

Client Engagement Document

I would like to thank you for the opportunity to meet with you to discuss your financial matters and welcome the opportunity to work with you as your Insurance Advisor. This engagement letter is intended to outline the specific terms of the financial advisory engagement between us.

Please be assured that all information that you provide to me will be kept strictly confidential. During the financial consultation process, it may, on occasion, be necessary to consult with other third-party professionals and before doing so I would obtain your written permission to disclose your personal information to such parties.

In order to ensure that the financial advice is comprehensive and contains sound and appropriate recommendations, it is important to provide complete and accurate information regarding all aspects of your personal and financial situation. Depending on your objectives we often want information pertaining to personal and business dynamics, financial needs, financial priorities, investment statements, tax returns, copies of wills, powers of attorney, insurance policies, employment benefits, retirement benefits, relevant legal agreements. Furthermore, it's important that any material changes to your circumstances are disclosed to me on a timely basis as they could impact our financial advice.

Compensation

I am compensated by the companies with whom I place your business. This compensation is usually in the form of commissions paid when your contract is issued and delivered. Sometimes my compensation is on the basis of continuing commissions payable each year your plan is in effect. I am also liable to repay commissions received if you do not stay with the supplier company according to their regulations.

I have no known conflicts of interest in the acceptance of this engagement and will advise you in writing should any conflicts arise.

I look forward to working closely with you and thank you for the opportunity to do so.

Yours truly,

Patrick Devitt, CHS
Founder/CEO
Generational Wealth Group



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ADVISOR DISCLOSURE STATEMENT

When considering the purchase of life insurance or living benefits products, it is important to have an understanding of the product and how it meets your needs. In addition, it is important to know the company which is offering/supplying the product or service as well as the advisor who is recommending it. The following information will assist you in making an informed decision and will provide insight into my relationship with the companies I do business with, and how I am compensated.

I receive customer referrals from various associations, professional accountants, lawyers and existing clients. I have been asked to contact you to discuss possible insurance requirements pertaining to your personal and business insurance needs. My services pertain to the requested services only and do not expand beyond this arena into financial or tax planning or other activities. I am unable to advise you on any needs pertaining to mutual funds, where I do not hold the appropriate authorized regulatory certificates.

Companies/Represents:

I am also contracted, as an insurance broker, with the following companies:

- | | |
|-----------------------------------|--------------------------|
| - Canada Life | - Manulife Financial |
| - SunLife Financial | - Canada Protection Plan |
| - Empire Life | - BMO Insurance |
| - Equitable Life | - RBC Insurance |
| - Ivari | - Assumption Life |
| - Financial Horizons (wholesaler) | - Specialty Life |
| - Humania | - SSQ |

Nature of Relationship with Companies/Represent:

No Insurer holds ownership or interest in my business, nor do I hold a significant interest in any Insurance Company.

I am personally (Patrick Devitt) and corporately (Generational Wealth Group Inc.) licensed in the province of Ontario and British Columbia offering Life Insurance, Disability Insurance, Critical Illness Insurance, Long-Term Care Insurance, Group Health and Dental Insurance, Health Spending Accounts, Annuities, as well as Segregated Fund Products.



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Compensation:

If you choose to purchase a product through my recommendation, the company I own, Generational Wealth Group Inc. will receive remuneration from the insurance company that offers the product. I am compensated by a commission that is a percentage of the premium of the product.

In addition, I may also receive renewal (or service) commissions from the Insurer on an annual basis while the policy or contract remains active.

As part of our discussions pertaining to product requirements and selection, the amount of compensation received will not play a factor in the recommendations made to you.

Conflicts of Interest:

I take the potential of a conflict very seriously. I will notify you verbally and in writing if there is a potential or real conflict of interest of which I become aware. My overall recommendations are unbiased and, where possible, are based on an independent survey of companies that provide the products the client is interested in.

Privacy:

The privacy of your confidential information is important to me. If you choose to purchase a product through me, I will be required to share your confidential information with all parties relevant to the transactions agreed upon. I will notify you immediately upon identifying any potential breaches of your personal information that may occur.

I encourage you to take the time to carefully read policy and account information to ensure your full understanding. Please do not hesitate to contact me if you need further clarification on the recommended products, my qualifications, or the nature of my business relationships.

Sincerely,

Patrick Devitt, CHS
Generational Wealth Group Inc.

The above statement has been prepared by Patrick Devitt. Patrick Devitt alone is responsible for its accuracy.



