

GROUP ADVISOR INFORMATION FORM

Please print clearly, sign and submit with contract

1. Advisor Name (as it appears on your licence)	SIN
List other business or personal names used in the financial services sector in the last 5 years (corporation, business style, trade name or partnership)	
Are you legally entitled to work in Canada? <input type="radio"/> yes <input type="radio"/> no	

2. Corporate Information (complete this section if your contract is in the name of a corporation)		
Name on the corporation's licence		
List other business or personal names used in the financial services sector in the last 5 years (corporation, business style, trade name or partnership)		
Name of Principal	SIN	BN (Federal Business Number)
Are you legally entitled to work in Canada? <input type="radio"/> yes <input type="radio"/> no		

3. Current Business address			
Address (number, street)	City	Province	Postal code
Phone	Fax	Email	

4. Licences/Registrations currently held (Please attach a copy of your Life and/or Accident and Sickness licence)							
Type of Licence*	Number of years held	Any interruptions in licencing? If yes, give details in Section 7.	Licence number	Level (if applicable)	Province or territory	Expiry/renewal date	Sponsor or Dealer
		<input type="radio"/> yes <input type="radio"/> no					
		<input type="radio"/> yes <input type="radio"/> no					
		<input type="radio"/> yes <input type="radio"/> no					
		<input type="radio"/> yes <input type="radio"/> no					
*Life Insurance; A&S Insurance; Property & Casualty; Mutual Funds; Securities; Mortgage Broker; Real Estate Agent; full LLQP or restricted LLQP; other							

5. Errors and Omissions Coverage
Do you have Errors and Omissions coverage? <input type="radio"/> yes <input type="radio"/> no
If yes, PLEASE ATTACH A COPY OF YOUR E&O CERTIFICATE (if applicable in the province you are licensed).
Has any policy or application for errors and omissions insurance on your behalf ever been declined, cancelled or renewal refused? <input type="radio"/> yes <input type="radio"/> no – If yes, please explain:

6. Personal Profile (If you answer yes to any of the following questions, provide a full explanation in Section 7.)	
a) Do you currently have a debt with an insurer or MGA greater than \$500 or that has been outstanding longer than 6 months? If yes, specify name of company, current amount owing, when debt commenced, repayment schedule and conditions for repayment.	<input type="radio"/> yes <input type="radio"/> no
b) Have you ever been charged with or found guilty of a criminal offence for which you have not been pardoned? You are not required to disclose minor traffic infractions such as speeding or parking violations.	<input type="radio"/> yes <input type="radio"/> no
c) Have you ever been reported to, or been disciplined by any financial services regulator? If yes, did it result in your licence being suspended, revoked or denied? (Insurance agent, RIBO broker, mutual funds salesperson, or securities dealer). If yes provide details including penalties imposed.	<input type="radio"/> yes <input type="radio"/> no
d) Have you ever been terminated by any financial services company because you were accused of violating insurance or investment related statutes, regulations, rules, or industry standards or business conduct?	<input type="radio"/> yes <input type="radio"/> no
e) Are you currently involved in any unresolved client complaints?	<input type="radio"/> yes <input type="radio"/> no

7. Additional information from previous sections (indicate question number you are responding to.)

8. Declaration, Acknowledgement, Consent and Authorization

I declare that:

- The information I have provided in this Group Advisor Information Form is complete and accurate in every respect, as of the date of signing.

I understand and agree that:

- The Empire Life Insurance Company (hereinafter "Empire") can verify my background information using an independent source, my business record, my record of criminal convictions, and any other information relevant to my application to and sales relationship with Empire.
- I must execute and deliver that attached consent and authorization to Empire.
- I will notify and provide updated information to Empire within 10 business days, should there be any change in the information provided herein or in my ability to legally continue to sell the life insurance and/or accident and sickness insurance.
- A false statement or material omission including a failure to provide updated information may disqualify me from consideration for a contract to sell life insurance and/or accident and sickness insurance as an Advisor with Empire or result in the subsequent termination for cause of my business relationship with Empire and may cause Empire to report me to an insurance regulator.

I have applied to Empire for a contract to sell life insurance and/or accident and sickness insurance as an Advisor or I am currently under contract to sell life insurance and/or accident and sickness insurance as an Advisor for Empire. Part of the contracting process and the ongoing review of my performance, or my agency's performance, is an investigation of my personal background. These investigations are conducted by Empire and/or its authorized agent.

I have sold financial services including insurance as principal through the following business styles, trade names, corporation or partnerships ("Listed Entities") (leave blank if none):

Name	Date (dd/mmm/yy)
Name	Date (dd/mmm/yy)

I make this authorization on behalf of myself and as an authorized representative of the Listed Entities.
I hereby authorize and direct you to release to Empire information contained in your files concerning my agency, my employment, my business records, my education record, records pertaining to the Listed Entities and/or any other information relevant to a contract to sell life insurance and/or accident and sickness insurance as an Advisor with Empire, and Empire has the right to obtain a credit check.

On behalf of myself and the Listed Entities, I specifically authorize Empire to:

- Obtain any information concerning complaints or disciplinary measures from regulators, industry and professional organizations and associations;
- Exchange information with any regulator, professional registry or database, insurance company, financial institution, personal information agents or detective and security agencies or organizations whose functions are the prevention, detection or repression of crimes or offences, market intermediaries, my employer or ex-employer, including all personal information which could be collected through verification of my application for employment or contract and ongoing performance.

I understand that Empire will establish a file concerning my application and my relationship with Empire as an Advisor and that the personal information contained in this file will be consulted by Empire and its authorized agents in relation to my contract to sell life insurance and/or accident and sickness insurance as an Advisor. The file will be kept at Empire's Head Office. I may consult the personal information contained in this file and, if applicable, have it rectified, by contacting Empire. A photocopy or an image of the signed Consent and Authorization will be as valid as the original.

These authorizations shall be valid until they are revoked in writing by the Applicant, or 12 months after the Applicant ceases to receive any commission earnings from or through Empire, whichever comes first.

Signature of Applicant X	Name of Applicant
Signed at	Date (dd/mmm/yy)