



## Advisor Privacy Statement and Customer Consent Form

**My commitment to protecting your privacy:** I 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 information (PI). I also adhere to the Canadian Anti-Spam Legislation and Regulations (CASL) and will only communicate electronically with your consent.

**Accountability:** I am responsible for the PI that I receive from you. I will safeguard that 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 quickly and correctly. I confidentially convey your PI to insurers through wholesale organizations known as Managing General Agencies ("MGAs"), BridgeForce Financial Group Inc., who are contracted to provide sales support, as well as any third party service providers that the MGA may engage to assist in the provision of the sales support. 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.

**Consent:** I use your PI information to identify products, concepts and services to address needs you have identified. By signing this form, you agree:

- to provide accurate information throughout our business relationship as your circumstances change,
- to allow me to use, share and disclose this information on an as-needed basis with my suppliers, associates and wholesale organizations, which may retain some information on file for future use and reference by me, my suppliers and any assignees,
- to allow me to retain your PI, including health information housed on your applications, in my records for as long as I am your advisor, or I have a business or regulatory need to retain the information and
- to the assignment of your file, including your PI, to another agent and/or MGA, to continue to service your needs, in the event that I become incapacitated, die or retire. However, you will have the right to choose your own agent at that time, should you not agree to the assignment.

**Accuracy of information:** In order to make appropriate recommendations, I must receive accurate information. You may review the PI I retain about you upon request. I will attempt to update the PI I hold in my records to determine whether the recommendations I made are still appropriate in light of 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 PI to anyone nor do I share your PI with organizations outside of my relationship with you that would use it to contact you about their own products or services.

**I strive to protect your PI:** All employees, associated 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 PI 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.

**Customer's consent:** Until advised otherwise, you have my consent to collect, use, share, disclose and retain my PI as described above.

\_\_\_\_\_  
Client name

\_\_\_\_\_ Date \_\_\_\_\_  
Client signature

**Compliance with Canadian Anti-Spam Law and its regulations (CASL)**

I consent to receiving electronic communications from the Advisor 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.

\_\_\_\_\_  
Client name

\_\_\_\_\_ Date \_\_\_\_\_  
Client signature

\_\_\_\_\_ Date \_\_\_\_\_  
Advisor signature

James Chestnut  
Phone # 519-317-3743  
785 Wonderland Road South, Suite 255, London, ON N6K 1M6  
james@chestnutfinancial.ca, stephanie@chestnutfinancial.ca, andrea@chestnutfinancial.ca