

# DISCLOSURE STATEMENTS

## 1. RELATIONSHIP DISCLOSURES

I, **Krishan Mayer**  
("Advisor", "Agent", "Representative", "me", "my", "our" or "we"), am committed to act in the best interests of clients ("you" or "your") with the highest level of integrity, to always place the clients' interests above my own, and to treat all individuals with fairness, dignity, and respect.

### 1.1 LICENSE JURISDICTION

I am licensed as a Life and Health Insurance Agent in the following jurisdiction(s):

- Alberta       Manitoba       Ontario  
 British Columbia       Northwest Territories       Saskatchewan

### 1.2 INSURANCE COMPANIES I REPRESENT ("Insurer")

I represent several insurers to market their products:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Allianz                | <input type="checkbox"/> Foresters Life (2)                |
| <input type="checkbox"/> Assumption (3)                    | <input type="checkbox"/> Humania Assurance (2)             |
| <input checked="" type="checkbox"/> Beneva                 | <input checked="" type="checkbox"/> Industrial Alliance    |
| <input checked="" type="checkbox"/> BMO Life Insurance     | <input checked="" type="checkbox"/> ivari (2)              |
| <input checked="" type="checkbox"/> Canada Life (1)        | <input checked="" type="checkbox"/> Manulife Financial (1) |
| <input checked="" type="checkbox"/> Canada Protection Plan | <input type="checkbox"/> RBC Insurance (2)                 |
| <input checked="" type="checkbox"/> Desjardins Insurance   | <input type="checkbox"/> Specialty Life                    |
| <input checked="" type="checkbox"/> Empire Life (1)        | <input checked="" type="checkbox"/> Sun Life (1)           |
| <input checked="" type="checkbox"/> Equitable Life (1)     | <input checked="" type="checkbox"/> TuGo                   |

In the past twelve (12 months), the majority of my business placement has been with the following insurers:

- |   |   |
|---|---|
| <input type="checkbox"/> Allianz                    | <input type="checkbox"/> Foresters Life (2)             |
| <input type="checkbox"/> Assumption (3)             | <input type="checkbox"/> Humania Assurance (2)          |
| <input type="checkbox"/> Beneva                     | <input checked="" type="checkbox"/> Industrial Alliance |
| <input type="checkbox"/> BMO Life Insurance         | <input type="checkbox"/> ivari (2)                      |
| <input checked="" type="checkbox"/> Canada Life (1) | <input type="checkbox"/> Manulife Financial (1)         |
| <input type="checkbox"/> Canada Protection Plan     | <input type="checkbox"/> RBC Insurance (2)              |
| <input type="checkbox"/> Desjardins Insurance       | <input type="checkbox"/> Specialty Life                 |
| <input type="checkbox"/> Empire Life (1)            | <input checked="" type="checkbox"/> Sun Life (1)        |
| <input type="checkbox"/> Equitable Life (1)         | <input type="checkbox"/> TuGo                           |

#### Notes

Global Pacific Financial Services Ltd ("Global Pacific" or "Global") is the Managing General Agency (MGA) distributor unless otherwise stated;

- (1) Barrington Wealth Partner Inc ("Barrington") is the MGA whereby Global Pacific is an Independent Partner Firm;
- (2) IDC Worldwide Insurance Network ("IDC") (a subsidiary of Desjardins Insurance) is the MGA whereby Global Pacific is an Associate General Agency (AGA) for the noted insurer(s); and
- (3) PPI Insurance ("PPI") (a subsidiary of Industrial Alliance) is the MGA whereby Global Pacific is an AGA for the noted insurer(s).

#### Representation Disclaimer

If I am engaged with another insurer to represent them and market their products outside my dealings with Global, I will provide the applicable company name and information separately.

### 1.3 MANAGING GENERAL AGENCY (MGA) REPRESENTED

I am an Independent Agent having agreements to represent insurers as noted in Section 1.2, through their distribution partner agreements with Global Pacific, Barrington, IDC &/or PPI as the case may be.

### 1.4 RELATIONSHIP WITH COMPANIES

No insurance company or financial institution ("FI") holds an ownership interest in my business. I don't hold a significant interest in any insurer or financial institution.

Although, I have a significant ownership interest in:

n/a

### 1.5 OUTSIDE BUSINESS ACTIVITIES

Global Pacific is responsible only for business submitted through them; it does not supervise other business. As permitted by law, Global's associates may be licensed for business not supervised by Global: sale of mutual funds, transacting real estate, mortgage brokering, tax preparation, or other income-generating activities.

