

Statement of Disclosure

Client Name:

Prepared by:

Companies I represent

I represent the following insurers:

Individual Life	Disability	Group	Mutual Funds

Relationship with Company (ies) I represent

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 product through me, I will be paid a sales commission by the company that provides the product you purchase.

I may receive a renewal (or service) commission if you keep that policy in force.

I may also be eligible for additional compensation, such as bonuses, or non-monetary benefits, such as business related conferences, depending on various factors such as the volume or persistency of business that I place with a particular company during a given time period.

Conflict of Interest

I take the potential of a conflict of interest seriously, I will notify you if there is a conflict of interest of which I become aware in regards to my recommendations to you. My overall recommendation will take into consideration, and will be based on my analysis of your financial security needs.

More Information

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

Acknowledgement

I, _____ have been informed of, and understand the implications of, this disclosure including conflict of interest or potential conflict of interest associated with _____ in relation to any recommendations made.

Signature of client: _____ Date: _____

Signature of advisor: _____ Date: _____