

# ADVISOR DISCLOSURE STATEMENT

## **Licensing**

I, Naoshad Pochkhanawala, am licensed as a life insurance agent in the province(s) of Ontario.

## **Companies I Represent**

I currently hold broker contracts with following insurance companies:

Associum  
Assumption Life  
Blue Cross  
Canada Life  
CPP  
Wawanesa

Desjardin  
Edge Benefits  
Empire Life  
Equitable Life  
Foresters  
Beneva

GMS  
Great West Life  
Humania  
Industrial Alliance  
La Capitale  
Cumis

Manulife  
RBC Insurance  
Sun Life Assurance  
UV Mutuelle  
Ivari

## **Relationship with the Companies I Represent**

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

## **Compensation**

If you choose to purchase a financial product through me, I will be paid a sales commission from the company that provides the product. I may receive a renewal (or service) commission as you keep your financial products for years to come. 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 or persistency of my business. While I am paid commissions by insurance companies, no insurance company holds an interest in my business. Your financial objectives are my priority.

## **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 recommendations to you. My overall recommendations will be based on my analysis of your financial security needs.

## **Referral Fees & Split Commissions**

Your business was referred to us by \_\_\_\_\_ who in addition to any other profession or advisory service they provide I believe to be a holder of a Life, Accident & Sickness Insurance license in good standing and as such may be paid a fee or a share of compensation similar to what is outlined above.

## **More information**

Should you require additional information about my qualifications or the nature of my business relationships, I would be pleased to assist you. My contact information can be found on page 2 of this document.

## **Acknowledgement:**

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

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

## Privacy Statement

We endeavour to maintain the highest standards of confidentiality in dealing with client information and I adhere to the Personal Information and Electronic Documents Act (“PIPEDA”), a federal privacy law.

1. **Accountability** – My company is responsible for the personal information I receive from my clients and I will abide by the principles of PIPEDA in safeguarding that information in hard copy and computer documents. My employees also understand and abide by these rules.
2. **Collection Purposes, Limitations on Collection, Use, Disclosure and Retention** – Any and all personal, corporate, financial and related information is collected and kept solely for the purpose of providing advice and to ensure that any products or services you purchase through me are provided quickly and correctly. In order to obtain products for you, I am required to confidentially convey your personal information to insurers through wholesale organizations. 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 my associates to get you help in areas outside of my expertise.
3. **Consent** – The nature of my work means I must receive and retain a lot of personal information about my clients including health data, financial data and identity verification. I use this information to make judgments about your situation and to identify possible solutions to problems you might have. In becoming my client, and by signing this form, you agree to give me this information, allow me to share this information with relevant financial companies and intermediaries, and you allow me to retain your information in my paper and electronic files for as long as you wish me to be your advisor or as long as I have a business or legal need to retain the information. You also agree to receive electronic communications from me. You may withdraw your consent at any time but that will effectively end our business relationship.
4. **Information Accuracy** – I rely on receiving accurate information in order to make appropriate recommendations. You may review the personal information I retain about you upon request. I may also update the information regularly in an effort to ensure I am making recommendations about your situation based on the correct information.
5. **Safeguards** – All the written information I receive from you is either in secure filing cabinets or in password protected computer files. Any computer files stored off site are encrypted or locked. Old files that are discarded are shredded or otherwise completely destroyed. My staff understands the sensitivity of this information and the importance of protecting it.
6. **Questions, Concerns and Access** – You may contact me at anytime by telephone, email or letter at the address shown on this page about your files with me and request changes. You may review PIPEDA online at [www.privcom.gc.ca](http://www.privcom.gc.ca). If you have any complaints about my procedures I will investigate and provide you with a response as soon as practical. A full copy of my Privacy Policy is available upon request.
7. **Compliance with Canadian Anti-Spam Law and its regulations (CASL)** - I consent to receiving electronic communications from the Naoshad Pochkhanawala and Amiko Benefits Inc. about my insurance needs and coverage and information about products and services that might benefit me. I understand that I may withdraw my consent at any time.

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Signature of Client

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Date

Naoshad Pochkhanawala || Amiko Benefits Inc.

Tel: (888) 253-5989 || Fax: (888) 363-1691 || [info@amikobenefits.com](mailto:info@amikobenefits.com)