



Advisor Screening Questionnaire

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Instructions to Advisors

In keeping with regulatory responsibilities and prudent business practices, prior to entering into a contract with a life agent, an Insurer will screen that advisor to determine his or her suitability to act as an advisor.

This standardized questionnaire was developed by the Canadian Life and Health Insurance Association (CLHIA), in cooperation with the Canadian Association of Independent Life Brokerage Agencies (CAILBA), to help promote greater consistency in screening practices within the industry.

This questionnaire is made up of standard CLHIA questions, ivari Supplementary Questions, a Declaration and a Consent and Authorization. Failure to answer all questions, except for Question 4 about your Social Insurance Number (SIN), and complete the Declaration and Consent and Authorization may delay or adversely affect your application. Providing your SIN at this stage is optional and intended to streamline the contracting process.

Generally, the questions can be answered by checking a box or briefly stating the required information in the space provided.

Where additional details must be provided to fully answer a question or explain the answer, these should be provided on the Additional Information page. Care should be taken to ensure that any details in Additional Information clearly identifies the question to which it is responding.

In the Declaration, you declare that your answers are true, complete and accurate.

In the Consent and Authorization, you agree to specific steps that ivari may take to verify your answers and/or obtain additional information.

General Information

- 1 Name: Mr. Mrs. Ms Miss _____
(first, middle and last name)
Name of Firm (if different): _____
- 2 Home address and contact information:
Address: _____ Unit/Suite: _____
City: _____ Province: _____ Postal Code: _____
Phone: _____ E-mail Address: _____
- 3 Previous addresses in the last 5 years:
Most recent: Address: _____ Unit/Suite: _____
City: _____ Province: _____ Postal Code: _____
Previous: Address: _____ Unit/Suite: _____
City: _____ Province: _____ Postal Code: _____
- 4 Social Insurance Number: _____
- 5 Are you legally entitled to work in Canada? Yes No
- 6 Driver's Licence Number: _____
- 7 Date of Birth: DD / MM / YYYY

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References

13 Provide three business references:

Name & Title: _____
(first, middle and last name)

Company Name: _____

Phone: _____ E-mail: _____

Name & Title: _____
(first, middle and last name)

Company Name: _____

Phone: _____ E-mail: _____

Name & Title: _____
(first, middle and last name)

Company Name: _____

Phone: _____ E-mail: _____

Formal Education and Designations

14 Highest education level attained:

Elementary School

Secondary School

CEGEP:

Institution: _____

University or College:

Degree/Diploma: _____

Institution: _____

Post Graduate:

Degree/Diploma: _____

Institution: _____

15 Do you have any designations?

Indicate year attained:

FLMI yr. _____ CLU yr. _____ CH.F.C. yr. _____ RFP yr. _____ CFP yr. _____

Any other Professional Designation(s):

_____ yr. _____

_____ yr. _____

_____ yr. _____

If you are presently working on any designation, please list:

Other Business Affiliations

16 Do you conduct, or are you associated with, any other business? Yes No

If "Yes," provide details, including name, location and nature of business on the Additional Information page.

17 Are you a partner, officer or director or in a non-arms length relationship with any other business? Yes No

If "Yes," provide details, including name, location and nature of business on the Additional Information page.

18 Are you currently employed in any other capacity not already identified in this questionnaire? Yes No

If "Yes," provide details, including name, location and nature of business on the Additional Information page.

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Insurance Companies

19 List, in order of total volume, the insurance companies with which you have placed business in the last 5 years. Indicate the lines of business for each company by a check mark under the corresponding product.

NAME OF INSURANCE COMPANY	ARE YOU STILL ASSOCIATED WITH COMPANY?		YEAR ASSOCIATION BEGAN	LINES OF BUSINESS			APPROXIMATE TOTAL PREMIUMS FOR LIFE PRODUCTS (IF KNOWN)
	Yes	No		Life/A&S	Wealth	Other	
	Yes	No		Life/A&S	Wealth	Other	
	Yes	No		Life/A&S	Wealth	Other	
	Yes	No		Life/A&S	Wealth	Other	
	Yes	No		Life/A&S	Wealth	Other	

Personal Profile

20 Have you ever been under any legal order to make monetary payments to another person or business entity, including spousal support? Yes No
 If “Yes,” provide details on the Additional Information page.

21 Are your wages or compensation currently garnished or have you ever had your wages or compensation garnished? Yes No
 If “Yes,” provide details on the Additional Information page.

