



COMPLETE BROKERAGE SERVICES INC.

PRIVACY CONSENT FOR COLLECTION, USE & DISCLOSURE OF PERSONAL INFORMATION

In this Consent:

You and **your** mean the person who signs below.

We, us and **our** mean the Life Insurance Advisor named below and Complete Brokerage Services Inc.

Note to Advisors: Keep this signed Consent Form on file as we may request a copy to show third parties. Please notify us promptly if a client has withdrawn their Consent as described below.

AGREEMENT

By signing below, you agree that:

1. We can obtain personal information about you as described below, including financial and medical information.
2. We can use your personal information to:
 - Help you and your advisor(s) assess your insurance needs;
 - Determine which financial and insurance products may meet those needs;
 - Determine whether any insurance we may recommend would be issued by an insurer; and
 - Consult with appropriate insurers regarding the suitability of their products.
3. If we need to determine whether any insurance we may recommend would require or be eligible for reinsurance, then you agree that we or an insurer we engage can provide your personal information to potential reinsurers for that purpose.
4. Unless you select one or both of the options below, you agree that we can obtain personal information about you from third parties such as your doctor or medical facility, your lawyer, accountant or insurance companies. You authorize third parties to give us any of your personal information that may be relevant to the purposes described above. You agree that we can share your personal information that may be relevant to the purposes described above. You agree that we can share your personal information with these third parties to enable them to (1) identify you accurately and (2) assist us in using your personal information for the purposes described above.

You do not give consent for us to obtain your personal information from third parties.

If you have selected this box, we can only obtain your personal information directly from you, or from your advisor, any insurance agency that employs your advisor or has named him/her as its agent, or from any of their employees.

You do not give consent for us to give your personal information to third parties.

If you have selected this box, we can only share your personal information with applicable insurers and reinsurers, your advisor, and any of their employees, as required to perform their jobs.

You can withdraw your consent to the collection, use or disclosure of your personal information as described in this form. If you withdraw your consent, we may not be able to assist you in assessing your insurance needs or for the other purposes described above.

To withdraw your consent, or to request access or correction to your personal information, contact your insurance advisor.

Client Name

Client Signature

Date (day/month/year)

Witness Signature

Name of Insurance Advisor