(Date)

Dear (Client’s name):

Thank you for the opportunity to meet with you to discuss your financial future. I welcome the opportunity to be your insurance advisor. This letter is to confirm our understanding of how we will work together and the nature and limitations of the services I will provide.

First, I want to assure you that all information that you provide me with will be kept strictly confidential. I will not share it with anyone except with your consent or as required by law. If you purchase an insurance product, there will be further privacy disclosure wording on the application.

In order for me to ensure that I make appropriate recommendations, I rely on you to provide complete and accurate information on your personal and financial situation. This information could include:

* objectives,
* financial needs,
* financial priorities and values,
* current statements for investments or insurance policies,
* employment benefits,
* tax returns,
* wills, power of attorney, etc.

I rely on you to keep me up to date on changes to your circumstances, as these could impact the financial goals that you are working toward. Please contact me immediately if you have a major change in your life.

In the past year, I have sold insurance and financial products offered by the following companies, under Ontario license number 5555-F4444:

* 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.]

I am licensed to provide advice on life insurance, disability insurance, critical illness insurance, long term care insurance, and segregated funds, annuities, guaranteed interest accounts for registered and non-registered accounts.

I can provide you with service and advice on cash flow and investment planning, retirement planning, insurance planning, estate planning, tax planning, business planning and other planning. [Note: Specify]

I have a knowledgeable team of professionals supporting me, including experts and product specialists. A requirement of my license is keeping myself up to date on products and financial services strategies.

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.

You are free at all times to accept or reject any recommendation that I make. You have the sole authority regarding the implementation, acceptance or rejection of any counseling or advice that I may provide. Never substitute my suggestions for your best judgement and analysis. You may terminate our relationship at any time without penalty (policy cancellation fees may apply) by providing verbal or written notice to me.

You should consider setting up an annual appointment to review your situation. If I don’t hear from you, I will contact you at least once every two years to meet with you to ensure your plan is still meeting your objectives.

If I can be of assistance to you in any other way, please do not hesitate to contact me. I am looking forward to helping you develop and maintain sound financial affairs.

John Smith,

Financial Firm Name Inc.

123 Main Street,

Brantford, ON, N2P 3R6

(519)999-6565

**I acknowledge that I have read and agree with the terms of engagement outlined in this letter and have received a copy for my records.**

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

Customer signature Date