

Advisor Screening Questionnaire

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 person to determine his or her suitability to act as the Insurer's representative to sell its insurance products ("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, a Notice regarding collection, use and disclosure of personal information – (**Privacy Notice**), and Authorization regarding my personal information. Failure to answer all questions and complete the Declaration and Authorization regarding my personal information may delay or adversely affect your application. **Your SIN is requested and will be used by ivari for tax reporting and identification purposes only. Providing your SIN is required for tax reporting purposes but is optional for identification purposes. You may withdraw your consent to the use of your SIN for identification purposes at any time, by contacting ivari.**

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 Authorization regarding my personal information, 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 name	Middle name	Last name
Name of Firm (if different)		

2 Home address and contact information:

Address			Apt./suite #
City	Province/territory/state	Country	Postal/zip code
Phone	Email address		

3 Previous addresses in the last 5 years:

Most recent address			Apt./suite #
City	Province/territory/state	Country	Postal/zip code
Previous address			Apt./suite #
City	Province/territory/state	Country	Postal/zip 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)

References

13 Provide three business references:

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

Company Name: _____

Phone: _____ Email address: _____

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

Company Name: _____

Phone: _____ Email address: _____

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

Company Name: _____

Phone: _____ Email address: _____

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.

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 question 26? Yes No
 If “Yes,” provide details on the Additional Information page.

- 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?†		LICENSE NUMBER	LEVEL (IF APP.)	PROVINCE/ TERRITORY/STATE	EXPIRY/RENEWAL DATE (DD/MM/YYYY)	SPONSOR OR DEALER
		Yes	No					
		Yes	No					
		Yes	No					
		Yes	No					
		Yes	No					
		Yes	No					

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

†If “Yes”, give details on the Additional Information page

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.

Supplementary Questions

LICENSE SPONSORSHIP

41 Do you require license sponsorship? Yes No

Which province are you applying for license?

Which type of license(s) are you applying for: Life Accident and Sickness

Are you applying for a: New License Renewal Reinstatement Transfer of Sponsor Non-Resident

42 Have you passed your LLQP exams? Yes No

If "Yes," attach copy of your LLQP exams mark.

If non-resident, please state the province where you have completed your life and accident and sickness exams

43 Have you ever been declined sponsorship? Yes No

If "Yes," please indicate the reasons for the decline on the Additional Information page.

SPONSOR INFORMATION (if applicable)

44 a) Current sponsoring insurance company name:

b) Indicate your reasons for the change of sponsorship.

c) Have you changed sponsors in the last five years? Yes No

If "Yes," please indicate the reasons for the change on the Additional Information page.

d) List the names of your sponsoring companies over the last five years:

Name: Dates: from to

Name: Dates: from to

Name: Dates: from to

Additional Information

If you are providing additional information in response to any of the questions in this questionnaire, provide it here and indicate the relevant question number at the beginning of the response to each question.

Multiple horizontal lines for providing additional information.

Notice regarding collection, use and disclosure of personal information – (Privacy Notice)

You 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, either on behalf of yourself and as authorized representative of the entities through which you conduct business (“Entities”, and “you” referring to yourself and/or such Entity(ies)). Part of the initial contracting process and the ongoing review of your performance is an investigation of your background, including your business dealings. These investigations are conducted by ivari and/or its authorized agent(s) (together, “ivari”) and personal information collected may include information about your character, general reputation, personal characteristics, finances, credit and lifestyle, immigration status and any other information reasonably connected to your suitability to act as an Advisor for ivari.

ivari uses your personal information for the following purposes:

- Verifying your identity;
- Evaluating your suitability to be contracted with ivari to sell ivari products and service ivari customers;
- Administering your contract with ivari and the obligations within, which includes an ongoing review of your performance and suitability to act as an advisor;
- Supporting business operations necessary for ivari to conduct business with you; and
- Complying with ivari’s legal and regulatory obligations (such as tax reporting, compliance with anti-money laundering and anti-terrorist financing laws, and prudential and market conduct laws) and/or any legal or regulatory orders (i.e., a court order, subpoena) against ivari.

When paying compensation to you, ivari requires your SIN for tax reporting purposes. In all other instances, providing your SIN is OPTIONAL. If you provide it to ivari, ivari may use it for identification purposes, which may streamline screening and administrative processes.

Your banking information may be disclosed to the financial institution(s) processing your commissions and other financial transactions related to your contract with ivari. ivari may, from time to time, retain the services of third parties to assist in administering this Application and related agreements (“Third Party Administrators”) for the purposes specified in this **Privacy Notice**.

It is possible that your personal information may be transferred, stored, handled, or processed outside your jurisdiction and that authorities in those jurisdictions may have access to it.

In some cases, you have a **right to withdraw consent** to the use and sharing of your personal information. You also have the **right to see and correct the information** we have about you. Mail your written request to: **Chief Privacy Officer, ivari, 200-5000 Yonge Street, Toronto, Ontario M2N 7E9 or email: privacyoffice@ivari.ca.**

You can see ivari’s Privacy Policy online at ivari.ca. Please make sure you read it carefully so that you understand it in full. Please note that we may update this Privacy Policy from time to time.

AUTHORIZATION IN RESPECT OF MY PERSONAL INFORMATION

As the applicant identified below, I make this authorization on behalf of myself and as an authorized representative of the Entities. By signing below, I give my consent to and authorize ivari to collect, use, and disclose my personal information as described in the **Privacy Notice**, this Authorization in respect of my personal information, and ivari’s Privacy Policy on **ivari.ca**.

I further authorize and direct the following external sources to release to ivari and/or its authorized agent(s), information contained in their files concerning my Entity(ies), my employment, my business records, my education record, my credit record and/or any other relevant information, and/or such records pertaining to the Entities that contain this information.

I specifically authorize ivari 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;
- 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 now or in the future with,
 - i) any regulator, professional registry or database, insurance company, financial institution, managing general agency, personal information agent, detective and security agency, or other organization whose functions are the prevention, detection or repression of crimes, offenses, breaches of regulatory requirements, and/or violations of professional requirements and/or codes of conduct;
 - ii) market intermediaries; and/or
 - iii) my current or former employer(s), coworkers, and/or employees, including all of my personal information which could be collected through verification of my application for employment or contract and ongoing performance evaluations.

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While any contractual relationship subsists between us, I further specifically authorize ivari 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/complaints related to market conduct.

A copy of the present authorization has the same value as the original.

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

_____ Date of birth: _____
Signature of Applicant (DD/MM/YYYY)



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