

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 pleased 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
- Special HELOC Referrals
- Self-Directed Mortgages

2) Insurance Coverage (Income and Asset Protection) ____

- Life Insurance – Term, Whole Life, Universal Life
- Critical Illness
- Disability Insurance
- 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
- RESPs (Children’s Education Plans)
- Advantage Banking (Chequing, Savings)
- TFSAs, RRSPs, RRIFs, LIRAs, LIFs

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
- 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
- Other

Request for Service, Information, and/or Quote:

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

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Associate Licences, Professional Designations and/or Accreditations:

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

License	Broker/Dealer	Address

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