

ADVISOR DISCLOSURE FORM



Name: Manpreet Singh

**Corporation Name: MS Insurance Inc. and
MaxSecure Insurance & Investments**

LICENSING

I am an independent licensed life and accident & sickness insurance agent in the following provinces:

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Ontario | <input checked="" type="checkbox"/> New Brunswick | <input type="checkbox"/> Quebec |
| <input checked="" type="checkbox"/> British Columbia | <input checked="" type="checkbox"/> Manitoba | <input type="checkbox"/> Yukon |
| <input checked="" type="checkbox"/> Alberta | <input checked="" type="checkbox"/> Saskatchewan | <input checked="" type="checkbox"/> Prince Edward Island |
| <input checked="" type="checkbox"/> Nova Scotia | <input type="checkbox"/> Newfoundland & Labrador | <input type="checkbox"/> Northwest Territories |
| <input type="checkbox"/> Nunavut | | |

COMPANIES I REPRESENT

I currently hold broker contracts with the following insurance companies:

IA, Canada Life, Sunlife, Manulife, Equitable, RBCI, BMO, Travelance, RIMI, Trustone, Beneva, 21st Century Edge Benefits, Combined Insurance, UV Assurance, Assumption life and others.

I also deal with Amore, Humania, Empire Life, Travcare, GMS, SK Blue Cross, ON blue Cross, Co-operators.

RELATIONSHIP WITH COMPANIES

No insurance company holds an ownership interest in my business, nor do I hold an interest in any insurance company.

COMPENSATION

If you choose to purchase a financial product through me, I will be paid a sales commission from the company that provides the product. Although I earn a commission when you purchase financial products, it is sound financial strategies and not just products, which help you to achieve financial success. I charge a fee for strategy design work, but this fee is discounted if you go onto implement strategies and products through me.

I may receive a renewal (or service) commission if you keep your financial products for years to come. 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 during a given period. While I am paid commissions by insurance companies, no insurance company holds an interest in my business. Your financial objectives are my priority.



CONSENT FOR COLLECTION OF PERSONAL INFORMATION

As per section 2 and 3 of my Client Privacy Statement, I collect, use, and may share your personal information with relevant financial companies and intermediaries in order to implement and services the financial products you purchase from me. By signing below, you give me consent to do so. A full copy of my Privacy Policy is available upon request.

CONFLICT OF INTEREST

I take potential of a conflict of interest seriously. I will notify you if there is a conflict of interest of which I become aware regarding my recommendations to you. My overall recommendations will be based on my analysis of your financial security needs.

MORE INFORMATION

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

CLIENT CONSENT TO ELECTRONIC COMMUNICATIONS

By signing below, I consent to receiving electronic communications from the Advisor regarding our business relationship. I understand that I may withdraw my consent at any time.

Client e-mail address: _____

Client Signature: _____

Date: _____

ACKNOWLEDGEMENT

I _____ have been informed of and understand the implications of this disclosure including any conflict of interest or potential conflict of interest associated with _____ in relation to any recommendation. (Advisor Name)

Client Signature: _____


Date: _____






CLIENT PRIVACY STATEMENT

I try to maintain the highest standards of confidentiality in dealing with client information and I adhere to the Personal Information and Electronic Documents Act (“PIPEDA”), a federal privacy law.

1. **Accountability** – My company is responsible for the personal information I receive from my clients, and I will abide by the principles of (PIPEDA) in safeguarding that information in hard copy and computer documents. My employees also understand and abide by these rules.
 2. **Collection Purposes, Limitations on Collection, Use, Disclosure and Retention** – Any and all personal, corporate, financial, and related information is collected and kept solely for the purpose of providing advice and to ensure that any products or services you purchase through me are provided quickly and correctly. I confidentially convey your personal information to insurers through wholesale organizations. I only collect and keep information that helps me formulate advice including personal, financial and health information. With your consent, I may share this information with my associates to get you help in areas outside of my expertise.
 3. **Consent** – The nature of my work means I must receive and retain a lot of personal information about my clients including health data, financial data, and identity verification. I use this information to make judgments about your situation and to identify possible solutions to any problems you might have. In becoming my client, and by signing this form, you agree to give me this information, allow me to share this information with my suppliers and wholesale organizations and allow me to retain it in my paper and electronic files for as long as you wish me to be your advisor, or I have a business need to retain the information. You may withdraw your consent at any time but that will end our business relationship.
 4. **Information Accuracy** – I rely on receiving accurate information to make appropriate recommendations. You may review the personal information I retain about you upon request. I will also update the information regularly to ensure I am making recommendations about your situation based on the correct information.
 5. **Safeguards** – All the written information I receive from you is either in secure filing cabinets or in password protected computer files. Any computer files stored off site are encrypted or locked. Old files that are discarded are shredded or otherwise destroyed. My staff understands the sensitivity of this information and the importance of protecting it.
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6. **Questions, Concerns and Access** – You may contact me at anytime by telephone, email or letter at the address shown on this page about your files with me and request changes. You may review PIPEDA online at www.privcom.gc.ca. If you have any complaints about my procedures I will investigate and provide you with a response as soon as practical. A full copy of my Privacy Policy is available upon request.

CASL Signoff

Compliance with Canadian Anti-Spam Law and its regulations (CASL), I consent to receiving electronic communications from the Advisor about my insurance needs and coverage and information about products and services that might benefit me. I understand that I may withdraw my consent at any time in writing to the advisor named below.

_____ Date _____

Client Print Name

_____ Date _____

Client Signature

_____ Date _____

Broker Signature

Broker Name: Manpreet Singh

Phone: 306 472 2020

Email: msinsurance.ca@gmail.com