If I am licensed for other products or services, I will inform you when business is transacted or completed outside of Global and will provide the applicable company name and information.

I am also licensed/registered in the following fields:

(Indicate Entity/Employer name)

- |  |     |
|--|-----|
| <input type="checkbox"/> Sale of Mutual Funds                | n/a |
| <input type="checkbox"/> Sale of General &/or Auto Insurance | n/a |
| <input type="checkbox"/> Sale of Real Estate                 | n/a |
| <input type="checkbox"/> Transacting Mortgages               | n/a |
| <input type="checkbox"/> Other                               | n/a |
| <input type="checkbox"/> Other                               | n/a |
| <input type="checkbox"/> Other                               | n/a |

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

#### Outside Business Activity Disclaimer

If I am engaged in Outside Activities, they are not the business of Global and are not the responsibility of Global.

### 1.6 RECEIPT OF CASH AND CHEQUES

Only make cheques payable to the Insurance Company or Financial Institution with whom you are transacting business. NEVER make cheques payable to myself, my firm, or any other party. The insurers I represent do not accept cash. Please notify Global Pacific immediately if you are ever requested to do otherwise.

### 1.7 FINANCIAL DISCLOSURE

You are responsible for providing me with complete and accurate information. Incomplete disclosure of your financial situation can lead to inappropriate recommendations.

### 1.8 ADVISORY RELATIONSHIP

You are responsible for making insurance and/or investment decisions but can rely on my advice. I am responsible to ensure the advice is suitable based on your insurance and/or investment needs and objectives.

You are encouraged to take the time to carefully read all policy &/or account information to ensure you fully understand it.

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## 1.9 COMPENSATION

If you purchase a product I have recommended, I will be compensated by a sales commission on policies or accounts (“policies”) I sell and I may also receive a renewal (or service) commission on policies that remain active. Commissions are paid by the insurer that provides the product you purchased through the MGA distributor.

If my sales reach a certain level with a particular insurer during a given time period, I may be eligible for additional compensation, such as bonuses, and other benefits such as conferences.

For commission information on Guaranteed Investment Fund (GIF) Segregated Fund contracts, see the appropriate product Information Folder and Contract or Fund Fact Sheet(s) for the investment fund(s) you hold or speak to your Advisor.

For certain products, I may receive a referral fee (Refer to Section 1.10).

**Other Sales Incentives:** Insurers may provide additional sales incentives in the form of marketing assistance. This assistance is strictly regulated by securities regulation and disclosure will be made at the time of use.

**Transaction Fees or Charges:** Prior to the execution of all transaction orders, I will disclose all costs to be deducted in respect of the transaction, will indicate when charges apply by illustrating the redemption charge schedule (where one applies).

## 1.10 REFERRAL FEES

If you were referred to me by an individual or business, I may show my gratitude by paying a referral fee to the individual or business, whether or not you purchase an insurance or financial product through me.

## 1.11 THIRD PARTY PROFESSIONALS

During the process of providing financial advice, there may be a need to consult with other professionals such as lawyers and accountants. If so, you will be required to pre-approve the consultation and you will be fully responsible for any additional fees or disbursements incurred as a result.

## 1.12 CONFLICT OF INTEREST

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. However, I confirm my recommendations will be based on my assessment of your needs.

## 1.13 PROFESSIONAL CODE OF CONDUCT & LIABILITY INSURANCE

I adhere to professional code of conduct and spend a minimum of 15 hours per year attending approved continuing education programs. I maintain professional errors and omissions liability insurance coverage, as required under provincial regulation.

## 2. GENERAL DISCLOSURES

### 2.1 ASSUMPTIONS

Assumptions may include items relating to retirement age, retirement income need, government benefits, time horizons, life expectancy, and special circumstances, as well as economic assumptions including rates of return, inflation, and income tax rates. As such, actual results may vary. All financial illustrations, projections and recommendations will

be based on the information you provide including but not limited to these other assumptions.

### 2.2 RECOMMENDATIONS & COMMITMENT

I am committed to recommending options &/or solutions in keeping with your best interests. I will use Financial Needs Analysis &/or Know Your Client (KYC) forms to learn the essential facts relative to you, to ensure any purchase or deposit is in-keeping with your insurance &/or investment objectives, risk profile and other personal circumstances.

