## **GROUP ADVISOR PORTAL REGISTRATION FORM**

Please complete this form in full and return to Group Advisor Services. An email with the next steps to register for our Group Advisor Online services will be sent to each user.

## **ADVISOR INFORMATION**

If you wish to enrol an assistant, we require their name and e	mail address on this form, along with your signed approval.
Empire Life Advisor Code:	
Company name :	
Company address:	Telephone:
Advisor name:	Advisor email address:
Access to compensation statements? $\bigcirc$ Yes $\bigcirc$ No	
If applicable:	
Assistant name:	Assistant email address:
Access to compensation statements? $\bigcirc$ Yes $\bigcirc$ No	
Assistant name:	Assistant email address:
Access to compensation statements? $\bigcirc$ Yes $\bigcirc$ No	
TERMS & AGREEMENT	
In registering for access to The Empire Life Insurance Comparesponsible for all actions performed by my Empire Life usern password with any other individual either inside or outside maccess to the Empire Life Group Advisor Portal. I understand to Empire Life rules and procedures, as amended from time to If my association with the above named Company and/or Emirmediately discontinue use of my username and password. conditions of my access without notice.	name and password. I will not share my username and y company. I will not use someone else's username to gain that my use of the Empire Life Group Advisor Portal is subject o time, and I agree to comply with such rules and procedures pire Life terminates, I agree that it is my responsibility to
I have read the agreement and consent to the terms outlined	above.
Advisor Signature:	Date:
Advisor name:	Date:

## **RETURN THIS FORM TO:**

**Group Advisor Services** 259 King St. East Kingston, ON K7L 3A8

Fax: 1888 841-9145

Email: group.advisor@empire.ca



