Strategies, 700 -1111 West Georgia Street, Vancouver, British Columbia, V6E 4T6.

Client Initials

Telephone Contact Consent: I am licensed to sell insurance through CFS and may also be licensed to sell investment products through either CSI or CAM. As part of my insurance and investment planning services, I may need to contact you regarding available products and services. By initialing in the space provided, you consent to one or more of the above noted Aviso Wealth Companies contacting you by telephone at: _____ to inform you of products.

Client Initials

Electronic Message Consent: I am licensed to sell insurance through CFS and may also be licensed to sell investment products through either CSI or CAM. As part of my insurance and investment planning services, I may contact you electronically to provide you with information regarding available products and services and other wealth management information. This information may include economic and market commentary, financial news and newsletters, investing and wealth management strategies and invitations to events. By providing your initials in the space provided, you consent to receive electronic messages from one or more of the above noted Aviso Wealth Companies at the following email address: _____ . You may withdraw your consent by at any time.

Client Initials

Acknowledgement: I acknowledge and understand that my representative has explained the benefits of an insurance needs analysis. Not having proper coverage or declining recommended coverage may negatively impact my financial situation, as well as that of my family, business or estate in the event of my pre-mature death, disability, illness or injury. Furthermore, changes in my health and/or financial situation may preclude me from obtaining the proper coverage in the future at affordable rates, or at all.

I have read, understood and accept the terms outlined in this document.

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| _____ Client Name (please print) | X _____ Client Signature | _____ Date (dd/mmm/yyyy) |
| _____ Joint Client Name (please print) | X _____ Joint Client Signature | _____ Date (dd/mmm/yyyy) |
| _____ Representative Name (please print) | _____ Date (dd/mmm/yyyy) | |