### 2.3 FINANCIAL NEEDS ANALYSIS

A Financial Needs Analysis is unique to everyone. A Needs Analysis will be performed to determine your personal financial circumstances including immediate, ongoing and future expenses to reveal and safeguard financial stability with life, disability &/or critical illness insurance coverage. Recommendations made will be based on client’s goals, objectives, income replacement and whether needs are shorter &/or longer-term requirements that may be solved utilizing insurance solutions.

### 2.4 DEFINING KNOW YOUR CLIENT (KYC) TERMS

#### 1. Investment Knowledge:

- **Limited:** Little to no experience with investments and minimal understanding.
- **Moderate:** Minimum 3 years investment experience and understands different risk levels of asset classes like bonds and stocks.
- **Extensive:** Minimum 5 years investment experience, sophisticated knowledge by virtue of background, and broad range of investment experience.

**2. Total Net Worth:** The total household net worth for each individual involved with the account; it is the sum of clients’ household assets minus their total liabilities.

**3. Purpose:** The specific goal for why you are investing. For example: generate retirement income, inflation protection, savings for a house, etc.

**4. Leverage:** When money is borrowed to purchase funds.

**5. Objectives:** A plan may have multiple objectives.

- **Safety:** Your objective is to protect principal. Appropriate funds include short-term fixed income funds that invest in short-term bonds or money market.
- **Income:** You wish to generate current income from your investments and are less concerned with capital appreciation. Appropriate funds include fixed income investments and dividend paying funds, such as funds that invest in dividend paying stocks, bonds or money market.
- **Balanced:** Your objective is a combination of income and growth. Appropriate funds invest at least 40% in fixed income investments and no more than 60% in equities.
- **Growth:** Your objective is capital appreciation. Appropriate funds include those that may invest 100% in equities.

**6. Time Horizon:** The estimated time before you will access a significant portion of the money invested.

#### 7. Risk Profile:

- **Lower:** You desire greater safety of capital in exchange for lower returns. Appropriate funds are those rated ‘very low’ or ‘low’ and may include bond and money market funds.
- **Medium:** You desire medium volatility in exchange for moderate growth over a longer period of time. Appropriate funds are those rated ‘low to medium’ or ‘medium’ and may include balanced,

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Canadian dividend, Canadian equity, U.S. equity, and certain international equity funds.

• **Higher:** You desire growth and are willing to accept significant short-term fluctuations in portfolio value in exchange for potentially higher long-term returns. Appropriate funds are those rated 'medium to high' or 'high' and may include funds that invest in smaller companies, specific market sectors, geographic areas or funds that engage in speculative trading strategies.

The value of investments in each plan should not differ from the requested risk allocation thresholds by more than 10%.

## 2.5 ACCOUNT REPORTING

You will receive statements and/or deposit confirmations from the Insurer. The statements and confirmations provide you important verification for the insurance and/or investments you hold.

## 2.6 LIMITED AUTHORIZATION FORM ("LA")

The LA enables me to accept your authorization to perform transactions in your account by verbal or written consent without obtaining your signature. All transactions require your authorization; I do not have discretionary trading authority for your account. Only complete the LA if you are comfortable providing verbal or written authorization.

## 2.7 FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

Current FATCA regulation requires you to disclose if you have U.S. tax status per FATCA definitions. If you have U.S. tax status, it is a requirement to report to the applicable insurer, financial institution, intermediary, and/or carrying dealer your name and your Social Security Number or Tax Identification Number. Upon receiving notification of U.S. tax status, the applicable financial institution will forward that information to the CRA.

You are considered to have U.S. tax status if you are one of the following: a citizen of the U.S. residing in the U.S. or abroad; a U.S. tax resident, including a U.S. Green Card holder (permanent resident); a corporation, trust or other entity organized in the U.S.; or an entity substantially owned or controlled (10% or greater) by one or more U.S. persons.

To comply with the regulations, I will report non-cooperative clients where there is suspicion of U.S. tax status. For more information about FATCA and my reporting requirements, please refer to: [www.cra-arc.gc.ca](http://www.cra-arc.gc.ca)

## 2.8 NEGLIGENCE

You will not hold me, my Firm, or the MGA liable for any loss or any failure to obtain any profit which is caused directly or indirectly by government restrictions, exchange or market rulings, suspension of trading, unavailability of any electronic service to allow for maintenance or updates or other reasonable cause, wars, strikes or other conditions beyond its control, or any errors or omissions in connection with or in the handling of orders relating to the purchase, sale, execution or expiration of any trades or any related matter, unless the Advisor or MGA were grossly negligent.

