Advisor information for clients concerning
Joem Weinkauf , Brighter Horizon Financial Services Inc.

About me:

I am licensed for life and health insurance in Alberta & Saskatchewan.

Companies' products made available
I have access to the following companies' products:

- BMO
- Canada Life
- CPP
- RBC
- Manulife
- Ivari
- SSQ
- Assumption
- Industrial Alliance
- Equitable
- Edge
- Foresters
- Empire Life
- SLI

In addition, I offer:
- Debt consolidation services

Nature of relationship with companies
No insurer holds an ownership interest in my business, nor do I hold a significant interest in any insurance company.

Compensation
I will be paid by the company that offers the product you choose. I am compensated by a sales commission for most products at the time of sale and may receive a renewal (or service) commission. For certain products, I may receive a referral fee.

I may also be eligible for additional compensation, such as bonuses and non-monetary benefits such as travel incentives and may be entitled to participate in a share purchase plan. This compensation depends on various factors such as the volume or retention of business I place with a particular company during a given time period.

For certain products such as Group and Group Retirement Services:

In respect of certain products, the commission may be different than the standard commission scale provided by the company providing the product. I will advise you if this occurs. Any future increases in the commission scale will require your written approval.

I am also compensated by my MGA Hub Financial to receive sales and servicing commissions.

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 regarding my services. My services will take into consideration your financial needs.

Clients right to ask for more Information

If you would like further information about my qualifications or business relationships, please contact me, I will be happy to help.

This statement has been prepared by Joem Weinkauf as the advisor, and that I am responsible for its accuracy.

Acknowledgment

I _____have been informed of, and understand the implications of, this disclosure including any conflict of interest or potential conflict of interest associated with Joem Weinkauf in relation to any recommendations made.

I agree to continue discussions with you and understand that I may ask for further information regarding this disclosure.

Client Signature _____ **Date**_____

Joem Weinkauf

Brighter Horizon Financial Services Inc.
102 4802 50 Ave
Lloydminster Alberta
T9V 0W5
Joem.weinkauf@brighterhorizon.ca
780-861-0352

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Advisor Privacy Policy and Customer Consent Form

My Commitment to Protecting your Privacy:

I make best efforts to comply with the federal Personal Information Protection and Electronic Documents Act (PIPEDA) and applicable provincial privacy laws. I strive to maintain the highest standards of confidentiality to ensure the protection of your personal information (PI). I also adhere to the Canadian Anti-Spam Legislation and Regulations (CASL) and will only communicate electronically with your consent or where the information provided is necessary to the on-going good standing status of your policy.

Accountability:

I am responsible for the PI that I receive from you. I will take appropriate and reasonable measures to safeguard that information in whatever form it is held.

How I Collect, Use, Share, Disclose and Retain Your Information:

With your consent, I collect information that helps me formulate advice and a recommendation of the most suitable products or services available to purchase through me. I collect all personal and corporate information including related personal details, financial and health information and use and retain it solely for the purposes of providing advice. I convey your PI to insurers through wholesale organizations known as Managing General Agencies (MGAs), which are contracted to provide administrative services to them. I may share this information with others to obtain help in areas outside of my areas of expertise. I am required to retain much of the information I collect for regulatory reasons including demonstrating that the recommendations I make are suitable and have address your identified needs.

Consent:

I use your PI to identify products, concepts and services to address needs you have identified. By signing this form, you agree: - to provide accurate, current and updated information throughout our business relationship as your circumstances change, - to allow me to use, share and disclose this information on an as-needed basis with my suppliers, associates and wholesale organizations, which may retain some information on file for future use and reference by me, my suppliers and any assignees, - to allow me to retain your PI including, health information as detailed on your applications and any financial details you have provided, in my records for as long as I am your advisor or have a business or regulatory need to retain the information; and - to the assignment of your file, including your PI, to another agent and/or agency, to continue to service your needs, in the event that I become incapacitated, die or retire. You will, however, have the right to choose your own agent, should you not agree to the agent chosen for the re assignment.

How I Protect Your PI:

All employees, associated advisors, wholesale organizations and suppliers that are granted access to client records are required by law and regulation to keep this information protected and confidential and to use the information only for the purposes identified. I have established physical and systems safeguards, along with proper processes, to protect client information from unauthorized access or use. I do not sell your PI to anyone, nor do I share your PI with organizations outside of my relationship with you that would use it to contact you about their own products or services.

Your Privacy Choices:

You may withdraw your consent, which allows me to retain your PI on file, at any time (subject to legal or contractual obligations) by providing me with reasonable notice. Withdrawing your consent may prevent me from providing you with appropriate updates

on products or services which may be in your best interests and/or fit into your long-term financial plan.

Your Right to Complain: You have the right to complain confidentially to me, to the insurer and to the Privacy Commissioner of Canada where you believe there has been a breach of your PI to an unauthorized party.

Client Consent: Until advised otherwise, you have my consent to collect, use, share, disclose and retain my PI as described above.

Client Name:_____ **Client Signature:** _____

_____ _____

Date(day/month/year) **Witness Signature**

Joem Weinkauf

Name of Insurance Advisor

Compliance with Canadian Anti-Spam Law and its regulations (CASL):

I consent to receiving electronic communications and phone call from the Advisor about my insurance needs and coverage and information about products and services that might benefit me. I understand that I may withdraw my consent at any time.

Joem.weinkauf@brighterhorizon.ca; Office Email: hello@brighterhorizon.ca, altheabrighterhorizon@gmail.com

Joem's Phone Number: (780) 861– 0352 ; Office Phone Number: (780) 872-7722

Fax: (780) 872-5822

Client Name _____

Contact Number

_____

Client Signature _____

Email