ADVISOR PRIVACY STATEMENT AND CONSUMER CONSENT FORM

<Advisor Name, Credentials, Position>

My Privacy Policy and Commitment to Protecting Your Privacy

I value your business and thank you for your confidence in choosing me as your advisor. As my client, you trust me with your personal information. I respect that trust and want you to be aware of my commitment to protecting your personal information (PI).

I am responsible for the PI I receive from you and will make every effort to safeguard that information. I comply with the federal Personal Information and Electronic Documents Act (PIPIDA) and provincial privacy laws. I also comply with Canada's Anti-Spam Legislation (CASL) and will only communicate electronically with your 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 and 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 I Collect, Use and Disclose Your Information

With your consent, I collect personal, corporate, financial and other related information during the course of our business together. I use and retain this information for the purpose of providing advice and to ensure any products or services purchased through me best meet your needs. I am required to maintain much of your PI for regulatory reasons including, but not limited to, demonstrating that the recommendations I made were done in accordance with your needs.

I assume your consent to use and disclose this information in an appropriate manner. I may use and disclose this information in order to:

- Communicate with you in a timely and efficient manner.
- 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.

Accordingly, your application and any additional documentation supplied during the underwriting process are provided to Qualified Financial Services Inc., who provides administrative services to both me and the insurance company.

What We Will NOT Do With Your Information

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, wholesale organizations and suppliers that are granted access to client records understand the legal requirement and need to keep this information protected and confidential. This expectation is clearly communicated and all parties are aware that they are to use the information only for the purposes intended. 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 on providing me 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 and may end our business relationship. We may occasionally use your PI to advise you of products or services that 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:

<Privacy Officer>
3 Director Court, Suite 201
Vaughan, Ontario
P - 416-438-9494
F - 905-264-6061

info@safg.ca

Consumer Consent

I acknowledge that (Advisor name) (my Financial Advisor), will create and maintain a client file for me. This file will contain personal information related to me that will be gathered in order to assess my financial situation, offer me products and services that may be of interest and benefit to me, and assist

me with the ongoing services, changes or benefits and claims. This personal information may include records of meetings and phone calls, and instructions that I give in regards to the products and services that I have purchased or wish to purchase or consider. Permission to collect, use, share, disclose and retain my PI as described throughout this document is granted unless otherwise advised.

I also authorize and direct my advisor to hold additional personal information or documents (originals or copies) containing my personal information provided by me or with my authorization.

“Additional” personal information is personal information that extends beyond what is required to be kept as outlined in

the first paragraph. Examples of personal information and documents are:

- Insurance policies
- Copies of life insurance applications, in whole or in part, including medical and lifestyle information
- Will and trust documents
- Powers of attorney
- Marriage and birth certificates
- Income tax returns/ notices of assessment
- Investment statements
- Mortgage/ real property ownership papers

I further understand that my advisor holds such documents in his or her own personal capacity, and not in his or her role as a representative of any life insurance company. Such documents will be kept by my advisor in a file separate from his or her client file.

I understand, acknowledge, and agree that any representative life insurance company will not be in any way responsible for any documents I deposit with my advisor, and will not be liable for any loss, use, disclosure, safekeeping, or return of such documents.

This does not apply, however, to any document or information that is requested by a life insurance company and given by me to my advisor for immediate transfer to the head or administrative offices of a life insurance company.

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_____

Signature

_____

Full Name

_____

Date

Compliance with Canada's Anti-Spam Legislation (CASL)

I consent to receiving electronic communications from the Advisor about my insurance needs and coverage information about products and services that might benefit me. I understand that I may withdraw my consent at any time.

_____

Signature

_____

Full Name

_____

Date

Advisor

_____

Signature

<Full Name>
Phone: <Enter Phone Number>
Address: <Enter Business Address>
Email: <Enter Email>