

STONE CITY FINANCIAL

APRYL EGGER

FINANCIAL ADVISOR

Financial Focus

The first step towards achieving a solid financial future.....

739E Arlington Park Place, Kingston, ON K7M 8M8

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An Introduction to APRYL EGGER OF STONE CITY FINANCIAL

**Professionalism
Integrity
Stability**

**We help our clients achieve their financial goals by providing them with the tools necessary to
facilitate a solid financial future.**

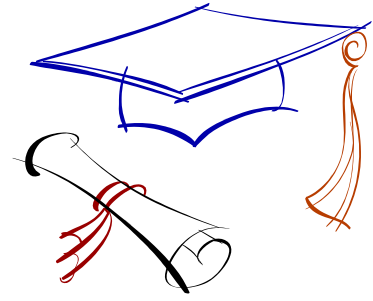
Consulting on:

- *Mortgage Insurance**
- *Life Insurance**
- *Critical Illness Insurance**
- *High Net Worth Investing**
- *Tax Free Savings Accounts***
- *Guaranteed Income Investment Strategies***
- *Group Benefits**
- *Portfolio Investing**
 - RRSP'S**
 - RESP'S**
- **Estate Directories***

***All appointments are strictly confidential, your privacy
is very important to us...***



- A solid financial future is achievable by formulating a plan with your advisor which focuses on your financial priorities. These priorities will change based on different stages of your life. Starting a new job, marriage, family, divorce, retirement, death and estate preservation all require a comprehensive financial plan.
- Your investment professional will create an effective wealth building strategy giving you financial security for each phase of your life.



Employment

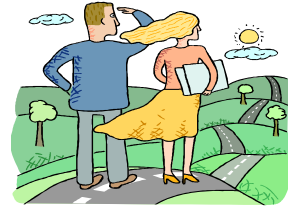
Upon completion of your education, you begin your career. Time is on your side and with an effective investment plan you are taking control of your financial future.

Do you have adequate life insurance coverage?

Upon death adequate life insurance is crucial to cover your current liabilities, such as student loans.

Have you started saving for your retirement?

Contributing to a RRSP plan early has many benefits, contributions grow within the plan tax free, tax receipts for contributions are issued annually reducing your taxable income. If you are planning to purchase a home you may withdraw a portion of your RRSP tax free, to a maximum of \$20,000, under the homebuyer's plan.



Marriage & Family

Focusing on your financial goals and making informed decisions are instrumental in achieving an effective investment plan that will protect you and your family.

Do you have adequate life insurance protection to cover your debt and look after your family?

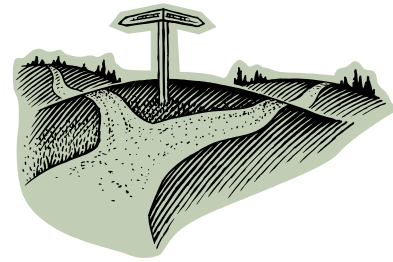
Life is busy and often we do not contemplate the financial burden our death would have on our family. Insurance coverage protects your family by providing a tax-free lump sum payment to your beneficiary(ies) upon death. This would allow them to pay off debt and maintain the same standard of living.

Are all of your RRSP's beneficiary designated?

By listing your spouse as a beneficiary on your RRSP plan, upon your death proceeds are rolled over tax free to your spouse.

Will your children attend college or university?

By setting up a RESP plan and making monthly contributions you can start saving now for your children's education.



Separation/Divorce

In the event of a marriage breakdown, seeking professional financial advice is integral in achieving your individualized financial future.

Do both parties have adequate life insurance protection to meet the needs of your children?

Divorce raises many issues, and one that should be of primary concern is adequate insurance coverage to protect your children and their future.

Has an uncontested separation settlement agreement been achieved?

By reviewing your financial status upon separation date, you will need to determine what you have and what your future needs will be and how to establish a personal financial plan for your future. The division of assets creates a need for guidance to determine how best to assist with debt, insurance, investments (RRSP, RESPs' etc.)

