

## ENGAGEMENT AGREEMENT

### Advisor Disclosure, CASL and Privacy Policy

Prepared for: Online client (Client Name)  
 \_\_\_\_\_ (Client Name, Joint Owner)

Advisor Name: Alliance Income Services Corp

## 1. ENGAGEMENT AGREEMENT

This Engagement Agreement is prepared to provide you with an understanding of the financial planning services for you and our respective responsibilities in that process. You understand that the calculations, projections, advice and recommendations provided will be based on the information you provide and will be made in accordance with the *Canadian Financial Planning Practice Standards*. You understand that these will be projections only and that the actual results can and will vary depending on a number of factors.

1. I will define the terms of the engagement.
2. We will identify your goals, needs and priorities and obtain sufficient information and documentation.
3. I will analyze and evaluate the information with respect to your goals, needs and priorities.
4. I will identify and evaluate the planning strategies and present the planning recommendations.
5. We will agree on implementation, action, responsibilities and timeframes to implement the Plan.
6. We will agree on responsibilities and time for review, re-evaluation and monitoring of the Plan.

The development of a comprehensive financial plan is an ongoing process that requires review and monitoring to ensure that strategies remain consistent with your goals, needs and priorities.

My responsibilities include preparing the financial plan and making recommendations that are consistent with your goals, needs and priorities. As well, I will review and monitor the financial plan to make ongoing recommendations, as needed.

### ASSUMPTIONS:

Analyses will be performed based on certain personal and economic assumptions. These may include assumptions relating to: retirement age, life expectancy, retirement-income requirements, government benefits, time horizons and special needs, as well as economic assumptions including: rates of return, inflation assumptions and income tax rates. The assumptions will be identified in your plan. A regular review and update if necessary, of your plan will allow me to adjust any assumptions and make adjustments to your plan with your consent.

All recommendations presented are made based on your specific circumstances, however results and returns are not guaranteed. You should review the offering documents relating to any product carefully before making an investment decision or decision to purchase.

**THIRD-PARTY PROFESSIONALS:**

During the course of the engagement, there may be a need to consult with other professionals, (i.e., tax or other specialists) or to make referrals to other professionals to assist with the implementation of the plan. Consultations with other professionals will not take place without your written agreement.

**2. ADVISOR DISCLOSURE**

In accordance with the Provincial Insurance Act, I declare the following: As an Advisor, I am duly licensed in the Province(s) of:

ON, AB, BC, MB, PE, SK, NB, NS, NL, NU, NT, YT, QC

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I currently hold the following licenses:

LLQP

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I am affiliated with the following MGAs (Managing General Agencies):

Alliance Income Services Corp

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PPI Management Inc.

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Through my affiliation(s) with this/these offices(s), I am able to offer clients insurance and investment products underwritten by the following companies:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Assumption Life       | <input type="checkbox"/> BMO Insurance          | <input type="checkbox"/> Blue Cross                               |
| <input type="checkbox"/> Canada Life Assurance | <input type="checkbox"/> Canada Protection Plan | <input type="checkbox"/> Desjardins                               |
| <input type="checkbox"/> Edge Benefits         | <input type="checkbox"/> Empire Life            | <input type="checkbox"/> Equitable Life                           |
| <input type="checkbox"/> Foresters             | <input type="checkbox"/> Humania                | <input type="checkbox"/> Hunter McCorquodale                      |
| <input type="checkbox"/> iA Financial Group    | <input type="checkbox"/> iA Excellence          | <input type="checkbox"/> ivari                                    |
| <input type="checkbox"/> La Capitale           | <input type="checkbox"/> Manulife               | <input type="checkbox"/> Wawanesa                                 |
| <input type="checkbox"/> RBC                   | <input type="checkbox"/> SSQ                    | <input checked="" type="checkbox"/> Other <u>All of the above</u> |
| <input type="checkbox"/> Sun Life              | <input type="checkbox"/> Western Life           |   |

#### COMPENSATION:

If you choose 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/service commission if you keep that policy in force.

For certain products, I may receive a referral fee. I may also be eligible for additional compensation such as bonuses, or non-monetary benefits such as travel incentives/conferences, depending on various factors such as the volume or persistency of business that I place during a given time period.

#### CONFLICTS OF INTEREST:

I confirm that, other than disclosed herein, there is no conflict of interest in regards to the sale of the product you are considering and that my overall recommendation is based on my analysis and assessment of your financial needs. Any recommendation I make will be appropriate for your circumstances, taking into account the features, price and suitability of the insurance product selected, and any other relevant factors.

