

E L E N K O V

Insurance and Financial Services

DISCLOSURE AGREEMENT

I, Tchavdar Elenkov, am a **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 goal 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, Assumption Life and SSQ Insurance Company** for Life, Critical Illness, Disability, Health and Travel Insurance, 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) *.
*These 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:

(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.

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. Should I retire, die or become incapacitated, you allow me to transfer your file information, including your personal information, to another agent or agency, to continue to service your needs. However, you have the right to choose a different agent if you wish. You also agree to receive electronic communications or Commercial Electronic Messages (CEMs) from me. You may withdraw your consent at any time.

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.

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.

Questions, Concerns and Access – You may contact me at anytime by telephone, email or letter at the address shown on the first page here above about your files and request changes. You may review PIPEDA online by clicking [here](#). 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.

Waiver: You have read the preceding provisions. You acknowledge by your signature here below the limitations that you are imposing to the scope of services requested from Tchavdar Elenkov and waive his responsibility for any damages and losses that you and your family could suffer from your failure to request the set-up of the other insurance protections or investment vehicles offered 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. BMO Insurance
6. SSQ Insurance Company Inc.
7. The Empire Life Insurance Company
8. Assumption Life
9. The Edge Benefits Inc.
10. 21st Century Travel Insurance Ltd.
11. Allianz Global Assistance
12. TuGo Travel Insurance
13. Benecaid
14. Manulife Bank of Canada
15. National Bank of Canada
16. B2B Bank

Services offered	Client's decision	
	Yes	No
1. Consultation		
2. Insurance Portfolio Analysis		
3. RRSP		
4. TFSA		
5. RRIF, LIF		
6. RESP		
7. Annuities		
8. Non-registered investments		
9. Investment Loans		
10. Savings Accounts (CAD, USD)		
11. Life Insurance		
12. Business Insurance (Key Person, Buy-Sell)		
13. Mortgage Insurance		
14. Critical Illness Insurance		
15. Health and Dental Insurance		
16. Disability Insurance		
17. Travel Insurance		
18. Visitors to Canada/ Super Visa Emergency Medical Insurance		
19. Private Health Services Plans		
20. P&C Insurance Referral (car, home, liability)		
21. Mortgage Referral		
22. Will and Power of Attorney Referral		
23. Real Estate Agent Referral		