
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, Ivori, 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:
 - I confirm that I have no conflict of interest. If I become aware of a potential conflict, I will inform you in writing.
 - 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.

Information Required by Regulators

A. Are you or any member of your immediate family a Politically Exposed Person (PEP) or Head of International Organization (HIO), or a close associate of a PEP or HIO, as defined on the *PEP and HIO form*?

Applicant: No Yes Joint Applicant: No Yes If yes, complete a *PEP and HIO form*.

B. (Applicant) Employer Name	(Applicant) Type of Business / Industry	(Applicant) Job Title
(Joint Applicant) Employer Name:	(Joint Applicant) Type of Business / Industry	(Joint Applicant) Job Title

C. Identification:

If you are meeting with the Representative in person, provide them with an original, valid, government issued photo ID.

If you are not meeting with your Representative in person, your Representative will provide you with alternative identity verification options.

	ID Type	ID Number	Jurisdiction	Expiry Date
Applicant				
Joint Applicant				

To Be Completed by the Representative
Identification:

I confirm I have met the individuals in person to view their original photo ID document in order verify their identity.

	Verification Date	Representative Name
Applicant		
Joint Applicant		

I have not met the individuals in person and their identity will be verified by credit file or dual process:

Applicant Joint Applicant

D. Third Party Determination:

Will any person or entity provide directions or instructions to you to conduct transactions or activity on their behalf? No Yes If yes, complete the following Third-Party information:

Third Party Name			Date of Birth (mm/dd/yyyy)
Address		Contact Number	
Principal Business or Occupation	Relationship to You	If Corporation, Incorporation #	Place of Incorporation

