




Advisor Disclosure

Maria Chekmareva

 **587-894-0675**

 **maria@mc-insurance.ca**

 **mc-insurance.ca**

I am licensed for Life, Critical Illness, Disability, Long Term Care, Segregated Funds, Health & Dental Insurance, specializing in Group Benefits in Alberta

Companies' products made available.

I have access to the following companies' products:

Life, Critical Illness, Disability, Long Term Care, Segregated Funds:	Health & Dental Insurance, Group Benefits in Alberta	Travel Insurance
BMO Life Equitable Life of Canada RBC Insurance IA Financial Group Sun Life Financial CUMIS Empire Life Insurance Company Humania	Green Shield Canada Manulife Financial Alberta Blue Cross	Travelance TUGO Manulife

Nature of relationship with company(ies)

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

Compensation

I will be paid by the company that offers the product you choose. I am compensated by a sales commission for most products at the time of sale and may receive a renewal (or service) commission. For certain products, I may receive a referral fee. In addition, I may receive compensation from the Managing General Agency Customplan Financial Advisors Inc. where I send my business for processing.

I may also be eligible for additional compensation, such as bonuses and non-monetary benefits such as travel incentives. This compensation depends on various factors such as the volume or retention of business I place with a particular company during a given 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 Maria Chekmareva and she alone is responsible for its accuracy.

Privacy

I collect and keep information about you, which is needed to provide the products and services you request. I may also provide the basic information to a third-party medical service company so they may contact you to arrange any underwriting requirements. These requirements are sent directly to private labs and the insurance companies who will underwrite your application. I do not receive or maintain any copies of this medical information. Customplan will also maintain a database and record your information. This information is used to assist in the underwriting process and maintain information that is required by various federal regulations to process your financial transactions.

Information that is kept on file:

- ✓ *Marital status*
- ✓ *Date of birth*
- ✓ *Citizenship status*
- ✓ *Occupation*
- ✓ *Financial Information used in underwriting.*
- ✓ *Gender*
- ✓ *Social insurance number*
- ✓ *Name, home address, and phone number*

“Optional for Joint Work” Your information may be viewed by a third party described as < > for the purposes of assisting with the underwriting of your application but will not be maintained by them without your consent.

The Insurance or Investment Company you have applied to will have similar privacy policies with the exception that they will keep copies of your application and all information obtained to underwrite your application. This information may include medical and financial data that is used to make an underwriting decision, or to process claims in the case of Insurance applications. Investment companies will keep copies of any financial data you have supplied.

I am the Advisor who is submitting this application on your behalf and I am required to maintain files which will include copies of your applications and any presentations they have used to assist in the transaction.

Your right to access your information.

You have a right to access the personal information that I, the Insurance company, the Investment company have about you in your file. If any of them have information that is not



correct, you can have it corrected.

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 Maria Chekmareva 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.

I agree that you may contact me at the following numbers and hereby give my express consent to do so now and in the future.

Maria Chekmareva - 587-894-0675, maria@mc-insurance.ca

I agree that you may contact me at the following email address with information on my accounts, policies and with other information you feel would be of interest.

This consent may be cancelled at any time by email or fax subject to regulatory requirements to provide me information on my existing accounts and policies.

Client signature _____ Date _____

Client signature _____ Date _____