



Your representative is licensed in the provinces listed below, for the sale and distribution of the following insurance products:

- LIFE AND HEALTH INSURANCE * Province(s) : _____
- GROUP INSURANCE Province(s) : _____

*This license allows your representative to sell life, health and investment insurance products.

Companies your representative sells products for. Your insurance representative is authorized to provide products from Desjardins Insurance¹ and the following companies:

- | | | |
|---|--|---|
| <input type="checkbox"/> ASSUMPTION LIFE | <input type="checkbox"/> FORESTERS | <input type="checkbox"/> SSQ |
| <input type="checkbox"/> BMO LIFE | <input type="checkbox"/> GREAT- WEST LIFE* | <input type="checkbox"/> STANDARD LIFE |
| <input type="checkbox"/> CANADA LIFE | <input type="checkbox"/> HUMANIA | <input type="checkbox"/> IVARI |
| <input type="checkbox"/> CANADA PROTECTION PLAN | <input type="checkbox"/> INDUSTRIAL ALLIANCE | <input type="checkbox"/> UL MUTUAL |
| <input type="checkbox"/> EMPIRE LIFE | <input type="checkbox"/> MANULIFE FINANCIAL | <input type="checkbox"/> HUNTER McCORQUODALE |
| <input type="checkbox"/> EQUITABLE LIFE | <input type="checkbox"/> RBC LIFE | <input type="checkbox"/> WILLIAM J. SUTTON (SPECIAL RISK) |
| <input type="checkbox"/> EXCELLENCE | <input type="checkbox"/> OTHER (S) : | |

*Living Benefits only

NATURE OF THE TIES WITH THE ABOVE COMPANIES. No insurer has interests in the business of your representative and your representative has no important interests in a life insurance company.

COMPENSATION. Your representative will be paid by the company that offers the product you choose. Compensation will include sales commissions for most products at the time of sale, and may include renewal (or service) commissions. This same purchase might equally allow your representative to qualify for additional compensation, such as bonuses and non monetary benefits, like travel incentives. This compensation will be based upon certain conditions such as the volume of business placed with one particular company during a given period.

CONFLICTS OF INTEREST. Your representative takes the possibility of a conflict of interest seriously. He/She will advise you in writing hereunder of any conflict of interest he/she will be aware of regarding his/her services. The services rendered by your representative will take into account an analysis of your needs.

This disclosure form was completed by your representative, and he/she is solely responsible for its content.

DECLARATION OF THE CLIENT

I confirm that I have taken notice of the information contained in this document and that I have understood its impact, in particular regarding conflict of interest. I am aware that I may ask for additional information concerning the content of this document.

 CLIENT NAME

 SIGNATURE

 DATE

 CLIENT NAME

 SIGNATURE

 DATE

 REPRESENTATIVE NAME

 SIGNATURE

 DATE

¹ Desjardins insurance refers to Desjardins Financial Security, Life Assurance Company

© Registered trademark owned by Desjardins Financial Security
 Form provided and copyright protected by Desjardins Financial Security Life Assurance Company