



Advisor and Client Disclosure Form

Insured/Subscriber Last Name: _____ Middle Name: _____ First Name: _____

Date of birth (mm/dd/yyyy): _____ Phone: _____ Email: _____

Picture ID #: _____ Issue Place: _____ Issue Date: _____ Expiring Date: _____
Eg) Passport, Driver License, Service Card, PR card

Please circle one: Passport, Driver License, Service Card, PR card, or others: _____

If the policy owners/clients do not have a valid government issued document, their identity can be verified by submitting a completed Dual Method Identification form.

Beneficiary(ies) name (For RESP only): _____

Licensing:

I/We, _____, am/are licensed life insurance advisor(s) in the following province(s) and/or territories:

- BC AB ON OTHER

Companies I represent:

I/We currently hold contracts with the following Managing General Agencies (MGA's) or Associate General Agencies (AGA's):

- BridgeForce Pacific Place Inc. Pacific Place - Financial Services Inc. Other

Through the above MGA/AGA, I am contracted with and place the majority of my business through the following insurance companies*:

- Assumption Life BMO Canada Life Desjardins Edge Benefits Empire Life
Equitable Life Great West Life IA IA Excellence Manulife RBC
SSQ Sunlife Ivori Other

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

Compensation:

I/We will receive or anticipate receiving a commission of the service from both the insurer and the MGA I/We provided. I/We may also be eligible for additional compensation(s), such as bonuses, or non-monetary benefits and other benefits, such as professional conferences depending on various factors (volume or persistency of business) that I/We placed during a given time period.

Products I/We Advise On / Sell:

- Life Insurance Critical Illness Disability Health and Dental Investments
Group Insurance General Insurance (Referrals) General Insurance (Licensed) Mortgage (Licensed)
Mortgage (Referrals) Mutual Fund (Dealer's Name: _____ & Licensed Province : _____)

Insured/Subscriber Initials: _____

Advisor Initials: _____

(Owner's initials if insured is below 16)

Privacy:

Protecting your personal information is important. I/We value and respect the trust you have on us. I/We want you to be aware of our commitment to protect the information you shared and they will be kept confidential.

You have the right to:

- Know why an organization collects, uses or discloses your personal information.
- Expect an organization to handle your information reasonably and not to use it for any other purpose other than the one you consented.
- Know who in an organization is responsible for protecting your information.
- Expect an organization to protect your information from unauthorized disclosure.
- Inspect the information an organization holds about you and make sure it is accurate, complete and current.
- Expect an organization to destroy your information when requested or when no longer required for the intended purpose.
- Confidentially complain to an organization about how your information is handled and to the Privacy Commissioner of Canada if necessary. **Online at <https://www.priv.gc.ca>, Toll Free at 1-800-282-1376**

How we collect, use and disclose your information

When you do business with us, you share personal information, including sensitive medical information, which I/We keep in your file so that I/We may provide you with financial strategies, products and services that best meet your needs. I/We assume you consent our firm to use this information in an appropriate manner. I/We 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
- Detect and prevent fraud
- Act as required or authorized by law

I/We do not sell client information to anyone, nor do I/We share client information with organizations outside of our relationship.

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

You may withdraw your consent at any time (subject to legal or contractual obligations and on 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. I/We may occasionally use your personal information to advise you of products or services that may be interest to you or fit your personal circumstances.

If you would rather not receive this type of communication, please advise us in writing.

Conflict of Interest:

I/We take the potential of a conflict of interest seriously. I/We will notify you if there is a conflict of interest of which I/We become aware in regards to my recommendations to you.

More Information:

If you need more information about qualifications or my business relationships, please advise us.

I consent to receiving the following forms of communication:

- Service email, calls or texts
- New product email, calls or texts
- Newsletter
- Promotions
- Other
- None

Commercial Electronic Message / Anti Spam: <https://www.crtc.gc.ca/eng/casl-lcap.htm>

Insured/Subscriber Initials: _____
(Owner's initials if insured is below 16)

Advisor Initials: _____

Required by the industry, the letter is designed to provide a brief summary to help clients understand the product recommendations, the transaction being completed and the reasons why a product was purchased.

Which Product does this requirement apply to?

- Life
- Critical Illness/ Disability Insurance
- Segregated Funds
 - **Does not apply to fund switches/transfers and additional deposits**

How can the letter be distributed to a client?

The letter can be mailed or emailed to a client, or delivered to a client along with their policy.

When does the letter/email need to be provided to the client?

- Insurance and CI/DI – No later than policy delivery
- Segregated funds – the letter should be sent immediately after the sale

Do you have a copy of Reason Why Letter in your client file?

- Yes (A copy is in my client file) No

If No, please provide reason: _____

Simple needs calculation (For Life Insurance Application)

If insured is age 16 and under, please provide owner(s) information

Insured occupation: _____ Insured current annual income: \$ _____ Insured net worth: \$ _____

Assets			Long-term objectives/goals (i.e. Retirement, Education etc)
Cash	\$ _____	_____	\$ _____
Investments (RRSP, RESP, TFSA etc)	\$ _____	_____	\$ _____
Real estate	\$ _____	_____	\$ _____
Business (if self employed)	\$ _____	_____	\$ _____
Group benefits	\$ _____	_____	\$ _____
Other death benefits (pension, CPP etc)	\$ _____	_____	\$ _____
Other unearned income / assets	\$ _____	_____	\$ _____
Liabilities			
Mortgage	\$ _____	_____	Emergency fund \$ _____
Other outstanding debts	\$ _____	_____	Childcare expense \$ _____
Education funding (RESP contribution)	\$ _____	_____	Final expenses \$ _____
Income for survivor	\$ _____	_____	RRSP contribution \$ _____
Income replacement	\$ _____	_____	
Other medical expenses	\$ _____	_____	
Other liabilities	\$ _____	_____	

Based on the above information, I/We recommended the coverage should be:

		Accept	Declined	Next review
Life:	\$ _____	_____	_____	_____
CI:	\$ _____	_____	_____	_____
DI:	\$ _____	_____	_____	_____
Long term care:	\$ _____	_____	_____	_____

Below section MUST BE COMPLETED for all life applications

I, _____, confirm that my advisor has explained all the above to me in the language (Language used: _____) that I understand.

