

Always ask for the best!

ELENKOV



Insurance and Financial Services



DISCLOSURE AGREEMENT

I, Tchavdar Elenkov, am a CFP professional/**CERTIFIED FINANCIAL PLANNER** and **CERTIFIED HEALTH INSURANCE SPECIALIST (CHS)**. I am a member in good standing of The Financial Advisors Association of Canada - **ADVOCIS** since September 30th 2002. I am also bound by the relevant laws and regulations of the Province of Ontario.

Licensing: I am a holder of non-restricted Life Insurance Agent's licence #02072546 including Accident & Sickness Insurance issued by the Financial Services Commission of Ontario. I maintain professional liability insurance coverage as required in the Province of Ontario.

Parties to this Agreement: I hereby offer my services to

_____ (Client - *print name*) for

_____ (Enter the type of service).

Services: As an **independent Insurance and Financial Advisor**, I advise and assist you in purchasing insurance and investment products and services in accordance with your insurance needs and financial situation. My role is to provide you with the best insurance protection currently offered in the Province of Ontario that combines **best quality of coverage and service at affordable price**. I am committed to provide my clients with personalized quality service that includes professional insurance advice, ongoing policy maintenance, risk management and claim support (where permitted by law). When an issue arises regarding your insurance coverage, **I am your advocate**, using my professional expertise **to best represent your individual interest**. I am not employed, or controlled by the Insurance companies and Banks that I represent. There are no outstanding financial relationships, such as loans or other forms of indebtedness that may result in a conflict of interest, other than agency relationships in existence between an insurance company and me. (The List of Services is an integral part of the present Agreement)

Companies: I place the majority of my business with the **Manufacturers Life Insurance Company, Industrial Alliance, Sun Life, Empire Life, Canada Life** and **SSQ Insurance Company** for Life, Disability, Health Insurance and Group Benefits Plans, and for Segregated Funds investments. I represent as well **Manulife Bank of Canada, National Bank of Canada** and **B2B Bank** for GIC, Investment Loans, Savings and Cheque Accounts, and for referrals for Mortgages.

Agency contracting with other companies is available to me, as required for specific client needs. (The complete List of Companies that I represent is an integral part of the present Agreement, according to the requirements in the Province of Ontario)

Compensation: Upon completion of this transaction, I will be remunerated in one of the following ways:

1. Consultation Fee (\$200.00 per hour) and/or Insurance Portfolio Analysis Fee (\$300 flat fee) *.

*The above fees do not apply if you are already my client.

2. Sales commission paid at the time of your approval (as per the insurer's or the bank's current Commissions Schedule), if you choose to purchase a product through me, and renewal (service) commission paid in subsequent years if you keep the policy in force. The Commission will be paid to me by

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_____ (Name of the Insurance Company or the Bank). I must refund all or part of the commission received if you choose to cancel the policy within the first 2 to 5 years.

I may also be eligible for additional compensation from the insurance company and/or the bank in the form of bonus or non-monetary benefit (travels and seminars), depending on various factors such as the volume or persistency of business that I place with a particular company during a given time period.

Confidentiality: During the course of the relationship, it will be necessary for you to provide a variety of very personal financial and medical information. The quality of the work undertaken on your behalf requires this personal information to be as accurate and complete as possible.

I commit that all information will be held in strictest confidence and that no information shall be divulged about your personal situation to any outside organization or government agency without your prior consent, unless as may be required by law. It is further understood that in accordance with the Personal Information Protection and Electronic Documents Act (PIPEDA), you directly authorize me and instruct to maintain information of a personal and private nature that could reasonably be considered pertinent or necessary in the provision of financial and insurance advice until such time as requested by you in writing to destroy such information.

Conflict of Interest: My position as an Insurance and Financial Advisor may be perceived to be a potential conflict of interest with respect to my recommendations to you. In my duty to disclose any conflict of interest with you as my client, I confirm that there is no conflict of interest in regards to the proposed purchase transaction that you are considering and that my overall recommendation takes into consideration and is based on my analysis and assessment of your financial and security needs.

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

Waiver: The Client has read the preceding provisions. The Client acknowledges by his signature here below the limitations that he is imposing to the scope of services requested from Tchavdar Elenkov and waives his responsibility for any damages and losses that the Client and his family could suffer from the Client's failure to request the set-up of the other insurance protections or investment vehicles recommended by Tchavdar Elenkov. (The List of Services offered represents an integral part of the present Agreement)

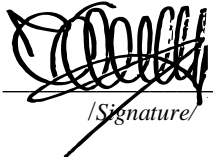
Newsletter: For more than 10 years I publish my Weekly Updates newsletter. The newsletter is published every Saturday (excluding the last and the first Saturday of each year - in total 50 issues per year). It contains exclusively business and financial markets news. If you wish to subscribe to the newsletter please enter your email address here - _____.

The client understands the nature of this Agreement and agrees to its terms.

Signed at _____ this _____ day of _____ 20_____

Client _____ Client _____
/Print Name/ /Signature/

Spouse _____ Spouse _____
/Print Name/ /Signature/

Tchavdar Elenkov  _____
/Signature/

LIST OF COMPANIES

1. The Manufacturers Life Insurance Company
2. Industrial Alliance Insurance and Financial Services
3. Sun Life Assurance Company of Canada
4. Canada Life
5. SSQ Insurance Company Inc.
6. The Empire Life Insurance Company
7. IA Excellence
8. Assumption Life
9. RBC Life Insurance Company
10. The Edge Benefits Inc.
11. 21st Century Travel Insurance Ltd.
12. Allianz Global Assistance
13. Benecaid
14. Manulife Bank of Canada
15. National Bank of Canada
16. B2B Bank

Services offered	Client's decision	
	Yes	No
1. Cash Flow Analysis and Budgeting		
2. Consultation		
3. Insurance Portfolio Analysis		
4. RRSP		
5. RRIF, LIF		
6. RESP		
7. Annuities		
8. Non-registered investments		
9. Investment Loans		
10. Savings Accounts (CAD, USD)		
11. Cheque Accounts (Personal and Business)		
12. Life Insurance		
13. Business Insurance (Key Person, Buy-Sell)		
14. Mortgage Insurance		
15. Critical Illness Insurance		
16. Health and Dental Insurance		
17. Disability Insurance		
18. Long Term Care Insurance		
19. Travel Insurance		
20. Visitors to Canada Emergency Medical Insurance		
21. Group benefits (Life, AD&D, DI, EHC, Dental)		
22. Group pension plans (GRRSP)		
23. Health and Welfare Trusts		
24. Private Health Services Plans		
25. P&C Insurance Referral (car, home, liability)		
26. Mortgage Referral		
27. Will and Power of Attorney Referral		
28. Real Estate Agent Referral		

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