Assets and Pensions are another area of focus, each situation has unique needs that must be addressed.



Retirement

A solid investment strategy has enabled you to achieve your financial planning goals and retire.

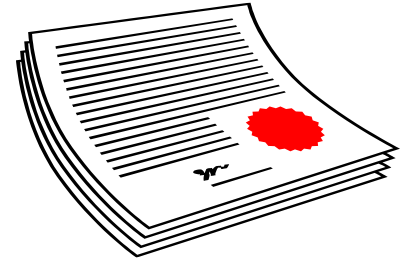
Will you have adequate income to maintain your current standard of living once you retire?

Years of hard work and planning has enabled you to build retirement wealth. Your current portfolio will need the stability and adequate growth potential to meet your future income needs.

Will your retirement plan be depleted if you become critically ill or are placed in a long-term care facility?

A Critical Illness insurance policy can provide a **tax-free lump sum cash benefit** upon diagnosis of a covered condition that allows you to use the money any way you wish.

A long-term care insurance policy will protect your wealth by providing you with a monthly benefit payable if you require facility care.



Death

When you are faced with the death of a loved one, several issues and concerns are raised in reflection of your financial situation.

Have you made the arrangements for a proper will and/or final testament?

Proper planning of your estate starts with a professional drawn Will, Powers of Attorneys and living Wills. This ensures that your wishes will be fulfilled. Preplanning includes the following:

- Children's needs
- Special needs
- Trusts
- Executors

Have you experienced the loss of a spouse/partner?

During the difficult time of a death many financial decisions must be made. As this is an emotional time, it is important to consult your Financial Advisor for guidance and advice on these issues.



Estate Preservation

Focusing on an estate preservation plan will ensure your wealth is protected from income tax and probate taxation upon death.

Have you listed named beneficiaries on all of your registered investment plans?

If you have not listed beneficiaries or have named your estate as beneficiary, upon death, your investment plan will be cashed out and the proceeds will be added to your estate and subjected to probate tax.

Do you have adequate life insurance coverage protecting your wealth from the tax liabilities your estate will incur upon death?

Investments made in life insurance policies are protected from taxation and upon death and the proceeds will be distributed to your named beneficiary tax free.

Client Profile

PERSONAL INFORMATION

Mr. Mrs. Miss. Dr. Company Date of Birth ____/____/____
M D Y
 S NS

Last Name First Name & Initials

Social Insurance Number

Address City Prov. Postal Code

Residence Phone Other (business, cell) email

SPOUSAL INFORMATION

Mr. Mrs. Miss. Dr. Company Date of Birth ____/____/____
M D Y
 S NS

Last Name First Name & Initials

Social Insurance Number

Address City Prov. Postal Code

Residence Phone Other (business, cell) email

DEPENDENTS (Children, Elderly)

1. _____ Birth date (m/d/y) _____ Male Female
2. _____ Birth date (m/d/y) _____ Male Female
3. _____ Birth date (m/d/y) _____ Male Female
4. _____ Birth date (m/d/y) _____ Male Female

ADVISORS

Lawyer _____ Accountant _____
Tax Payor _____ Power of Attorney _____

EMPLOYMENT INFORMATION

Title _____ Organization _____ Years _____
Address _____ Phone _____
Email _____ Fax _____ Annual Income \$ _____

SPOUSAL EMPLOYMENT INFORMATION

Title _____ Organization _____ Years _____
Address _____ Phone _____
Email _____ Fax _____ Annual Income \$ _____

Client Profile

CASH FLOW ANALYSIS

Monthly Income Statement (Employment, Pension, Investment)

	Annual	Monthly Gross	Monthly Net
Self	\$	\$	\$
Spouse	\$	\$	\$
Other Income	\$	\$	\$
Total	\$	\$	\$

