

I/we understand that in signing this document:

I/we am/are giving permission to my/our designated broker/advisor, the SABRE Insurance Group and their designated Administrative Staff, and their associated Managing General Agencies, Insurance Companies and other Providers and their Administrative Staffs, to obtain and keep on file personal information that I/we have provided to them. I/we understand that this personal information, not publicly published about me/us, may include, but is not limited to:

- a. Income tax information (Corporate and Personal), Buy/Sell Agreements, Marriage Contracts, Separation Agreements and like documents necessary to evaluate my/our needs.
- b. Data from other firms, including Banks, Trust Companies or Fund Companies.
- c. Pension Plan, RRSP and Open Investment information.
- d. Legal documents including wills, trusts and powers of attorney, and elections made under the Substitute Decisions Act.
- e. Copies of Personal and/or Corporate Identification including Photo Identification, Social Insurance Numbers, Business Registration Numbers, and any such instruments as may be required to verify my/our identity, with respect to legislation in regards to Money Laundering and Fraud, Underwriting and Claims.
- f. Banking information, void cheques, and the communication of banking changes to the appropriate providers.
- g. Details of Life and Health Insurance Quotations and Policies, including, but not limited to, Personal Financial Information, Medical Health History, Personal Lifestyle Information, Family Medical History, Personal Income and Net Worth Details, and any and all information that might be required by an underwriter to adjudicate an application for insurance, or to process a claim. Included in the above will be any Special Underwriting Questionnaires that may be required, with respect to specifics such as Avocations, Hazardous Sports, Specific Medical Conditions, amongst others.
- h. Needs Analyses, Reports and Spreadsheets developed in the course of identifying, proposing and implementing appropriate solutions for such needs that may be identified.
- i. Contact reports generated during my/our communications with the above named, both hand written and electronically entered on their computer database systems on a contemporaneous basis.

Comprehensive Privacy Statement

- j. Any Group Insurance and/or Association Insurance enrolment information, as well as such information as may be required for Billings, Renewal Activity, and the general maintenance of, but not limited to, the Group and /or Association Insurance Plan, Pension Plan, Group RRSP, Group Disability Plan, and Group Critical Illness Plan.
- k. Information regarding beneficiaries that I/we may appoint in the implementation of my/our program of Insurance and/or Investments (Personal and/or Group), including any trustees that might be appointed by me/us for minor beneficiaries.

I/we understand that my/our advisor/s, named above, may use and disclose this information to:

- a. Communicate with me/us in a timely and efficient manner.
- b. Assess my/our applications for investment, insurance and other services that are made available to me/us by them.
- c. Apprise me/us of developments in terms of New Products, Changes in Legislation, and other such issues that may be of interest/importance to me/us, from time to time.
- d. Assess my/our financial situation, from time to time, and to contact me/us with any other product offerings/solutions that they are authorized to recommend.
- e. Submit for evaluation, claims and underwriting details when required.
- f. Act as my/our agent with respect to getting information on my/our behalf from Group Insurance Carriers, Fund Companies, Insurance Carriers with respect to progress of applications, claims and fund performances.
- g. Access my/our Personal/Business Information on their own Data Bases, as well as those of their designated providers, using but not limited to, Regular Mail, Couriers, Telephones, Electronic Mail and the Internet/World Wide Web.
- h. Communicate with my/our Lawyers, Accountants, Medical Professionals and others that I/we might authorize, where appropriate to the business at hand.
- i. Communicate with the providers of Insurance Medical/Paramedical Services as may be appropriate for the underwriting of my/our application/claim, and with my/our Medical Professionals when following up on Attending Physician Statements (APS). This consent will extend to those agencies in the employ of their providers, that are in the business of managing APS requests.
- j. Detect and prevent fraud.
- k. Analyze business results.

- l. Act as required or authorized by law.
- m. Work in collaboration with another broker/brokerage, agent/agency, where appropriate, and where authorized to do so by me/us. In such a case, the terms of this Privacy Statement will extend to the collaborating broker/brokerage, agent/agency, as if they were signatory hereto. The terms of this Statement will be binding upon them, as they would be upon the above named.
- n. Where an insurance-based solution is appropriate for me/us, we consent to the SABRE Insurance Group utilizing the services of Isaacs Block Financial Group Limited, a related insurance licensed organization, to provide such solutions, and the terms and conditions of this Privacy Statement will extend to Isaacs Block Financial Group Limited as set out in this statement.

I/we understand that I/we have the following rights concerning my/our privacy:

- a. I/we have the right to know why an organization collects, uses or discloses my/our personal information.
- b. I/we have the right to expect an organization to handle my/our information reasonably and to not use it for any other purpose other than the one to which I/we have consented.
- c. I/we have the right to know who in an organization is responsible for protecting my/our information.
- d. I/we have the right to expect an organization to protect my/our information from unauthorized disclosure.
- e. I/we have the right to inspect the information an organization holds about me/us and make sure it is accurate, complete and current.
- f. I/we have the right to expect an organization to destroy my/our information when requested or when no longer required for the intended original purpose.
- g. I/we have the right to confidentially complain to an organization about how it handles my/our information and may escalate my/our complaint to the Privacy Commissioner of Canada if need be.
- h. I/we have the right to remove my/our consent at any time by contacting my/our advisor in writing.



Comprehensive Privacy Statement

I/we understand that my/our advisor will not:

- a. Sell my/our client information to anyone.
- b. Share my/our client information with organizations outside of our relationship that would use it to contact me/us about their own products or services.

I/we understand:

That in the event that my/our broker/advisor, the SABRE Insurance Group, or an associated company/provider elect to sell or otherwise dispose of their interests in their businesses, of which I/we may be a Client, then this Privacy Statement will be binding on their Successors, Purchasers, Managers or Assigns, so as to ensure continuity of my/our Privacy Protection in terms of this Privacy Statement.

I/we acknowledge that I/we have read this Privacy Statement and understand and consent to the use of my/our personal information under the terms set out therein.

Client name (please print)	client signature	date
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Client name (please print)	client signature	date
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Corp. client name (please print)	Corp. client signature	date
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Corp. client name (please print)	Corp. client signature	date
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Please return this signed and dated document by fax to 905-305-9902, or mail it to:

SABRE Insurance Group
590 Alden Rd.
Suite 206-7
Markham, ON
Canada L3R 8N2