22 Are you currently indebted to any insurer or MGA or other financial services company? Yes No
 If “Yes,” specify name of creditor, anticipated duration of debt, existing amount, when debt commenced, repayment schedule, conditions for repayment on the Additional Information page.

23 Answer each of the following five questions about bankruptcy or insolvency.
 a) Have you ever been declared bankrupt? Yes No
 b) Have you ever made a voluntary assignment into bankruptcy? Yes No
 c) Have you ever made a consumer proposal under any legislation relating to bankruptcy or insolvency? Yes No
 d) Are you currently an undischarged bankrupt? Yes No
 e) Are you currently a conditionally discharged bankrupt? Yes No
 If “Yes,” to any of these questions, include trustee’s name and address, location of bankruptcy filing, Assignment of Bankruptcy or Receiving Order, Statement of Affairs, and an explanation as to the circumstances of the bankruptcy or proposal on the Additional Information page.

24 Have you ever been a controlling shareholder, or officer of a corporation that was declared bankrupt, or placed in receivership, or made a voluntary assignment in bankruptcy, made a proposal under any legislation relating to bankruptcy or insolvency, or is currently not discharged or conditionally discharged? Yes No
 If “Yes,” include trustee’s name and address, location of bankruptcy filing, Assignment of Bankruptcy or Receiving Order, Statement of Affairs, and an explanation as to the circumstances of the bankruptcy, receivership or proposal on the Additional Information page.

25 Has any partnership or corporation, of which you are or were at the time of such event a partner, officer, director or a controlling shareholder, ever pleaded guilty or been found guilty of an offence under any law of any province, territory, state, or country, or is any such partnership or corporation currently the subject of an investigation or other charges? Yes No
 If “Yes,” provide details on the Additional Information page.

26 Have you ever pleaded guilty or been found guilty of an offence under any provincial or federal law in Canada or any other country, for which you have not been pardoned? Yes No
 If “Yes,” provide details on the Additional Information page.
 Some examples of these offences are fraud, theft, weapons charges, drug trafficking, physical assault, impaired driving, tax evasion and human rights violations. You are not required to disclose minor traffic infractions such as speeding or parking violations.

27 Are you currently the subject of any charges described in Q. 26? Yes No
 If “Yes,” provide details on the Additional Information page.

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- 28** Have you or, if incorporated, the corporation ever been refused registration or a licence under any legislation which required registration or licensing to deal with the public in any capacity (eg. insurance agent, RIBO broker, mutual funds salesperson, securities dealer, motor vehicle dealer) in any province, territory, state, or country; or have you held such a license and been the subject of a disciplinary proceeding? Yes No
If “Yes,” provide details including specific sanctions and/or penalties imposed on the Additional Information page.
- 29** Have you ever been disciplined by a regulator in any sector of the financial services industry? Yes No
If “Yes,” provide details including specific sanctions and/or penalties imposed on the Additional Information page.
- 30** Are you or, if incorporated, the corporation currently being investigated by a regulator in any sector of the financial services industry? Yes No
If “Yes,” provide details on the Additional Information page.
- 31** Have you ever been terminated or resigned, or had any contracts cancelled which you held with any financial services company because you were accused of violating insurance or investment related statutes, regulations, rules, or industry standards of business conduct? Yes No
If “Yes,” provide details on the Additional Information page.
- 32** Are you currently, or is there any reason to believe that in the future you will be, under any legal restriction or impediment which would prevent you from lawfully carrying on the business of insurance agent or broker? Yes No
If “Yes,” provide details on the Additional Information page.
- 33** Are you or, if incorporated, the corporation currently involved in any unresolved client complaints? Yes No
If “Yes,” provide details on the Additional Information page.