Total Net Monthly Income \$ _____

Monthly Expenses

	Self	Spouse	Total
Regular Savings	\$	\$	\$
Loan/Debt Payment	\$	\$	\$
Mortgage (Principal & Interest)	\$	\$	\$
Groceries	\$	\$	\$
Clothing	\$	\$	\$
Shelter (Rent, repairs, taxes, insurance, utilities)	\$	\$	\$
Transportation	\$	\$	\$
Insurance Premiums	\$	\$	\$
Direct Medical/Dental	\$	\$	\$
Recreational/Education	\$	\$	\$
Misc. (donations, dues, childcare, alimony)	\$	\$	\$

Total Expenses \$ _____ \$ _____ \$ _____

Uncommitted Income \$ _____ \$ _____ \$ _____

Amount Willing to
commit to goals \$ _____ \$ _____ \$ _____

COMMENTS _____

Client Profile

ASSETS

RRSP'S	PLAN TYPE	AMOUNT	INSTITUTION	CONTRIBUTION

OPEN-NON REGISTERED	PLAN TYPE (JOINT/INDIVIDUAL)	AMOUNT	INSTITUTION	CONTRIBUTION

TAX FREE SAVINGS ACCOUNTS	AMOUNT INVESTED	MARKET VALUE	INSTITUTION	CONTRIBUTION

PENSIONS	PLAN TYPE	AMOUNT	INSTITUTION

Any collectibles? Other assets?

IMPORTANT RENEWAL DATES

MORTGAGE RENEWAL DATE: (M/D/Y) _____
 CAR INSURANCE RENEWAL DATE: (M/D/Y) _____
 HOME INSURANCE RENEWAL DATE: (M/D/Y) _____
 G.I.C. INVESTMENT RENEWAL DATE: (M/D/Y) _____

REAL ESTATE- PRINCIPAL HOME, COTTAGE, RENTAL PROPERTIES

PROPERTY DESCRIPTION	MARKET VALUE	MORTGAGE AMOUNT	INSTITUTION	PAYMENT

Is your mortgage insured? Yes No
 If no mortgage, do you rent? Yes No Rental Amount: _____/month

Client Profile

LOAN/LINES OF CREDIT

AMOUNT OWING	INTEREST RATE	INSTITUTION	PAYMENT

CREDIT CARDS

AMOUNT OWING	INTEREST RATE	CREDIT CARD COMPANY	PAYMENT

WILLS & POWER OF ATTORNEY

	Yes	No	Date Completed (M/D/Y)
Wills (Living Wills)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Power of Attorney for Property	<input type="checkbox"/>	<input type="checkbox"/>	_____
Power of Attorney for Personal Care	<input type="checkbox"/>	<input type="checkbox"/>	_____
Funeral Pre-Arranged? Prepaid?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Notes:

Client Profile

LIFE INSURANCE POLICIES

NAME OF INSURED	TYPE OF COVERAGE	BENEFIT AMOUNT	INSURANCE COMPANY	PREMIUM

DISABILITY COVERAGE

NAME OF INSURED	BENEFIT AMOUNT	INSURANCE COMPANY	PREMIUM

CRITICAL ILLNESS COVERAGE

NAME OF INSURED	BENEFIT AMOUNT	INSURANCE COMPANY	PREMIUM

LONG-TERM CARE COVERAGE

NAME OF INSURED	BENEFIT AMOUNT	INSURANCE COMPANY	PREMIUM

GROUP INSURANCE COVERAGE

GROUP PLAN NUMBER	BENEFIT	BENEFIT AMOUNT	INSURANCE COMPANY

Client Profile

CLIENT INFORMATION REQUEST

Below is a list of information that you are required to bring to our initial appointment. Any personal information disclosed to Apryl Egger of Stone City Financial is held in the strictest of confidence.

