

# Nadavot Financial Services

## Life Insurance & Estate Planning / [www.nadavot.com](http://www.nadavot.com)

### Advisor Disclosure

#### **Licensing**

I, Elizabeth Leah Lipkowitz, am licensed as a life insurance agent in the provinces of Quebec and Ontario.

#### **Companies I am Contracted With**

I currently hold broker contracts with following insurance companies (in alphabetical order): Bmo, Canada Life, Empire Life, Equitable Life, Foresters Financial, Industrial Alliance, Ivari, Manulife, RBC, SSQ, Sun Life Financial.

#### **Relationship with the Companies I am Contracted With**

No insurance company holds an ownership interest in my business, nor do I hold an interest in any insurance company.

#### **Compensation**

If you choose to purchase a financial product through me, I will be paid a sales commission from the company that provides the product. I may receive a renewal (or service) commission if you keep your financial products for years to come. I may also be eligible for additional compensation, such as bonuses, or nonmonetary benefits, such as travel incentives, depending on various factors such as the volume or persistency of business that I place during a given time period. While I am paid commissions by Insurance Companies, no Insurance Company holds an interest in my business. Your financial objectives are my first priority.

#### **Conflict of Interest**

I take the potential of a conflict of interest seriously. I will notify you if there is a conflict of interest of which I become aware in regards to my recommendations to you. My overall recommendations will be based on my analysis of your financial security needs.

#### **More information**

Should you require additional information about my qualifications or the nature of my business relationships, I would be pleased to assist you. My contact information can be found on page 2 of this document.

#### **Acknowledgement:**

I, \_\_\_\_\_ have been informed of, and understand the implications of, this disclosure including any conflict of interest or potential conflict of interest associated with Elizabeth Leah Lipkowitz in relation to any recommendations made.

\_\_\_\_\_  
**Signature of Client**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**



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### Privacy Statement

I endeavour to maintain the highest standards of confidentiality in dealing with client information and I adhere to the Personal Information and Electronic Documents Act ("PIPEDA"), a federal privacy law.

1. **Accountability** - My company is responsible for the personal information I receive from my clients and I abide by the principles of PIPEDA in safeguarding that information in hard copy and computer documents. My employees also understand and abide by these rules.
2. **Collection Purposes, Limitations on, Use, Disclosure and Retention** - Any and all identity, health, corporate and financial information is collected and kept solely for the purpose of providing advice and to ensure that any products or services you purchase through me are provided quickly and correctly. In order to obtain products for you, I am required to confidentially convey your information to insurers through wholesale organizations. I only collect and retain information that helps me formulate advice and service the products you purchase through me.
3. **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.
4. **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.
5. **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. My staff understands the sensitivity of this information and the importance of protecting it.
6. **Questions, Concerns and Access** - You may contact me at anytime by telephone, email or letter at the address shown on this page about your files with me and request changes. You may review PIPEDA online at [www.privcom.gc.ca](http://www.privcom.gc.ca). If you have any complaints about my procedures I will investigate and provide you with a response as soon as practical.

\_\_\_\_\_  
**Signature of Client**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**



# Nadavot Financial Services / Needs Analysis

Version 2014-10

Client Data	Client Name	Age	Annual Income
Primary			
Spouse			
Number of Family Members			

**HOUSEHOLD LIABILITIES:**

Mortgage Balance	
Car Loans	
Lines of Credit	
Credit Cards	
Final Expenses	
Emergency Fund	
<b>SUB TOTAL</b>	<b>\$0 (A)</b>

**LEGACY NEEDS AND WANTS:**

Education Fund	
Legacy Fund for Children	
Charitable Bequest	
Other	
<b>SUB TOTAL</b>	<b>\$0 (B)</b>

FAMILY INCOME NEED: PRIMARY		FAMILY INCOME NEED: SPOUSE	
What percentage of your income do you wish to replace?	<input type="text"/>	What percentage of your income do you wish to replace?	<input type="text"/>
Annual Income to Replace	\$ -	Annual Income to Replace	\$ -
Subtract annual CPP/QPP survivor/orphan income benefits	<input type="text"/>	Subtract annual CPP/QPP survivor/orphan income benefits	<input type="text"/>
Annual Income Shortage	\$ -	Annual Income Shortage	\$ -
Number of years required (Age 65 - current age):		Number of years required (Age 65 - current age):	
Income Replacement (Income x Percentage x years required)	\$ - (C)	Income Replacement (Income x Percentage x years required)	\$ - (D)

