

Wise Financial Group Disclosure Document for Clients

Wise Financial Group is the Authorized Representative for the Canadian Bar Insurance Association/Lawyers Financial, Engineers Canada and CPSA for the Southwestern Ontario region. We also represent the following companies in our brokerage operations.

<u>Life Insurance</u>	<u>Group Benefits</u>	<u>Disability & CI</u>	<u>Health</u>	<u>Segregated Funds</u>
Foresters	Manulife	RBC	Green Shield	Empire Life
Manulife	Olympia	The Edge	Desjardins	Equitable
BMO	Empire	Equitable	Manulife	Industrial
Equitable	Equitable	Manulife	Blue Cross	Manulife
Empire	Blue Cross	Empire	Benecaid	Canada Life
Wawanesa	Green Shield	Blue Cross	Sun Life	Sun Life
Sun Life	Desjardins	SSQ Financial	The Edge Benefits	Desjardins
Industrial	RBC	Industrial	GMS	
SSQ	Sun Life	Canada Life	Assureflex	
Desjardins	GMS	BMO		
Blue Cross	Benecaid	Desjardins		
Humania		Humania		

Relationship with Companies I Represent:

No insurance company holds an ownership interest in my business, nor do I hold an interest in any insurance company.

Compensation:

If you choose to purchase a product through me, I will be paid a sales commission by the company that provides the product you purchase. I may receive a renewal (or 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 volume or persistency of business that I place with a particular company during a given time period.

Conflict of Interest:

I take the potential conflict of interest seriously. I will notify you if there is a conflict of interest of which I become aware in regards to my recommendations to you. My overall recommendation will take this into consideration, and will be based on my analysis of your financial security needs.

More Information:

Should you require additional information about my qualifications or nature of my business relationships, I would be pleased to assist you.

Acknowledgement:

I, _____ have been informed of, and understand the implications of this disclosure including any conflict of interest or potential conflict of interest in association with _____ in relation to any recommendations made.

Client Signature

Date

Agent Signature

Date