National Best New Client Disclosure



National Best is proud to offer an array of services and products to our valued clients. Our network of Advisors and Specialists, adhere to a strict Code of Ethics (available upon request, or visit www.nbbn.ca) and are please to help you enrol in any of products or programs listed below. They can also take you through the following steps in our comprehensive Sequential Planning Process:

1) Debt Contracts (Debt Management)

- Mortgage Referrals
- Regular HELOC Referrals

2) Insurance Coverage (Income and Asset Protection)

- Life Insurance Term, Whole Life, Universal Life
- Critical Illness
- Disability Insurance

- Special HELOC Referrals
- Self-Directed Mortgages
- Long-Term Care Insurance
- Health and Dental Insurance
- Travel Insurance

3) Investments (Retirement Planning, Wealth Creation, Estate Preservation)

- Segregated Funds / GMWBs / GMLBs
- Mutual Funds
- Exempt Market Products

4) Income Opportunities

- Income Enhancement National Best Business Network: Marketing Network, Business Development (unlicensed)
- Income Replacement National Best Financial Network / National Best Insurance Network Start a new career as an Insurance / Financial Advisor (Life Licensed)

5) Specialty Products

- Medical Services
- Group Insurance sole proprietor, medium, large-size businesses
- Special Coverage: AD&D, Fracture, etc.
- Group Travel
- Health Trusts, Private Health Services Plans
- Estate Planning
- Banking Referrals

Request for Service, Information, and/or Quote:

- Legal Services Referrals Estate Documents, phone consultation, legal document reviews, legal letters, discounted legal rates, Identity Theft Shield
- Accounting / Tax Preparation Referrals
- Home / Auto / RV Insurance Referrals
- Commercial Insurance Referrals
- Business Owner Services Referrals

In accordance with applicable Compliance Regulations and our Errors and Omissions insurance providers, we ask that you review the list of products and services above and place your initials beside the products and services that interest you.

I hereby request that a representative from National Best or one of their Associated Referral Partners contact me regarding the services and products beside which I have placed my initials. I consent to my personal information being disclosed to the appropriate representative as required. This information will be held in accordance with the Personal Information Protection and Electronic Documents Act (PIPEDA). I acknowledge that the NB Agent whose signature appears below may receive an initial and/or ongoing commission or referral fee on the products and services listed above.

Client 1 Name	Client 1 Signature	Date (DD/MM/YYYY)
Client 2 Name	Client 2 Signature	Date (DD/MM/YYYY)
NB Advisor Name	NB Advisor Signature	Date (DD/MM/YYYY)

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- RESPs (Children's Education Plans)
- Advantage Banking (Chequing, Savings, TFSAs, RRSPs)



Associate Licences, Professional Designations and/or Accreditations:

I, Maria Lizak, hold the following licenses, designations and/or accreditations:

License	Broker/Dealer	Address
Life and Accident & Sickness	National Best Financial Network	102A – 221 18 th Street SE
		Calgary AB, T2E 6J5
Mutual Fund and	Armstrong & Quaile Associates, Inc.	PO Box 925
Exempt Market Product		Okotoks AB, T1S 1A9
		#8 Crystal Green Lane,
		Executive Suite #2

Sample of Contract Carriers and Referral Partners:

Assumption Life	MyCare (Mayo Diagnostic/Treatment)
BMO Financial	Prime Funds
Canada Life Assurance Co.	RBC Insurance
CanEquity Mortgages	Standard Life Assurance Co.
Desjardins Financial Security	SSQ – AXA Insurance
Empire Financial Group	Sun Life Financial
Equitable Life Assurance Co. of Canada	Transamerica Life Insurance Co. of Canada
Heritage Education Trust	Travel Insurance Coordinators
Industrial Alliance / IA Pacific	Unity Life of Canada
LegalShield	Wawanesa Life Insurance Co.
Manulife Bank	Western Life Assurance Co.
Manulife Financial	

Indemnification of Referring NB Advisor:

I acknowledge that Products sold through prospectus, information folders, offering memorandums, or referral arrangements for which my NB Advisor is not licensed, may not fall under their Errors and Omissions insurance coverage. By signing below, I indemnify this Referring NB Advisor against any and all losses and/or damages associated with any/all products purchased through another licensed representative. I acknowledge and agree that the Referring NB Advisor is not responsible for proper placement of referred product or their appropriateness. I will consult the other licensed agent as to the appropriateness of each product. Disclosures outlining any commissions, fees, and/or gifts received by my Referring NB Advisor are available to me upon request. Note: Additional consent forms may be required at time of application.

Client 1 Name

Client 1 Signature

Date (DD/MM/YYYY)

Client 1 Name

Client 1 Signature

NB Advisor Name

NB Advisor Signature

Date (DD/MM/YYYY)

Date (DD/MM/YYYY)