

BERTRAM

INSURANCE & FINANCIAL SERVICES

CLIENT DISCLOSURE NOTICE

WHO AM I?

My name is Shelley Bertram Fallis and I have been licensed to sell insurance and financial products since May 2001. In January 2004, I became an independent broker and started my own insurance business, *Bertram Insurance & Financial Services*. I have access to a broad span of insurance carriers. I subscribe to the most current insurance quoting software which allows me to compare and analyze several insurer's rates and benefits before providing you with a quote. Having access to a broad spectrum of companies and products is highly beneficial to the consumer.

INSURANCE COMPANY RELATIONSHIPS

I am authorized to represent, and have contracts with, most of the major insurers in Canada and can offer a full range of Insurance, Investment, and Banking Products for Individuals & Groups including:

Life Insurance, Mortgage/Creditor Insurance, Travel Insurance, Health & Dental, Critical Illness, Disability, Home Care & Long Term Care, Banking & Investments for Savings, Retirement & Estate Planning including Pension Products, TFSAs, RESPs, RRSPs, GICs, Annuities, High Interest Bank Accounts.

Some of the companies I represent are as follows:

Assumption Life, BMO, Blue Cross, Canada Life, Canada Protection Plan, Desjardins, Edge Benefits, Empire, Equitable, Foresters, Industrial Alliance, IA Excellence, La Capitale Penncorp, Manulife, RBC, Standard Life, SSQ, Western Life

Travel Carriers: Tour+Med, GMS, Manulife, Royal Sun Alliance, Travel Underwriters, TIC Coordinators, Destination Travel.

DISTRIBUTOR RELATIONSHIPS

I process my insurance related business through MGAs (Managing General Agents): *Financial Horizons Group, Tansey Insurance Services, Canada Protection Plan* and have direct contracts with several life and travel insurance distributors. I am paid either directly from the MGA/Distributor, or through the insurance company.

PRODUCTS

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SERVICES

I offer a full range of insurance, travel, investment, and banking products for individuals & groups including:

- Life Insurance
- Mortgage Ins.
- Accidental
- Health & Dental
- Segregated Funds
- Annuities
- GICs, RESPs, RRSPs, TFSAs
- Critical Illness
- Disability
- Home Care and Long Term Care
- Emergency Medical:
'Snowbird' Travel Insurance

COMPENSATION - MONETARY & NON-MONETARY

Upon completion of an insurance sale, I will be paid compensation in the form of a commission which is generally based on a percentage of premiums paid. I am paid directly by the MGA/Distributor, or through the insurance company. Depending on the product that is sold, I may also earn a bonus on the earned commissions which is calculated as a portion of the overall compensation. Insurance companies may offer non-monetary compensation for volume of sales which could include attendance at conferences, or other non-monetary bonuses.

LIFE LICENCE & CONTINUING EDUCATION

In order to maintain my license, I am required to meet mandatory continuing education. In order to meet these requirements, and stay current in the insurance & financial marketplace, I attend industry seminars and meetings, take courses, and attend continuing education summits.

CONFLICTS OF INTEREST

As an Independent Broker, I am bound by the laws governing life insurance agents in Ontario (*Financial Services Commission of Ontario*) and the Code of Ethics of my professional association, *Independent Financial Brokers of Canada*. I commit to you, that any product that is recommended by me, will be, what I deem to be best suited to meet your needs and budget at the present time.

It is my duty to disclose any conflict of interest with respect to my overall recommendations to you and I am required to declare any interest that may prevent me from offering impartial advice. No insurance company holds an ownership interest in my business, nor do I hold an ownership interest in any insurance company. I will notify you immediately if there is a conflict of interest of which I become aware in regards to my services. At this time, there are 'none' to declare.

ADDITIONAL BUSINESS

You are not required to transact additional or other business with me as a condition of this transaction. Other than as outlined above, your personal information will not be shared with other individuals or organizations.

Signature (Insurance Agent)

COLLECTION & STORAGE OF INFORMATION

I will, from time to time, collect financial, medical and other information about you. This information includes transaction related details arising from your relationship with or through me including insurance and investment related transactions. This information includes documents and applications for insurance and/or investments collected from you for the sole purpose of providing insurance & investment products. Information may be obtained from a variety of sources, including your own records with me, from transactions you have made with or through me and from other financial institutions. See further details on the attached Privacy Disclosure Document.

USE OF INFORMATION & ACCESS TO INFORMATION

You authorize me and my distributor, to collect and maintain this information when you apply for an insurance or investment product or service and during the course of our relationship, in order to administer the insurance or investment product or service for which you have applied, and to fulfill our legal and regulatory obligations. For these purposes, we will share your information with third-party services, such as paramedical service providers, and insurers to whom you are applying for an insurance product or service. You have the right to obtain access to the information we hold about you on file, at any time, to review its content and accuracy and to have it amended as appropriate. To request access to your information, to ask questions about our privacy policies, or to request that the information not be shared, or used for the purposes outlined above, you can now or anytime in the future contact us. If you are no longer our client or this agreement terminates, we may keep your information in our records, so long as it is needed for the purposes described above, or as long as it may be required by law.

ACKNOWLEDGEMENT

I/We _____, hereby acknowledge that:

My/our signature indicate(s) that I/we have been given a copy of the *Client Disclosure Notice* (3 pages) and have reviewed it with *Shelley Bertram Fallis*. I fully understand it in the language that it is written.

a) I/we have been informed of, and understand the broker obligations, distributor relationships, compensation structure, and products & services offered by *Bertram Insurance & Financial Services*.

b) I/we understand the implications of this disclosure including any conflict, or potential conflict of interest associated with *Shelley Bertram Fallis*.

c) By signing below I/we have authorized and consented my advisor to obtain and keep on file the personal information that I have provided to her, and that this information will be collected, used, stored, protected and disclosed, as described in the Client Disclosure Notice and Privacy Consent Document.

This disclosure is made in accordance with the Insurance Act, Ontario Regulation 347/04. My/our signature(s) on this form does not waive any legal rights.

Signed at _____, Ontario on the _____ day of _____, 2017

Signature of Client(s):

_____ (print)

_____ (print)

Shelley Bertram Fallis, Life Insurance Agent
License 01065357

BERTRAM INSURANCE & FINANCIAL SERVICES

25 Melody Bay Road, PO Box 93

Buckhorn, Ontario K0L 1J0

Toll Free: 1.866.657.3882

www.bertraminsurance.ca