LICENSE, JURISDICTION AND DISTRIBUTOR RELATIONSHIP

I am an independent licensed as a life and health insurance advisor in the province(s) of:

Ontario, Canada.

I am also licensed/registered in the following fields:

Annuities (Insured/Non), Segregated Funds, Group Benefit Plans, Retirement Planning.

For insurance products, I process my insurance related business through Financial Horizons Group (a Managing General Agent, or "MGA"), which will pay me, or direct the insurance company to pay me, a bonus on commissions earned from the sale or insurance products that I sell. This bonus constitutes a portion of the overall compensation I am paid in conjunction with commissions referenced below. In addition, I have full discretion to deal with one or the other insurer with whom I trade and I am not subject to any pressure from Financial Horizons Group to favour one or the other insurer.

INSURANCE COMPANY RELATIONSHIPS

I can offer a full range of insurance products and services offered by the following companies:

Assumption Life	BMO Insurance	Canada Life	Canada Protection Plan
Empire Life	Equitable Life Canada	Foresters	Humania
Industrial Alliance	Ivari	Manulife	RBC
Standard Life	Sun Life	Blue Cross	Edge Benefits

OTHER DISTRIBUTOR RELATIONSHIPS

I am also a registered advisor with the following other distributors:

Tour-Med, Allianz, Tugo. (Travel Insurance)

CONTINUING EDUCATION

In order to maintain my life/accident and sickness license, I am required to meet mandatory continuing education. Where applicable, I meet these educational requirements through attendance at various seminars and industry meetings.

COMPENSATION – MONETARY AND NON-MONETARY

Upon completion of an insurance transaction, I will be paid a sales commission by the company that provides the product you purchase which is generally based on a percentage of the premiums. I may receive a renewal (or service) commission if you keep that policy in force. I may be eligible for additional compensation, such as bonuses or non-monetary benefits, such as travel incentives, seminars, depending on various factors such as the volume of my sales or persistency of business that I place with a particular company during a given time of period. Should your contract be cancelled within a certain period of time I may be subject to a chargeback for a portion or all of the commissions earned.

NATURE OF MY RELATIONSHIP WITH THE COMPANIES I REPRESENT

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

PRODUCTS PROVIDED

I can offer you a full range of insurance products and services including life, critical illness, disability, long term care, segregated funds, annuities, health and dental, GIA's and group benefits.

Please initial those areas which you agree to engage myself for further review. Areas for which you opt to decline **WILL NOT BE DISCUSSED** and as such you agree to remove me from any responsibility whatsoever regarding those declined areas.

PRODUCT/SERVICE	I AM INTERESTED	I DECLINE	PRODUCT/SERVICE	I AM INTERESTED	I DECLINE
Life			Group Benefits		
Critical Illness			Annuities		
Disability			Seg. Funds		
Health & Dental			Travel Insurance		
Long Term Care			Retirement Planning		

CONFLICTS OF INTEREST

I am required to declare any interest that may prevent me from offering impartial advice. I will notify you immediately if there is a conflict of interest of which I become aware in regards to my services.

COLLECTION OF INFORMATION

I will, from time to time, collect financial and other information on you. This information includes transaction-related details arising from your relationship with or through me. I may obtain this information from a variety of sources, including your own records with me, from transactions you have made with or through me, from credit reporting agencies and other financial institutions, and from references you have provided to me.

USE OF INFORMATION AND ACCESS TO INFORMATION

You authorize me and my distributor, Financial Horizons Group, to collect and maintain this information when you apply for an insurance product or service, and during the course of our relationship in order to administer the insurance product or service for which you have applied and to fulfill our legal and regulatory obligations. For these purposes, we will have to share your information with third party service, such as paramedical service providers, and insurers to whom you are applying for an insurance product or service. You have the right to obtain access to the information I/we hold about you on file at any time to review its content and accuracy and to have it amended as appropriate. To request access to your information, to ask questions about our privacy policies, or to request that the information not be shared or used for the purposes outlined above, you can now or anytime in the future contact us. If you are no longer our client or this agreement terminates, we may keep your information in our records so long as it is needed for the purposes described above or as long as it may be required by the law.

ADDITIONAL BUSINESS

You are not required to transact additional or other business with me as a condition of this transaction. Other than outlined above, your personal information will not be shared with individuals or other organizations.

___________________________________ Fran Scott

Signature of Advisor ***Name of Advisor***

(Kindly complete this form and return to Fran Scott as confirmation of receipt of disclosure)

CLIENT NAME: ____

CANADIAN ANTI-SPAM LEGISLATION: EXPRESS CONSENT

I agree to allow Fran Scott of Fran's Insurance and Consulting to contact me from time to time in relation to:-

____.

(Requests, information about new products and services)

You may withdraw your consent at any time. Please contact us at,

(905) 831-6382 or by email at ask@insure-pro.ca

or

by contacting us via our website www.insure-pro.ca if you have any questions.

MORE INFORMATION

If you need more information about anything stated in this document, please let me know.

ACKNOWLEDGEMENT

I ____, hereby acknowledge that:

a) My signature indicate(s) that I have been given a copy of this Client Disclosure Notice and have read it and understand it fully, specifically, with regard to the companies my Advisor works with and how he or she may be compensated; and

b) I have authorized and consented to the collection, use and disclosure of my/our personal information as described in the Client Disclosure Notice.

Signed in __________________________, on the _________ day of ____________________, 20_____.

city/town) ***(day)*** ***(month)*** ***(year)***

X ____________________________________ **X**____________________________________

Client's signature ***Client's signature***

______________________________________ ______________________________________

Client's full name ***Client's full name***