

Nadavot Financial Services

Life Insurance & Estate Planning / 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. 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