

ADVISOR DISCLOSURE

Client(s) Name: _____

Policy to be placed with: _____

Licensing

I, James R. Hemmingson, am licensed as a life insurance agent in the province of British Columbia.

Companies I Represent

I currently hold broker contracts with following insurance companies:

**Manulife Financial - Assumption Life – RBC Insurance – IA Financial Group – Equitable Life
Empire Life - Foresters Life Insurance – Edge Benefits – Olympia Benefits – Foresters Financial
Canada Life Assurance Company – Ivari – BMO Insurance – Canada Protect Plan**

Relationship with the Companies 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 financial product through me, I will be paid a sales commission from the company that provides the product. I may receive a renewal (or service) commission if you keep your financial products for years to come. 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 during a given time period. While I am paid commissions by Insurance Companies, no Insurance Company holds an interest in my business. Your financial objectives are my first priority.

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 recommendations 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. My contact information can be found on page 2 of this document.

Acknowledgement:

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

Signature of Client(s) Date Version 2019-02

Version 2021-1

Privacy Statement

I endeavour to maintain the highest standards of confidentiality in dealing with client information and I adhere to the Personal Information and Electronic Documents Act (“PIPEDA”), a federal privacy law.

1. **Accountability** – My company is responsible for the personal information I receive from my clients and I abide by the principles of PIPEDA in safeguarding that information in hard copy and computer documents. My employees also understand and abide by these rules.
2. **Collection Purposes, Limitations on Collection, Use, Disclosure and Retention** – Any and all identity, health, corporate and financial information is collected and kept solely for the purpose of providing advice and to ensure that any products or services you purchase through me are provided quickly and correctly. In order to obtain products for you, I am required to confidentially convey your information to insurers through wholesale organizations. I only collect and retain information that helps me formulate advice and service the products you purchase through me.
3. **Consent** – The nature of my work means I must receive and retain a lot of personal information about my clients including health data, financial data and identity verification. I use this information to make judgments about your situation and to identify possible solutions to problems you might have. In becoming my client, and by signing this form, you agree to give me this information, allow me to share this information with relevant financial companies and intermediaries, and you allow me to retain your information in my paper and electronic files for as long as you wish me to be your advisor or as long as I have a business or legal need to retain the information. You also agree to receive electronic communications or Commercial Electronic Messages (CEMs) from me. You may withdraw your consent at any time.
4. **Information Accuracy** – I rely on receiving accurate information in order to make appropriate recommendations. You may review the personal information I retain about you upon request. I may also update the information regularly in an effort to ensure I am making recommendations about your situation based on the correct information.
5. **Safeguards** – All the written information I receive from you is either in secure filing cabinets or in password protected computer files. Any computer files stored off site are encrypted or locked. Old files that are discarded are shredded or otherwise completely destroyed. My staff understands the sensitivity of this information and the importance of protecting it.
6. **Questions, Concerns and Access** – You may contact me at anytime by telephone, email or letter at the address shown on this page about your files with me and request changes. You may review PIPEDA online at www.privcom.gc.ca. If you have any complaints about my procedures I will investigate and provide you with a response as soon as practical. A full copy of my Privacy Policy is available upon request.

Signature of Client(s)

Date

James Russell Hemmingson

Date

**My Contact Information:
James R. Hemmingson
109 – 15236 36th Ave.
Surrey, BC V3Z 2B3**

Version 2021-1