**(insert Advisor name/Company name)**

 **ADVISOR DISCLOSURE**

**License’s & Jurisdictions**

I am licensed as a life and health insurance agent in **<province(s)>**. (In Quebec provide list by license class).

I am also licensed/registered in the following fields:

For insurance products, I place business through **<firm>.** For **<other products>**, I place business through **<firm>**.

**Companies I Represent**

I represent several insurers, but I place the majority of my business with:

**<list of companies>**

(For Ontario and Quebec where a complete list of companies is required, attach it to the letter if the list of companies is long) Attached to this letter is a complete list of the companies I represent.

**Relationship with Company(ies) I Represent**

(For no ownership situation) No insurer holds an ownership interest in my business. I don’t hold a significant interest in any insurance company.

(If there is an ownership situation) **<Insurer(s)>** has a significant ownership interest in my business

I have a significant ownership interest in **<insurer>**.

**Compensation**

I am compensated by a sales commission on policies I sell and I may also receive a renewal (or service) commission on policies that remain active. Commissions are paid by the company that provides the product you purchased. If my sales reach a certain level, I may be eligible for additional compensation, such as bonuses, and other benefits, such as conferences.

**Conflict of Interest**

(No conflict of interest) I take the potential of a conflict of interest seriously. I confirm that I have no conflict of interest. If I become aware of a potential conflict, I will tell you.

(Conflict of interest related to another occupation) I take the potential of a conflict of interest seriously. My position/profession as \_\_\_\_\_\_\_\_\_\_\_\_\_\_ may be perceived to be a potential conflict of interest with respect to my recommendations to you. However, I confirm that my recommendations will be based on my assessment of your needs.

(Other conflict of interest) I take the potential of a conflict of interest seriously. The following situation may be perceived to be a potential conflict of interest. However, I confirm that my recommendations will be based on my assessment of your needs.

**More Information**

If you need more information about my qualifications or my business relationships, contact me. I would be happy to help.

**Acknowledgement**

I, **< *client’s name* >,** on **< date >** have received and reviewed this document. I understand any conflicts of interest or potential conflicts of interest outlined in this document. I am willing to continue working with the advisor.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**