



Date: _____

Kindly select the services you wish us to provide at this time: -

- _____ Life Insurance planning and set up
- _____ Health Insurance planning and set up
- _____ Disability Insurance planning and set up
- _____ Critical Illness Insurance planning and set up
- _____ Long Term Care Insurance planning and set up
- _____ Group Insurance design and set up
- _____ Pension analysis and set up
- _____ Financial Planning
- _____ Retirement Planning - RRSP and Annuities
- _____ Education planning and RESP set up
- _____ Business Insurance planning - Key Man Insurance
 - Retirement Compensation Agreement
 - Funding shareholder's agreement
 - Corporate owned life insurance
- _____ Non-registered investment planning and set up
- _____ Savings account set up
- _____ Cash flow analysis and budget set up
- _____ Mortgage Referral
- _____ General Insurance Referral - Auto, Home, Business Liability Insurance
- _____ Tax and Accounting Referral
- _____ Wills and Power of Attorney review and referral to a lawyer

We refer to our Disclosure Statement to our Valued Client and Letter of Service Engagement for further explanation as to scope of our work, our compensation and limit of our liability.

Kindly acknowledge your acceptance of this limitation of our offer. By signing this, you authorize us to provide the services you selected above and understand that we will not be held liable on any losses from any service and plans not requested by you.

Broker

Client