## 2.9 REPRODUCTION OF DOCUMENTS

A reproduction of documents, including the Disclosure Statements, Needs Analysis &/or Know Your Client (KYC) forms will be as valid as the original.

## 3. CONSENT AND AUTHORIZATIONS

### 3.1 CLIENT CONSENT AND AUTHORIZATION

You authorize me to create and maintain a client file. This file will contain personal information related to you which will be collected and used in order to assess your financial situation, offer you products and services that may be of interest and benefit to you, assist you with the ongoing services, changes or benefits and claims, and fulfill such of the purposes as are directly related to the preceding.

This personal information may include records of meetings and phone calls, and instructions that you give in regards to the products and services that you have purchased or wish to purchase or consider.

Disclosure of your personal file will be limited to:

- the companies I represent in providing, or seeking to provide, products or services to you (including their employees and persons authorized by either of us);
- the MGA(s), I am affiliated;
- persons you have granted access; and
- persons allowed by law.

In addition, it is understood and agreed that I am authorized to hold "additional" personal information or documents (originals or copies), containing your personal information, provided by you or with your authorization. The additional information may include medical information, identification, telephone/Voice mail messages, electronic communications (i.e. E-mail/texts), written correspondence, and other documents as agreed including documents such as Policies, Wills, Power of Attorney or Representation Agreement, Marriage Certificate, Income Tax Returns. Any terms and conditions of me holding of such "additional" documents will be fully understood between us at the time the documents are deposited with me, in accordance with this authorization.

You further understand that I hold such "additional" documents in my own personal capacity and not in my role as an Advisor of Insurers that I represent in providing, or seeking to provide, products or services to you.

You understand, acknowledge, and agree that insurers will not be in any way responsible for any "additional" documents you deposit with me, 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 insurers I represent in providing, or seeking to provide, products or services to you and given by you to me for immediate transfer to the head or administrative offices of insurers, as applicable.

When you complete and sign the KYC or Needs Analysis form, you acknowledge and agree that you have provided personal and financial information that is true and accurate and you consent to the collection, use, and disclosure of your personal information as described herein or at the time of collection, and as required or permitted by law, and that you will notify your Advisor to update your information when there is a material change in your situation.

You understand that in accordance with applicable laws and upon your request, I will make the information that is the object of the present authorization available to you and that you have the right to request correction of such personal information.

Authorization is valid until revoked. You may revoke in whole or in part authorization at any time by sending a written notice to me.

## 3.2 CANADA ANTI-SPAM LEGISLATION (CASL)

When a client purchases an insurance plan or opens an investment account, I understand I have received Express Consent from you, for me or my Employees to send electronic communications and other applicable electronic messaging regarding electronic delivery of information requested and other reasonable &/or related marketing materials from time to time. Communications, marketing, and sales related promotional information may also be provided through the posting of a link in the body of the notification e-mail. Electronic communications may start immediately. It is your responsibility to update me should the e-mail address provided change. Each electronic communication will contain an unsubscribe link to stop electronic communications. Should you not have an e-mail or if you do not want to receive electronic communications, your telephone and/or postal address will be the chosen method of communication.

## 4. LEVERAGE DISCLOSURES

Using borrowed money to finance the purchase of segregated funds ("securities") involves greater risk than a purchase using cash resources only. If you borrow money to purchase securities, your responsibility to repay the loan and pay interest as required by its terms remains the same even if the value of the securities purchased declines.

## 5. PRIVACY POLICY

As your Advisor I am committed to protecting the privacy of all personal information I collect and maintain in the course of carrying on my business relationship with you. I will establish a file containing your personal information and any other form, application, authorization, transaction or other document you complete in relation to the products and services I provide. I collect and use your information for the purposes of assessing and implementing your insurance plans and investment objectives and instructions, providing you with insurance and investment advice, servicing and administering your policies and accounts, and for such other purposes as are outlined in this document.

Your Social Insurance Number will be used by the Financial Institution or Insurer for income tax reporting purposes. Your banking information will be disclosed to the financial institution(s) processing your investment deposits and withdrawals.

Employees and authorized Representatives of my practice will be responsible to carry out the purposes identified above, and other persons authorized by you or by law, will have access to the personal information contained in your file. Subject to exceptions set out in applicable legislation, you may access your file and request corrections to your personal information by sending a written request to my Privacy Officer named in this document.

If you have any questions, concerns or complaints about the collection, use or retention of your information, or wish to access your file and request corrections to your personal information, please contact our Privacy Officer in writing or by phone.

