

### Insurance Disclosure & Consent Form

Used for Life Insurance & Segregated Funds

#### Insurance Advisor Disclosure

1.	. I am licensed as a life and health insurance agent in
2.	. I am licensed to sell insurance through Aviso Insurance Inc. ("AVI") and may also be licensed to sell investment products
	through Aviso Financial Inc. ("AFI"). AFI is also a separate legal entity from
	("your credit union") and AVI. Further information about AFI may be provided to you in a separate disclosure document.
	Furthermore, I may also be authorized to offer the products of your credit union.

- 3. I am an Aviso Insurance Inc. ("AVI") Representative. AVI is an indirect wholly-owned subsidiary of Aviso Wealth Inc., which is owned by Desjardins Financial Holding Inc., the five provincial Credit Union Centrals and The CUMIS Group Limited.
- 4. My insurance license permits me to sell products such as Life, Critical Illness, Disability, Long Term Care, Health & Dental Insurance as well as Group Benefits, Fixed and Deferred Annuities, Segregated Funds, and Guaranteed Interest Contracts (GICs) products which are available primarily through the following insurance providers:
   The Canada Life Assurance Company, Canada Protection Plan, CUMIS Life Insurance Company, Desjardins Financial Security, The Edge Benefits, The Empire Life Insurance Company, Foresters Financial, Industrial Alliance, Ivari, The Manufacturers Life Insurance Company, RBC Life Insurance Company, Sun Life Assurance Company of Canada, CI Funds, Mackenzie Financial, TD Asset Management, The Co-operators, IA Clarington, Assumption, Equitable, Humania, BMO Insurance, Allianz and Beneva.
- 5. The insurance and investment products available through AVI are not guaranteed by AVI, AFI, 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.
- 6. 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.
- 7. While there is no charge for any of my services, AVI receives commissions for the insurance and investment products I sell. Your credit union may receive payment from AVI, although this depends on the AVI program earning a profit. I am paid directly by AVI 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.
- 8. 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.
- 9. If you need more information about my qualifications or business relationships, contact me. I'm available to assist you.
- 10. 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:
  - o I confirm that I have no conflict of interest. If I become aware of a potential conflict, I will inform you in writing.
  - o The following situation 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:

#### Insurance / Segregated Funds Engagement

A comprehensive insurance review is an important part of the financial planning process. In order to complete a needs analysis, it is your responsibility to provide me with complete and accurate information. Incomplete disclosure of your financial situation can lead to inappropriate recommendations.

I will clearly identify the information required to complete the services identified in this agreement and what information is required to maintain the ongoing servicing, if applicable. If I am unable to proceed based on the information I have, I will inform you.

I will understand your insurance / financial needs and objectives to the best of my ability by obtaining, confirming and documenting information about your needs and objectives. I will reasonably ensure that I recommend products or services that meet those needs and objectives.

I will continue servicing your existing policy(ies); however, you, the client, will initiate any subsequent contacts to keep me informed of any changes in your personal affairs, either via phone, fax, text message, direct message or email. These changes in your situation may impact this engagement, the planning process, and/or your insurance needs. You are also responsible for regularly checking your mail and e-mail for time-sensitive carrier communication which may require your immediate attention and/or action (ie: renewal notices, policy statements, premium change notifications, etc...)

At the conclusion of every purchase transaction, I will provide you with a Reason-Why letter outlining a summary of your Needs Analysis, the different products available that can potentially meet your insurance needs, the product chosen, and the reason it was chosen from amongst all other available options.



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		or any member of your immediate family a Politically Exposed Person (PEP) or Head of International Organization a close associate of a PEP or HIO, as defined on the <i>PEP and HIO form</i> ?							
	Applicant: ☐ No ☐ Ye	s Joint App	licant: □ N	o □ Yes If	yes, complete	a PEP and	l HIO form.		
В.	(Applicant) Employer Name		(Applica	(Applicant) Type of Business / Industry			(Applicant) Job Title		
	(Joint Applicant) Employer Name:		(Joint A	pplicant) Type of Bus	siness / Industry		(Joint Applicant) Job Tit	le	
c.	Identification:								
	If you are meeting with	າ the Represe	entative in pe	erson, provid	e them with a	ın original,	valid, governme	ent issued photo ID.	
	If you are not meeting with your Representative in person, your Representative will provide you with alternative identity verification options.								
		ID T	уре	ID Nu	ımber	Ju	risdiction	Expiry Date	
	Applicant								
	Joint Applicant								
Identification:  I confirm I have met the individuals in person to view their original photo ID document in order verify their identification:									
	Verification D			<u> </u>				ify their identity.	
		Verifica	ition Date			ntative N	ame	ify their identity.	
	Applicant	Verifica	ition Date				ame	ify their identity.	
	Applicant  Joint Applicant	Verifica	ntion Date				ame	ify their identity.	
		dividuals in p		neir identity v	Represe	ntative N			
_ D.	Joint Applicant  I have not met the inc	dividuals in p nt Applicant		neir identity v	Represe	ntative N			
W	Joint Applicant  I have not met the inc	dividuals in p nt Applicant on: provide direc	person and th	ructions to y	Represe	ntative N  I by credit	file or dual proce	ess:	
W be	Joint Applicant  I have not met the inc Applicant Join Third Party Determination  (ill any person or entity)	dividuals in p nt Applicant on: provide direc	person and th	ructions to y	Represe	ntative N  I by credit	file or dual proce	ess:	
W be	Joint Applicant  I have not met the inc Applicant I doing Third Party Determination  Will any person or entity ehalf? I No Yes I	dividuals in p nt Applicant on: provide direc	person and th	ructions to y	Represe	ntative N  I by credit	file or dual proce	ess:	



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## Consent and Acknowledgment

Representative Name (please print)

<b>Exchange of Information:</b> To help us to best serve you providing a high level of customer service and notifying services, Aviso Insurance Inc. and your credit union requinformation about your dealings with them. Without you cannot be disclosed or exchanged. By initialing in the space Aviso Insurance Inc., your credit union, and their respectinformation about you as permitted by law, including creabout the insurance and other financial products and sernote that information relating to medical, health or lifest If you subsequently decide that you no longer wish to he you may revoke your consent by writing to: Aviso Insura Georgia Street, Vancouver, British Columbia, V6E 4T6.	you of new products or uire your permission to share ir approval, such information ace provided, you authorize tive affiliates, to exchange dit information and information vices obtained by you. Please yle matters will not be shared.	Primary Client Initials	Joint Client Initials				
<b>Telephone Contact Consent:</b> I am licensed to sell insuralso be licensed to sell investment products through Avisinsurance and investment planning services, I may need available products and services. By initialing in the space or more of the above noted Aviso Companies contacting	to contact you regarding provided, you consent to one						
to inform you of products		Primary Client Initials	Joint Client Initials				
<b>Electronic Message Consent:</b> I am licensed to sell insurance and investment planning services, I may contayou with information regarding available products and semanagement information. This information may include commentary, financial news and newsletters, investing a strategies and invitations to events. By providing your in you consent to receive electronic messages from one or Companies at the following email address:	so Financial Inc. As part of my act you electronically to provide ervices and other wealth economic and market and wealth management itials in the space provided,	Primary Client Initials	Joint Client Initials				
<b>Acknowledgement:</b> 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	n this document.						
	x						
Primary Client Name (please print)	Primary Client Signature	Date (c	ld/mmm/yyyy)				
	X						
Joint Client Name (please print)	Joint Client Signature	Date (c	ld/mmm/yyyy)				

Aviso Insurance Inc.

Representative Signature

Date (dd/mmm/yyyy)