Client Name _____ Phone _____

REQUIRED INFORMATION

- | | | |
|--|------------------------------|-----------------------------|
| 1. Originals of any personal insurance policies (mortgage, life, car, home disability) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. RRSP Contribution limits (Your most recent Revenue Canada Assessment form) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Tax Free Savings Account statements | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Employment retirement packages and group benefit plans | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Personal RRSP's (Individual Plans and Spousal RRSP Plans) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Non-registered Assets (including GIC investments, Bonds, Savings Accounts) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Major Credit liabilities (Credit Cards, loans, credit lines, etc.) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Home and other property (purchase and present value) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Outstanding Mortgage balances, current mortgage statement | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Business Assets you own | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. Wills and Powers of Attorney | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Notes:

Task List

FINANCIAL REVIEW LIST

Our financial planning review has revealed that you require the following information to be completed before our next meeting.

Client Name _____

Phone _____

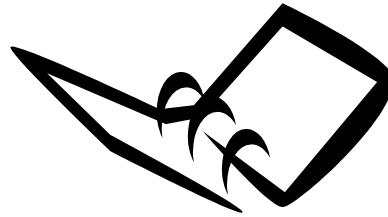
REQUIRED INFORMATION

	TASK COMPLETED	
1. _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Notes:



ESTATE DIRECTORY



THE ESTATE DIRECTORY

An Estate Directory is an accounting & directory of all of your assets & liabilities compiled together in an organized portfolio.

The below documents will be part of an Estate Directory:

- Wills & Power of Attorneys (Personal & Property)
- Business Interest Documents
- Land Interest Documents
- Buy/Sell Agreements
- Investments/ RRSP's, RRIF, LIF, LIRA, RESP's & Non Registered Investments
- Bank Account information
- Long Term Care Products
- Land Ownership documents
- Mortgages/Loans and Credit Card documents
- Life Insurance/Critical Illness & Disability Insurance Documents
- General Insurance Documents- Home/Auto/Liability
- Government Benefit Documents (CPP, OAS)
- Pension Documents
- Group Benefit Packages
- Name and contact information for- Financial Advisor/Insurance Agent, Lawyer, Accountant, Doctor and people to be notified in the event of an emergency or death.
- Intellectual Passwords (i.e. Facebook, LinkedIn, Social media etc..)
- Pets? Where will they go?

Each Estate Directory prepared by us will of course be personalized for each individual and their situation.

The most important purpose for having an Estate Directory is having all important information for you and your family at your fingertips at the time when it's needed most, upon the death or incapacity of an individual.

The Estate Directory- Information Check List

Contact Pages:

Name: _____

Emergency Contacts: (Doctor, Executor, Lawyer...etc.)

NAME & TITLE	PHONE & ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____

Copy of All Important Legal Documents

- Last Will and Testament YES NO
- Living Power of Attorney – personal care YES NO
- Living Power of Attorney – property YES NO
- Land Ownership YES NO

Copy of Health Insurance Documents

- Life YES NO
- Critical Illness YES NO
- Disability YES NO
- Long-Term Care YES NO
- Group Insurance Certificate YES NO

Copy of Property Insurance Documents

- Home YES NO
- Auto YES NO
- Other (Business/Rental) YES NO

The Estate Directory- Information Check List- Page 2

Copy of Investments and banking information documents:

With Tax Consequences:

- | | | |
|-------------------------------------|------------------------------|-----------------------------|
| Pension Documents | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Home Ownership | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Registered Documents | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Government Benefits (CPP, OAS, etc) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Without Tax Consequences:

- | | | |
|--------------------------------------|------------------------------|-----------------------------|
| Non-registered Investments | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Bank Accounts | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Mortgages, Loans and Lines of Credit | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Credit Cards | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Pre-Arranged Funeral? YES NO
If yes, provide:

Name of Funeral Home _____

Phone Number: _____

Address: _____

Other Information

CLIENT DISCLOSURE

About Apryl Egger of Stone City Financial Inc.

I am licensed for life insurance and health insurance in Ontario. Life Insurance includes term and permanent types of coverage. Health insurance may include long-term disability, critical illness, long-term care and medical/dental plans. Additionally, I am able to help clients with insured income and investment types of plans such as annuities and segregated funds.