Insured name: _____ Advisor name: _____

Insured signature: _____ Advisor signature: _____

(Owner's signature if insured is below 16)

Date: _____ Date: _____

If you would like to review and correct your personal information in our file, or if you have further questions regarding any of the above, please contact us by:

Mail:	Phone:	Email:
Pacific Place – Financial Services Inc.	778-945-6900	info@pacificplacegroup.com
Metrotower 1		
#2129-4710 Kingsway, Burnaby BC V5H 4J5		

FOR INVESTMENT CLIENT ONLY - Know Your Client (KYC)

Each plan type and/or owner must complete one KYC and it needs to be updated every year with deposit over \$10,000.

Name of employer	Occupation	Type of business	Years of service
Gross Annual Income: \$ _____ Net Liquid Assets: \$ _____ Net Fixed Assets: \$ _____ Net Worth: \$ _____			

Do values above include the spouse?

Yes No

Client knowledge level:

Novice Fair Good Sophisticated

Plan Type (e.g. RRSP, RESP, TFSA etc): _____ Account Type: <input type="checkbox"/> Intermediary <input type="checkbox"/> Client Name <input type="checkbox"/> Nominee Funds Borrowed: <input type="checkbox"/> Yes: Total Funds borrowed: _____ From Which Institution: _____ <input type="checkbox"/> No Your Goals (Intended Use of Investment): _____	Plan Type (e.g. RRSP, RESP, TFSA etc): _____ Account Type: <input type="checkbox"/> Intermediary <input type="checkbox"/> Client Name <input type="checkbox"/> Nominee Funds Borrowed: <input type="checkbox"/> Yes: Total Funds borrowed: _____ From Which Institution: _____ <input type="checkbox"/> No Your Goals (Intended Use of Investment): _____	Plan Type (e.g. RRSP, RESP, TFSA etc): _____ Account Type: <input type="checkbox"/> Intermediary <input type="checkbox"/> Client Name <input type="checkbox"/> Nominee Funds Borrowed: <input type="checkbox"/> Yes: Total Funds borrowed: _____ From Which Institution: _____ <input type="checkbox"/> No Your Goals (Intended Use of Investment): _____																																										
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Plans to change or leave job in the next two years?

Yes No

If yes, please provide details: _____

Are you or any of your relatives considered a Politically Exposed Person (PEP)? A politically exposed (PEP) is a person, or a close relative or close associate of a person, who holds, or has held, certain positions in or on behalf of the state. A PEP falls into one or more of these categories:

- A politically exposed foreign person (PEFP) holds or has held the position outside Canada
- A politically exposed domestic person (PEDP) holds or has held in the last five years, the position within Canada
- The head of an international organization or an institution established by an international organization (HIO)

Definitions:

- 1) A close relative is a spouse; common-law partner, mother, father; child (Including in-laws); brother or half-brother; sister or half-sister; spouse's or common-law partner's mother or father.
- 2) A close associate is a person closely associated, for personal or business reasons, to the person described.
- 3) The head of an institution that was established by an international organization was set up by the government of more than one country and was formed through a formally-signed agreement between the governments of more than one country. The HIO is the primary person who leads the institution; for example, a president or CEO. This PEP also includes a close relative of the person or close associate of the HIO.

Yes No

(If the answer to the question is "YES", please complete Politically Exposed Person disclosure.)

Will anyone other than yourself own, contribute, or have access to the investment funds?

Yes No

If yes, please provide details: _____

Name of third party	Relationship	Name of employer	Occupation	Type of business
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Declaration of tax status

Are you a resident for tax purposes in Canada?

Yes No

Are you a United States citizen or a U.S. resident for U.S. tax purposes?

Yes No

If yes, please provide your Taxpayer Identification Number (TIN) or your Social Security Number (SSN): _____

Are you a resident for tax purposes in a country or region other than Canada or the United States?

Yes No

If yes, complete the information below for each jurisdiction.

Jurisdiction of tax residence _____ Taxpayer identification number TIN _____

Disclaimer:

The Advisor has explained various fund charges to me. As a client, I am aware that every year I can switch 10% of the DSC fund without penalty. If I move those funds back into a DSC fund at a later date, the fees on these funds at deposit or withdrawal apply from the date they are transferred back in. The advisor is paid new commissions on these switches.

I am also aware of the risks of leveraged (borrowing) investing. Past rates of performance cannot be guaranteed to be duplicated in future performance. By borrowing to invest, I am paying interest on the funds not tied to the performance rate of the investment. The lending institution can call in my funds (external lending) at anytime and that I am fully responsible for any outstanding balances owing.

Below section MUST BE COMPLETED for all Investment applications.

I, _____, confirm that my advisor has explained all the above to me in the language (Language used: _____) that I understand.

Owner/applicant name: _____

Advisor name: _____

Owner/applicant's signature: _____

Advisor signature: _____

(Owner's signature if insured is below 16)

Date: _____

Date: _____

If you would like to review and correct your personal information in our file, or if you have further questions regarding any of the above, please contact us by:

Mail:

Pacific Place – Financial Services Inc.
Metrotower 1
#2129-4710 Kingsway, Burnaby BC V5H 4J5

Phone:

778-945-6900

Email:

info@pacificplacegroup.com