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

### 3. CONSENT TO RECEIVE COMMERCIAL ELECTRONIC MESSAGES

As your advisor, I may want to send you important information on a product that may suit your overall financial plan; however, in order to do so, you must provide your consent as per Canada's Anti-spam legislation (CASL). You may withdraw your consent at any time by contacting me via telephone or email. For more information about CASL, please visit:

[https://www.priv.gc.ca/en/privacy-topics/privacy-laws-in-canada/the-personal-information-protection-and-electronic-documents-act-pipeda/r\\_o\\_p/canadas-anti-spam-legislation/](https://www.priv.gc.ca/en/privacy-topics/privacy-laws-in-canada/the-personal-information-protection-and-electronic-documents-act-pipeda/r_o_p/canadas-anti-spam-legislation/)

By checking the consent box below, you consent to receive electronic messages such as email, fax, text, etc., from myself and/or associates from my firm. If you are consenting on behalf of a business or organization, this consent allows the electronic messages to be sent to the person noted that is part of your organization.

Your consent permits myself and/or associates from my firm to communicate with you via electronic means in respect of products and services that may be of interest to you based on your financial situation. This enables us to keep you up-to-date on information such as market insights, newsletters, events and new products in order to serve your insurance needs.

This consent will remain valid and in effect until you cancel it. You may withdraw your consent at any time.

I consent to receive commercial electronic messages, such as invitations, newsletters and industry updates via email where applicable.

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Policy Owner Name (Print)

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Policy Owner Signature

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Date

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Joint Policy Owner Name (Print)

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Joint Policy Owner Signature

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Date

I do not consent to receive commercial electronic messages, such as invitations, newsletters and industry updates via email where applicable.

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Policy Owner Name (Print)

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Policy Owner Signature

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Date

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Joint Policy Owner Name (Print)

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Joint Policy Owner Signature

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Date

#### 4. PERSONAL INFORMATION PRIVACY POLICY

##### OUR PRIVACY POLICY AND COMMITMENT TO PROTECTING YOUR PRIVACY

I/We value your business and we thank you for your confidence in choosing our firm as your source for advice and products. As our client, you trust us with your personal information. We respect that trust and want you to be aware of our commitment to protect the information you share in the course of doing business with us. Your personal information will be viewed by the advisor and/or associates in my firm who have a business reason to do so and is only to be used in a manner consistent with the purpose for which it was collected or with your express consent.

## **YOUR RIGHTS AS THEY PERTAIN TO YOUR PERSONAL INFORMATION**

- You have the right to know why an organization collects, uses or discloses your personal information.
- You have the right to expect an organization to handle your information reasonably and to not use it for any other purpose other than the one to which you consented.
- You have the right to know who in an organization is responsible for protecting your information.
- You have the right to expect an organization to protect your information from unauthorized disclosure.
- You have the right to inspect the information an organization holds about you and make sure it is accurate, complete and current.
- You have the right to expect an organization to destroy your information when requested or when no longer required for the intended purpose.
- You have the right to confidentially complain to an organization about how it handles your information and to the Privacy Commissioner of Canada if need be.

## **HOW WE COLLECT, USE AND DISCLOSE YOUR INFORMATION**

When you do business with us, you share personal information, including sensitive medical information, which we keep in your file so that we may provide you with financial strategies, products and services that best meet your needs. You are consenting for our firm to use this information in an appropriate manner. We may use and disclose this information in order to:

- Communicate with you in a timely and efficient manner
- To determine the suitability or eligibility of products and services
- To set up, offer and manage products and ongoing services that meet your needs
- Assess your application for investment, insurance and other services available to you by our firm
- Evaluate claims and underwriting risks when required
- Detect and prevent fraud
- Analyze business results
- Act as required or authorized by law

## **WHAT WE WILL NOT DO WITH YOUR INFORMATION**

I/We do not sell client information to anyone. Nor do we share client information with organizations outside of our relationship with you that would use it to contact you about their own products or services.

## **WE STRIVE TO PROTECT YOUR PERSONAL INFORMATION**

All employees, associated advisors and suppliers who are granted access to client records understand the need to keep this information protected and confidential. They know they are to use the information only for the purposes intended and this expectation is clearly communicated. We've also

established physical and systems safeguards, along with proper processes, to protect client information from unauthorized access or use.

### YOUR PRIVACY CHOICES

You may withdraw your consent at any time (subject to legal or contractual obligations and upon providing us reasonable notice) by contacting our Privacy Officer. Please be aware that withdrawing your consent may prevent us from providing you with requested products or services. We may occasionally use your personal information to advise you of products or services we believe may be of interest to you or fit your personal circumstances. If you would rather not receive this type of communication, please advise our Privacy Officer.

Our Privacy Officer is: Aleksandra S.  
Name of Advisor/Delegate

Contact Information:  
416-477-2254 Aleksandra@allianceincome.com  
Advisor/Delegate Phone Number Advisor/Delegate Email

Address: 10 Great Gulf Drive, Unit 5 & 6, Vaughan, L4K 5W1

I have read the preceding provisions, understand the nature of this Agreement and agree to its terms.

I have received a copy of this document.

Online client  
Client Name (Print)

Client Signature

Date

Alliance Income Services Corp  
Advisor Name (Print)

Advisor Signature

Date