34 Licenses/Registrations Currently Held

*TYPE OF LICENSE	YEAR LICENCE FIRST ISSUED	ANY INTERRUPTIONS IN LICENSING? IF “YES”, GIVE DETAILS IN ADDITIONAL INFORMATION	LICENSE NUMBER	LEVEL (IF APP.)	PROV. OR TERR.	EXPIRY/ RENEWAL DATE	SPONSOR OR DEALER
		Yes No				MM / YYYY	
		Yes No				MM / YYYY	
		Yes No				MM / YYYY	
		Yes No				MM / YYYY	
		Yes No				MM / YYYY	
		Yes No				MM / YYYY	

* Life Insurance; A&S Insurance; Property & Casualty; Mutual Funds; Securities; Mortgage Broker; Real Estate Agent; Other

Regulatory Compliance

- 35** Do you have Errors and Omissions Insurance Coverage? Yes No
If “No,” provide an explanation on the Additional Information page.
Please attach a copy of your E&O certificate.
- 36** Has any policy or application for errors and omissions insurance on your behalf ever been declined, cancelled or renewal refused? Yes No
If “Yes,” provide an explanation on the Additional Information page.
- 37** Do you have written and up-to-date privacy compliance policies and procedures? Yes No
If “No,” provide an explanation on the Additional Information page.
- 38** Do you have written anti-money laundering/anti-terrorist financing policies and procedures? Yes No
If “No,” provide an explanation on the Additional Information page.
- 39** Do you have a standard advisor disclosure statement related to managing conflicts of interest that you provide to clients? Yes No
If “No,” provide an explanation on the Additional Information page.
- 40** Have you incorporated needs-based sales practices in your business? Yes No
If “No,” provide an explanation on the Additional Information page.

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Consent and Authorization

To whom it may concern:

I have applied to *ivari* to be contracted to act on its behalf in the sale and servicing of insurance and other financial products of *ivari*. Part of the initial contracting process and of the ongoing review of my performance is an investigation of my background, including my business dealings. These investigations are conducted by *ivari* and/or its authorized agent(s).

I have sold financial services including insurance as principal through the following business styles, trade names, corporation or partnerships ("Listed Entities") (*Leave blank if none*)

Name: _____ Date: DD / MM / YYYY
(first, middle and last name)

Name: _____ Date: DD / MM / YYYY
(first, middle and last name)

I make this authorization on behalf of myself and as authorized representative of the Listed Entities.

I hereby authorize and direct you to release to *ivari* and/or its authorized agent(s), information contained in your files concerning my agency, my employment, my business records, my education record, my credit record including records pertaining to the Listed Entities and/or any other relevant information.

On behalf of myself and the Listed Entities, I specifically authorize *ivari* and/or its authorized agent(s) to

- obtain a criminal activity clearance report from any police agency or government; collect information concerning certificates, licenses and registrations from the applicable issuers or registrars; collect any information concerning complaints or disciplinary measures from regulators, industry and professional organizations and associations; and collect from relevant third parties any other information related to my education record, consumer credit record, or record of tax, securities or insurance related offences,
- collect information from, or exchange information with, any regulator, professional registry or database, insurance company, financial institution, personal information agents, detective and security agencies, organizations whose functions are the prevention, detection or repression of crimes or offenses, market intermediaries, my employer or ex-employer, and including all personal information which could be collected through verification of my application for employment or contract and ongoing performance evaluations.

While any contractual relationship subsists between us, I further specifically authorize *ivari* and/or its authorized agent(s) to use this authorization to update its information regarding my background from time to time to assess my ongoing suitability to act as an advisor.

Without limiting the generality of the above, I further specifically authorize *ivari* and/or its authorized agent(s) to obtain from any or all insurers identified in Question 19 of the Advisor Screening Questionnaire information about the status of my contract with the insurer(s); unresolved debts with the insurer(s); if appropriate, the possibility of renewing my contract with the insurer(s); and recorded concerns or complaints related to market conduct.

I understand that *ivari* will establish a file concerning my application, my contract with them and my subsequent performance and market conduct, and that the personal information contained in this file will be accessed by *ivari*'s employees and its authorized agents in relation to my contract to sell life insurance and/or accident and sickness insurance as *ivari*'s representative to sell its insurance products. The file will be kept at *ivari*'s offices. A photocopy of the present consent has the same value as the original.

Where information is collected and retained under this Consent and Authorization I shall be entitled to be informed of the existence of the retained information, its use and to whom it has been disclosed, and shall have the right to access the information and request corrections to be made where the information retained is inaccurate or incomplete.

I further authorize *ivari* to use my social insurance number in its files pertaining to me for taxation purposes for which it is legally required to be retained and used.

I release and agree to hold *ivari* and its authorized agents harmless from any and all liability that may arise from or as a consequence of any of the processes set out herein.

_____ signed at _____ this DD / MM / YYYY
Name of Applicant (first, middle and last name)

_____ Date of Birth: DD / MM / YYYY
Signature of Applicant



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