CONSENT FORM - COMMITMENT TO PROTECT YOUR PRIVACY

I _____ as an Agent of World Financial Group Insurance Agency of
(insert agent name)
Canada (WFGIAC) provide you with access to and recommendations concerning financial products and services, I am required to collect certain personal information about you. I must adhere to the Personal Information Protection and Electronic Documents Act (**PIPEDA**), Canadian federal privacy legislation, and/or provincial privacy laws that may apply from either **Quebec**-*Bill 64/Law 25*, **British Columbia**-*Personal Information Protection of Privacy Act* (PIPA) and **Alberta**-*Personal Information Protection Act* (PIPA).

Accountability

I am responsible for the personal information I receive from my clients, and I will take all reasonable steps to safeguard that information in whatever form it is held.

Why I Collect, Use, and Retain Personal Information

I collect all personal information (including health, corporate, financial, and related information) and I use and retain it solely for the purposes of providing advice, to identify financial products, concepts and services to address needs you have identified; to administer any products or services you purchase through me and to advise you of new products or services that may be of interest to you.

Consent

I will collect information only with your consent. I can only use your personal information for the purposes identified above. By signing this form, you agree on your behalf and that of your executors, or administrators:

- to provide accurate 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 WFGIAC, or as required for the product or service that you may purchase. Determine eligibility, suitability, or a need for insurance and financial products. To meet regulatory and contractual requirements relating to the services and products provided which may include retention of some information on your file for future use and reference by me.

- to allow me to retain your personal information, including health information housed on your applications, in my paper and electronic files for as long as you wish me to be your advisor, or I have a business or regulatory need to retain the information and

- to the assignment of your file, including your personal information, to another agent to continue to service your needs, if I become incapacitated, die or retire. You do, however, have the right to choose your own agent at that time, should you not agree to the assignment.

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Limiting Collection

I only collect information that helps me formulate advice, including personal, financial and health information, and to meet my regulatory obligations. I will only use fair and lawful means to collect this information.

Limits on Use, Disclosure, and Retention

I will only use and disclose your personal information to perform my duties, to provide you with advice and when I am required to do so, by law. I may provide your personal information to insurers through wholesale organizations known as Managing General Agencies (MGAs), which are contracted to provide administrative services to the insurers to facilitate the sale of insurance. I may share this personal information with my employees or service providers so that they can perform their duties, to insurers and any person or organization to which consent has been given and where authorized by law. I may also share this information with others to get you help in areas outside of my areas of expertise.

I am required to retain much of the information I collect for regulatory reasons including the requirement that I can demonstrate that the recommendations I make are appropriate and address your identified needs.

Accuracy of Information

To make appropriate recommendations, I must receive accurate information. It is my responsibility to keep personal information about you as accurate and up to date as possible. Where appropriate, I will attempt to update the personal information I hold about you in my records to determine whether the recommendations I made are still appropriate in light of changes in your circumstances. However, I also rely on you to provide regular updates to me for the same reason.

Personal Information Safeguards

All employees, associated advisors, wholesale organizations and suppliers that are granted access to client records are required to keep this information protected and confidential and to use the information only for the purposes identified. Information that is no longer required for the intended purposes will be destroyed. I have also established physical safeguards, along with proper processes, to protect client information from unauthorized access or use.

Your Privacy Choices

You may review the personal information I retain about you upon request. You may withdraw your consent at any time (subject to legal or contractual obligations and on providing me with reasonable notice) by contacting me. Withdrawing your consent may prevent me from providing you with requested products or services and may end our business relationship.

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Your Right to Complain

If you have any concern about our collection, use or disclosure of your personal information, you have the right to raise your concerns with me or with the Privacy Commissioner.

Privacy Officer: Luigi Greco; Privacy Manager - Quebec

Head Of Compliance: April Stadnek - Canada

Email address: wfgcanadacompliance@transamerica.com

Customer's Consent:

I _____ hereby acknowledge that my signature indicates until advised
(insert client name)
otherwise, you have my consent to collect, use, share, disclose and retain my personal information as described above.

Client Name	Client Signature	Insert date

Agent Name & Code	Agent Signature	Insert date

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