I have procedures in place to handle written or verbal complaints received in a fair and prompt manner. I provide a copy of these procedures to new clients and clients who have filed a complaint.

## 6. COMPLIANT HANDLING

### 6.1 THE CLIENT COMPLAINT INFORMATION FORM

I provide new clients and complainants a copy of the Client Complaint Information Form (CCIF) that provides information about options for making a complaint.

### 6.2 HOW TO FILE A COMPLAINT

Individuals may make their complaint by contacting the Compliance Officer. I encourage complaints to be submitted in writing or by email where possible. I will assist those who have difficulty putting their complaint in writing. For confidentiality reasons, I only deal with the complainant or another individual who has the complainant's express written authorization to deal with me.

### 6.3 COMPLAINT HANDLING PROCEDURES

I will acknowledge receipt of complaints promptly, generally within five days. I will review all complaints fairly, taking into account all relevant documents and statements obtained from the complainant, and any other relevant source or record. Upon completion of the review, I will provide a written response within 4-6 weeks, unless I am waiting for additional information from you or the case is novel or complicated. In the event it is not possible to complete the investigation and provide a response within 6 weeks, a further communication will be sent to you at least three days prior to the 6 week elapsed period to inform you when a summary and response to the investigation can be expected.

The response will include a summary of your complaint; a decision, with reasons; the CCIF; and a reminder about your options with the Ombudsman for Banking Services and Investments, the Insurance Council in the respective jurisdiction or other legal actions, as may be deemed applicable.

I will respond to communications you send after the date of our response to the extent necessary to implement a resolution or to address any new issues or information you provide.

### 6.4 SETTLEMENTS

I am restricted by my agreements with the insurers I represent and regulation. I will consult with my MGA(s) and/or Insurers before a financial settlement be considered. If I were to offer you a financial settlement, I may ask you to sign a release and waiver for legal reasons.

### 6.5 CONTACTING THE ADVISOR

Clients may contact me/us at any time to provide further information, or to inquire as to the status of their complaint, by contacting the individual handling their complaint or by contacting my Compliance Officer. Contact information below:

**Independent Advisor:** Krishan Mayer

**E-Mail:** krishan@krizal.com

**Firm:** Krizal Financial Solutions

**Compliance Officer:** Krishan Mayer

**E-Mail:** krishan@krizal.com

**Privacy Officer:** Krishan Mayer

**E-Mail:** krishan@krizal.com

**Address:** #60 - 15871 85 Ave. Surrey, BC V4N 0Y9

**Phone:** (604) 562-4907

## Respecting your privacy

I, **Krishan Mayer** (“Advisor”) am committed to protecting your privacy and to comply with the federal Personal Information and Electronic Documents Act (PIPEDA) and applicable provincial privacy laws. I maintain the highest standards of confidentiality to ensure the protection of your personal and confidential information (“information”).

To assist me in meeting these goals, I have a detailed Privacy Policy, which follows. If you have any questions or comments, I would be pleased to hear from you. Simply contact me at:

**E-Mail:** krishan@krizal.com  
**Phone:** (604) 562-4907  
**Attn.:** Krishan Mayer  
**Address:** #60 - 15871 85 Ave. Surrey, BC V4N 0Y9

## Privacy Policy

**Accountability:** I am responsible for the information that I receive from you. I will safeguard your information in whatever form it is held.

**How I collect, use, share, disclose and retain your information:** I collect all personal, corporate, financial and related information with your consent and use and retain it solely for the purposes of providing advice and to ensure that any products or services you purchase through me are provided efficiently and accurately. I confidentially convey your information to insurers through a distributor or wholesale organization known as a Managing General Agency (“MGA”): Global Pacific Financial Services Ltd. (“Global Pacific” or “Global”); Barrington Wealth Partner Inc (“Barrington”); IDC Worldsource Insurance Network Inc. (“IDC”); and/or PPI Insurance (“PPI”), of which are contracted to provide back-office service, as well as any third-party service providers the MGA may engage. I only collect and keep information that helps me formulate advice, including personal, financial and health information. With your consent, I may share this information with others to get you help in areas outside of my areas of expertise. I am required to retain much of the information I collect for regulatory reasons including demonstrating that the recommendations I make are suitable and address your identified needs.

**Accuracy of information:** In order to make appropriate recommendations, I must receive accurate information. Upon request, you may review the information I retain about you. I will attempt to update the information I hold in my records to determine whether the recommendations I made are still appropriate considering changes in your circumstances. I also rely on you to provide regular updates to me.

