(Date)

Dear (Client’s name):

Thank you for meeting with me. I appreciate you allowing me to discuss these important topics with you.

In the past year, I have sold insurance and financial products offered by the following companies:

* Insurance – A, B, The Equitable Life Insurance Company of Canada
* Savings and retirement products (including segregated funds, guaranteed interest accounts and payout annuities) – A, B, The Equitable Life Insurance Company of Canada
* Mutual Funds – D, R, X

No insurer holds an ownership interest in my business, nor do I hold an interest in any insurance company. 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. [Note: Customize this paragraph if necessary to provide disclosure of any ownership interests or conflicts of interest.]

With respect to this transaction, I am placing the business through The Equitable Life Insurance Company of Canada.

I will be paid by my managing general agency and the insurance company that offers that product. I am compensated by a sales commission at the time of sale, and may receive a renewal (service) commission if you keep the policy in force.

I may also be eligible for additional compensation, such as bonuses, or non-monetary benefits, such as travel incentives, depending on various factors such as the volume of business that I place with a particular company during a given time period.

Please do not hesitate to ask me for additional information about my business or qualifications. I am always here to help.

I am licensed with the province of Ontario, license number 5555-F4444.

John Smith,

Financial Firm Name Inc.

123 Main Street,

Brantford, ON, N2P 3R6

(519) 999-6565

**I acknowledge that I have read this letter and have received a copy for my records.**

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

Customer signature Date