

AUTHORIZATION
For the creation of a client file and
for additional personal information or documents

I authorize _____, my financial security advisor (“representative”) to create and maintain a client file for me. This file will contain personal information related to me and will include the coordinates I have provided below which will be collected and used in order to assess my financial situation, contact me to offer products and services that may be of interest and benefit to me, and assist me with the ongoing services, changes or benefits and claims, and fulfill such other purposes as are directly related to the preceding. 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. Disclosure of my personal file will be limited to:

- my representative, companies my representative represents in providing, or seeking to provide, products or services to me (including their employees and persons authorized by either of them, when the information is required for the performance of the person’s duties on their behalf);
- persons I have granted access; and
- persons allowed by law.

In addition, it is understood and agreed that:

	Yes	No	<u>Initials</u>	<u>Effective on</u>
Personal information concerning my financial security planning will be maintained with those of my spouse*	<input type="checkbox"/>	<input type="checkbox"/>		
My representative is authorized to hold “additional” personal information or documents** (originals or copies) containing my personal information, provided by me or with my authorization.	<input type="checkbox"/>	<input type="checkbox"/>		
My preferred method for communicating with my representative for the purpose of this authorization:	Yes	No		
▪ Telephone/voice mail: _____	<input type="checkbox"/>	<input type="checkbox"/>		
▪ E-mail: _____	<input type="checkbox"/>	<input type="checkbox"/>		
▪ Fax: _____	<input type="checkbox"/>	<input type="checkbox"/>		
▪ In writing: _____	<input type="checkbox"/>	<input type="checkbox"/>		
▪ Other(s): _____	<input type="checkbox"/>	<input type="checkbox"/>		
For your convenience, we can contact you by e-mail or fax. However, please note that the use of email and fax are not secure mediums and personal information should be transmitted by more secure means.				
Disclosure of my personal information may also be made to _____ to allow him/her to render financial security planning services to me.				

* An Authorization for the creation of a client file and for additional personal information or documents signed by the spouse is also required.

** “Additional” personal information or documents

“Additional” personal information is personal information which extends beyond what is required to be kept, according to the company offering products and/or services for the purposes of a representative’s client file, as outlined in the first paragraph. Examples of personal information and documents are:

- Original insurance policies
- wills
- powers of attorney
- marriage certificates
- income tax returns/ notices of assessment
- mortgage/ real property ownership papers
- other(s): _____

I understand, acknowledge, and agree that companies my representative represents in providing, or seeking to provide, products or services to me will not be in any way responsible for any "additional" documents I deposit with my representative, 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 companies my representative represents in providing, or seeking to provide, products or services to me and given by me to my representative for immediate transfer to the head or administrative offices of either companies my representative represents in providing, or seeking to provide, products or services to me, as applicable.

I understand that in accordance with applicable laws and upon my request, my representative will make the information that is the object of the present authorization available to me and that I have the right to request correction of such personal information.

This authorization is valid until revoked. I may revoke in whole or in part this authorization at any time by sending a written notice to my representative. A reproduction of this authorization will be as valid as the original.

Signature of client: _____

Date: _____

Signature of representative: _____

Date: _____