Companies' Products Made Available

As a Financial Advisor, I have access to products through the distributor from a variety of companies including but not limited to:

Empire Life	Manulife	Industrial Alliance	Canada Life	RBC
CPP	Desjardins	Equitable Life	Sun Life	Standard Life
Assumption Life	ivari	Specialty Life	SSQ	CI Investments

Nature of Relationship With Companies

No insurer holds an ownership interest in my business. I do not hold a significant interest in any insurance company.

Compensation

The advisor will be paid by the company that offers the product you choose. The advisor is compensated by a sales commission for most products at the time of sale and may receive a renewal (or service) commission. For certain products, the advisor may receive a referral fee.

In respect of certain products, the commission may be different than the standard commission scale provided by the company providing the product. I will advise you if this occurs. Any future increases in the commission scale will require your written approval.

The advisor may also be eligible for additional compensation, such as bonuses and non-monetary benefits, such as travel incentives, and may be entitled to participate in a share purchase plan. This compensation depends on various factors such as the volume or retention of business I place with a particular company during a given time period.

Conflict of Interest

I take the potential of a conflict of interest seriously. I will notify you if there is a conflict of interest of which I become aware in regard to my services. My services will take into consideration your financial needs. This statement has been prepared by the advisor, and the advisor alone is responsible for its accuracy.

Conflict of Interest Related to Another Occupation

I take the potential conflict of interest seriously. My position/profession as an Esthetician may be perceived to be a potential conflict of interest with respect to my recommendations to you. However, I confirm that my recommendations will be based on my assessment of your needs as a Financial Advisor.

Client Acknowledgment

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

I agree to continue discussions with you and understand that I may ask for further information regarding this disclosure.

Signature: _____

Full Name: _____

Date: _____

Apryl Egger, BA
Stone City Financial Inc.
739E Arlington Park Place
Kingston, Ontario, K7M 8M8

CLIENT AUTHORIZATION FOR PERSONAL INFORMATION OR DOCUMENTS

Our Privacy Policy and Commitment to Protecting Your Privacy

Myself and staff value your business and we thank you for your confidence in choosing us as your source of advice and products. As our client, you trust us with your personal information. We respect that trust and want you to be aware of our commitment to protect the information you share in the course of doing business with us.

Your Rights as They Pertain to Your Personal Information

- You have the right to know why an organization collects, uses or discloses your personal information.
- You have the right to expect an organization to handle your information reasonably and to not use it for any other purpose other than the one to which you consented.
- You have the right to know who in an organization is responsible for protecting your information.
- You have the right to expect an organization to protect your information from unauthorized disclosure.
- You have the right to inspect the information an organization holds about you and make sure it is accurate, complete and current.
- You have the right to expect an organization to destroy your information when requested and when no longer required for the intended purpose.
- You have the right to confidentially complain to an organization about how it handles your information and to the Privacy Commissioner of Canada if need be.

How we Collect, Use and Disclose Your Information

When you do business with us, we collect three types of information: personal, non-personal and anonymous. You share this information so that we may provide you with products and services that best meet your needs.

We assume your consent for our firm to use this information in an appropriate manner.

We may use and disclose this information in order to:

- Communicate with you in a timely and efficient manner.
- Assess your application for investment, insurance and other services available to you by our firm.
- Evaluate claims and underwriting risks when required.
- Detect and prevent fraud.
- Analyze business results.
- Act as required or authorized by law.

What We Will NOT Do With Your Information

We do not sell client information to anyone. Nor do we share client information with organizations outside of our relationship with you that would use it to contact you about their own products or services.

We Strive to Protect Your Personal Information

All employees, associated advisors and suppliers who are granted access to client records understand the need to keep this information protected and confidential. They know they are to use the information only for the purposes intended. This expectation is clearly communicated. We've also established physical and systems safeguards, along with proper processes, to protect client information from unauthorized access or use.