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Client Acknowledgment:

I acknowledge that I have been informed of, and understand this disclosure. I accept the information disclosed to me and understand that I may ask for further information regarding this disclosure.

Client Name: _____

Signed in the city and province of _____

Client Signature: _____

Date: _____



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Privacy Policy and Client Consent

Since January 1, 2004, I have been required to obtain your written consent in order to collect, use and disclose your personal information under Canada's Personal Information and Electronic Documents Act (PIPEDA). Effective July 1, 2014 changes to Canada's Anti-Spam Legislation (CASL) require senders of commercial electronic messages to obtain the individual's consent to do so and to provide a mechanism for them to discontinue receiving such messages at any time. Our firm's Privacy Consent Form has been updated to reflect this change.

By signing this form, you provide me with the ability to collect, use and disclose your personal information in order to provide you with the services and advice you seek from me. You are also giving me permission to contact you by telephone, mail, email or other electronic means. You may withdraw this permission at any time by notifying me in writing.

Please read the information below and feel free to ask me any questions now or in the future. Your trust and confidence in my services are essential so I can provide you with the best service possible.

Our commitment to PIPEDA's Privacy Principles:

Accountability: This firm is responsible for your personal information^[1] and we take steps to safeguard it from unauthorized disclosure. You have the right to inspect your information and to ensure it is complete, accurate and current.

Purpose of collecting your information: I need to obtain accurate information from you in order to establish your identity, determine your eligibility for particular products or services, and help ensure that the advice, products or services offered to you, or purchased by you, are appropriate for you.

Limiting collection: When I collect your personal, financial, and related information, I will use and disclose it only for the purposes I have identified to you and you have given me consent for.

Third-party disclosure: To provide you with certain services or products, I may need to disclose your information to some third parties. These may include but are not limited to: an insurance company (or companies), a Managing General Agency (MGA) contracted with an insurer (or insurers) to provide certain services, or Huxton Black or Jamie Butler Wealth. Each of these third parties also has privacy requirements to protect your personal information.

In addition, licensed financial advisors have regulatory obligations which may require me to disclose your information on occasion to provincial regulators and self-regulatory agencies (for example, the Mutual Fund Dealers Association and provincial insurance regulators), to government entities



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responsible for detecting and preventing fraud, money laundering or other criminal activity, or when otherwise required by law.

Retention of information: Your personal information will be retained only as long as is necessary. I will destroy your information in a secure way when it is no longer needed.

Safeguarding your information: I take steps to protect your personal information against theft, loss or unauthorized use. This protection applies to paper and electronic files. I will promptly inform you if a breach occurs that puts your information at risk of being used in an unauthorized way.

Accuracy and Access: I take care to keep the information in our records as accurate, complete and up to date as necessary. However, I also rely on you to tell me when your information changes. Keeping your information accurate allows me to offer you the highest quality service and make recommendations that are appropriate for you. You have the right to inspect your personal information to ensure it is accurate.

Consent: By providing me with your consent, you agree to allow me to communicate with you in a timely and efficient manner and to disclose your personal information to third parties, when required, to meet the legal, regulatory and contractual requirements related to the services and products you seek. Your consent also allows me to retain your personal information in my paper and electronic files for as long as I am your advisor, or am required to do so for business or regulatory reasons.

Withdrawing your consent: Subject to legal, business or contractual restrictions, you can withdraw your consent at any time upon giving me reasonable notice in writing. Please note that withdrawing your consent may limit or prevent me from communicating with you, or providing you with specific products or services.

In certain circumstances, your consent cannot be withdrawn. For example, you may not withdraw your consent when I must have correct information about you to ensure a contract remains valid.

Complaints: You have the right to confidentially complain to me, to an insurer, any other financial provider you have purchased a product from, and to the Privacy Commissioner of Canada. However, I encourage you to first discuss any complaint with me, as in most cases this will allow us to resolve the issue in a timely manner.



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More information on your privacy rights and complaint handling is available on Canada's Privacy Commissioner's website, www.priv.gc.ca.

I, (We) the undersigned, understand and consent to you collecting, using, disclosing and retaining my/our personal information until I/we advise otherwise.

Customer Name(s) (Please print): _____ Date: _____
(dd/mm/yyyy)

Customer Signature(s): _____

Advisor Name : Patrick Devitt _____

Advisor Signature:  _____

[1] "Personal information" means information that identifies you, such as contact information and details such as age, gender, race, marital status, and medical and financial information. This information can be in any form including paper, electronic, video or voice recording.