FINANCIAL ASSETS AVAILABLE: PRIMARY				FINANCIAL ASSETS AVAILABLE: SPOUSE			
		*Use?				*Use?	
Liquid Savings	<input type="text"/>	TRUE	\$ -	Liquid Savings	<input type="text"/>	TRUE	\$ -
RRSPs	<input type="text"/>	FALSE	\$ -	RRSPs	<input type="text"/>	FALSE	\$ -
Non-registered Investments	<input type="text"/>	FALSE	\$ -	Non-registered Investments	<input type="text"/>	FALSE	\$ -
TFSA	<input type="text"/>	FALSE	\$ -	TFSA	<input type="text"/>	TRUE	\$ -
Other	<input type="text"/>	FALSE	\$ -	Other	<input type="text"/>	FALSE	\$ -
<b>TOTAL</b>			<b>\$ - (E)</b>	<b>TOTAL</b>			<b>\$ - (F)</b>

\*Generally speaking, retirement assets should not be included in the calculation for life insurance because these assets are earmarked for the surviving spouse's retirement

TOTAL LIFE INSURANCE NEEDS			
PRIMARY		SPOUSE	
This needs analysis demonstrates a life insurance need of (A+B+C-E) =	\$ -	This needs analysis demonstrates a life insurance need of (A+B+D-E)	\$ -
I currently own life insurance from all sources equal to	<input type="text"/>	I currently own life insurance from all sources equal to	<input type="text"/>
<b>My net need for life insurance as of today is</b>	<b>\$ -</b>	<b>My net need for life insurance as of today is</b>	<b>\$ -</b>
At this time I have decided to purchase additional coverage of	<input type="text"/>	At this time I have decided to purchase additional coverage of	<input type="text"/>
I furthermore decline purchasing and acknowledge the shortfall of	\$ -	I furthermore decline purchasing and acknowledge the shortfall of	\$ -



**Notice to the applicant and to the intermediary**

This form must be sent together with the [Driving Record Search](#) (4941A).

Information entered on this form must not have been modified, crossed out or erased. Otherwise, the application may be refused.

[Consult the fees required for each record.](#)

To help us better process your application, please complete this form on-screen before printing.

**INFORMATION ON APPLICANT**

Company, organization or other (print) <b>Dynacare Insurance Solutions</b>			
Last name and first name of the person authorized to act on behalf of the applicant (print)			
Address (Street number, street name, apt.) <b>10945, boul. Louis-H.-Lafontaine, bureau 201</b>			
Municipality/Province <b>Montréal/Québec</b>	Postal code <b>H1J 2E8</b>	Telephone	Ext.

**INFORMATION ON INTERMEDIARY**

Intermediary company or organization (print) <b>Conseillers en systèmes d'information et en gestion CGI Inc.</b>			
Last name and first name of authorized person (print) <b>Responsable du Centre d'assistance technique</b>			
Address (Street number, street name, apt.) <b>1350, Boul. René-Lévesque Ouest</b>			
Municipality/Province <b>Montréal/Québec</b>	Postal code <b>H3G 1T4</b>	Telephone	Ext.

Note: The intermediary agrees to use this information only to transmit it to the applicant.

**AUTHORIZATION OF DRIVER'S LICENCE HOLDER**

<p><b>Driver's licence number</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Fill all 13 spaces</p>												
<p>Last name and first name of driver's licence holder</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>												
<p><b>Date of birth</b></p> <table border="1" style="width: 100%;"> <tr> <td style="width: 33%;">Year</td> <td style="width: 33%;">Month</td> <td style="width: 33%;">Day</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	Year	Month	Day				<p><b>Telephone (home)</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p><b>Telephone (work)</b></p> <table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;">Ext.</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>		Ext.		
Year	Month	Day										
	Ext.											
<p>I, the undersigned, authorize the Société de l'assurance automobile du Québec to disclose to the applicant indicated above the content of my driving record, including, in particular, suspensions, revocations, demerit points, offences, as well as accidents in which I was involved while driving a heavy vehicle. This authorization is valid for twelve (12) months as of the date of signature.</p>												
<p>Year-Month-Day</p> <p>_____</p> <p>Date</p>		<p>_____</p> <p>Signature of licence holder</p>										

**Protection of Personal Information**

All information gathered by authorized Société de l'assurance automobile du Québec personnel is handled confidentially. The Société requires this personal information to apply the *Automobile Insurance Act*, the *Act respecting the Société de l'assurance automobile du Québec* and the *Highway Safety Code*. Under the *Act respecting Access to documents held by public bodies and the Protection of personal information*, it may be conveyed to Government departments or agencies, or used for statistical, survey, study, audit or investigative purposes. Failure to provide information can result in a refusal of service on the Société's part. You may consult, correct or obtain a copy of any personal information concerning you.

For more information, consult the Policy on Privacy on the Société's Web site at [saaq.gouv.qc.ca](http://saaq.gouv.qc.ca) or contact the Société's call centre.

For information, call 418 528-3183 or 1 800 642-1865 (toll free)