Your Privacy Choices

You may withdraw your consent at any time (subject to legal or contractual obligations and on providing us reasonable notice) by contacting our Privacy Officer. Please be aware that withdrawing your consent may prevent us from providing you with requested products or services. We may occasionally use your personal information to advise you of products or services we believe may be of interest to you or fit your personal circumstances. If you would rather not receive this type of communication, please advise us.

CLIENT AUTHORIZATION FOR ADDITIONAL PERSONAL INFORMATION OR DOCUMENTS

I acknowledge that Apryl Egger of Stone City Financial, my Financial Advisor, will create and maintain a client file for me. This file will contain personal information related to me that will be gathered in order to assess my financial situation, offer me products and services that may be of interest and benefit to me, and assist me with the ongoing services, changes or benefits and claims. This personal information may include records of meetings and phone calls, and instructions that I give in regard to the products and services that I have purchased or wish to purchase or consider.

I also authorize and direct my advisor to hold additional personal information or documents (originals or copies) containing my personal information provided by me or with my authorization.

“Additional” personal information is personal information that extends beyond what is required to be kept as outlined in the first paragraph. Examples of personal information and documents are:

- Insurance policies
- Copies of life insurance applications, in whole or in part, including medical and lifestyle information
- Will and trust documents
- Powers of attorney
- Marriage and birth certificates
- Income tax returns/ notices of assessment
- Investment statements
- Mortgage/ real property ownership papers

I further understand that my advisor holds such documents in his or her own personal capacity, and not in his or her role as a representative of any life insurance company. Such documents will be kept by my advisor in a file separate from his or her client file.

I understand, acknowledge, and agree that any representative life insurance company will not be in any way responsible for any documents I deposit with my advisor, 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 a life insurance company and given by me to my advisor for immediate transfer to the head or administrative offices of a life insurance company.

Signature: _____

Full Name: _____

Date: _____

Apryl Egger, BA
Stone City Financial Inc.
739E Arlington Park Place
Kingston, Ontario, K7M 8M8

REFERRALS

Referrals provide an important method for us to offer our professional services to your family, friends and associates. In a world where financial advice is essential in establishing a healthy balanced portfolio, we appreciate your recommendations of Apryl Egger of Stone City Financial. If you are aware of any individual(s) who you feel could benefit from our help, please provide their contact information below and we will be more than pleased to assist them.

Name: _____ Topic of Interest _____

Phone: _____ Email _____

Address: _____

Name: _____ Topic of Interest _____

Phone: _____ Email _____

Address: _____

Name: _____ Topic of Interest _____

Phone: _____ Email _____

Address: _____

Name: _____ Topic of Interest _____

Phone: _____ Email _____

Address: _____

Name: _____ Topic of Interest _____

Phone: _____ Email _____

Address: _____

Name: _____ Topic of Interest _____

Phone: _____ Email _____

Address: _____

FEES

Once a client invests through our firm and an agreement has been established, the Insurance/Investment Company used will compensate our dealer and the dealer in turn will compensate us the advisor. Clients can transfer funds within the same fund group without incurring any fees. However, should a client transfer in cash to a different company, this transaction would result in a new DSC schedule with no up-front fees. Typically, this fee is reduced to 0% over a six-year period. Clients are entitled to a 10% to 15% free unit withdrawal each year depending on the company invested with.

An alternative fee option is a front-end charge of negotiated percentage usually 0-5% up front of the original amount invested. It is not our standard practice to charge a fee for this option. Apryl Egger of Stone City Financial Inc. would also receive a trailer fee of approximately .4% to 1.5% on a monthly basis.

We also receive compensation through referrals. It stands tested and true that “word of mouth is your best advertisement”, and we value what our clients have to say.

I have read and understand the above, and the agent has explained all parts of the fee schedule form to me.

Client Signature

Date

POLICY DELIVERY

Name:

Policy Number:

I have received my policy and application for insurance and have read the documentation carefully. The information in the policy and on the application form was explained to me and I understand it clearly.

- Policy is complete and accurate.**
- Please make these changes to the policy.**

Signature of Owner

Date