**What I will NOT do with your information:** I do not sell your information to anyone who would use it to contact you about their own products or services nor do I share your information with organizations outside of my relationship with you.

**I strive to protect your Information:** All employees, representatives, affiliated advisors, wholesale organizations and suppliers that are granted access to client records are required by law and regulation to keep this information protected and confidential and to use the information only for the purposes identified. Information that is no longer required for the intended original purpose will be destroyed. I’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 me with reasonable notice) by contacting me. Withdrawing your consent may prevent me from providing you with requested products or services and may end our business relationship. I may occasionally use your information to advise you of products or services that may interest you or fit your personal circumstances. If you would rather not receive this type of communication, please advise me at any time.

**Your right to complain:** You have the right to complain confidentially to me, to the insurer and to the Privacy Commissioner of Canada if need be.

Office of the Privacy Commissioner of Canada  
30 Victoria Street, Gatineau, Quebec K1A 1H3  
Toll-free: 1-800-282-1376  
Website: <https://www.priv.gc.ca/en>

# CLIENT COMPLAINT INFORMATION FORM

Clients of Krishan Mayer (“Advisor”) having policies or accounts with an Insurance Company or Financial Institution who are not satisfied with their financial product or service, have a right to make a complaint and to seek resolution of the problem. Advisors have a responsibility to their clients to ensure that all complaints are dealt with fairly and promptly.

**If you have a complaint, the following steps will ensure you receive a timely, fair and professional response:**

- **Contact your Advisor:** Most issues can be resolved by talking with your Advisor. Contact me and talk about your concern. I/We will do our best to resolve it satisfactorily. If I can’t resolve your concern, it is necessary to submit a written complaint. Written complaints should contain the following:
  - A summary of the facts surrounding the complaint
  - Copies of pertinent documentation
  - A statement of the desired resolution
- **Contact my Managing General Agency (MGA):** A copy of your complaint can also be submitted to my MGA, Global Pacific Financial Services Ltd. (Global). Refer to Global’s website for information on submitting a Complaint [www.globalpacific.com](http://www.globalpacific.com). If your concern is not resolved to your satisfaction, you may contact the Insurance Company or Financial Institution.
- **Contact Customer Service at the Insurance Company or Financial Institution:** The Insurer/Financial Institution will investigate any complaint that you initiate and respond back to you with the results of their investigation, in most cases within three months of receipt of the complaint. It is necessary that your complaint is in writing. Written complaints should contain the same summary of facts and supporting documentation as provided to your Advisor in your original complaint.

The complaint must contain probable cause to believe that any law, regulation, or rule may have been violated. Complaints are taken seriously; attempts are made to resolve complaints quickly and fairly. Complaints can take 4-6 weeks to investigate. If you are dissatisfied with the outcome, you can escalate to an external agency:

- **OmbudService for Life & Health Insurance**  
The OmbudService for Life and Health Insurance (OLHI) is a national independent complaint resolution and information service for consumers of Canadian life and health insurance products and services, including life, disability, employee health benefits, travel and insurance investment products such as annuities and segregated funds.

#### **OmbudService for Life and Health Insurance**

401 Bay Street  
PO Box 7  
Toronto, ON M5H 2Y4  
Phone: 1-888-295-8112  
Website: [www.olhi.ca](http://www.olhi.ca)

- **For consumer provision complaints**  
The Financial Consumer Agency of Canada (FCAC) supervises federally regulated financial institutions to ensure they comply with federal consumer protection laws (or “consumer provisions”). There are various consumer provisions that apply to financial institutions including the requirement to have a complaint handling procedure in place that is available to the public. The FCAC does not provide compensation or address individual disputes. It will review whether a financial institution has complied with the FCAC requirements. For more information about the FCAC, including a listing of consumer provisions that apply to us, please contact the FCAC directly.

#### **Financial Consumer Agency of Canada**

427 Laurier Avenue West, 6th Floor  
Ottawa, ON K1R 1B9  
Phone: 1-866-461-FCAC (3222)  
Website: [www.fcac-acfc.gc.ca](http://www.fcac-acfc.gc.ca)

- **Legal Assistance**  
You may consider retaining a lawyer, at your expense, to assist with the complaint. You should be aware that there are legal time limits for taking civil action. A lawyer can advise you of your options and recourses. Once the applicable limitation period expires, you may lose rights to pursue some claims.