



**Advisor Disclosures**

7thwavefinancialsolutions.com

My role, as an independent Advisor / Broker, is to work on your behalf to develop financial strategies and as your intermediary, find suitable insurance and investment products to meet your needs. Further to advocate with insurance companies and resolve any questions you may have throughout the time you hold a policy, and to ensure your ongoing satisfaction.

Your role as a client is to communicate openly and engage in the cooperative Financial Planning process, provide me with accurate and up to date information on your situation, advise me of material changes to your financial or health situation so we can keep your planning up to date and relevant to your situation.

I am bound by the Code of Ethics of my professional association, Independent Financial Brokers of Canada, and The Financial Advisors Association of Canada.

**Licences & jurisdictions**

I am licensed as a life and health insurance agent in Ontario.

For insurance products, I place business through a Managing General Agent (MGA) BridgeForce Financial Group. For other products such as GICs, I also place business through BridgeForce Financial Group. An MGA is a corporation that contracts with independent brokers who meet with consumers and arrange for the sale, delivery, and ongoing support of the insurance company’s products.

**Companies I represent:**

1. BMO Insurance
2. Equitable Life
3. Empire Life
4. Equitable Life
5. Manulife
6. SSQ Insurance
7. Canada Life
8. RBC Life
9. Manulife bank (as a banking rep only)

Life insurance	Disability Insurance
Critical Illness Coverage	LTC Insurance
Travel Insurance	Extended HealthCare
Segregated Fund	Term Deposits
Annuities	GLWB products

**Relationship with companies I represent**

No insurer holds an ownership interest in my business. I don’t hold a significant interest in any insurance company.

**Compensation**

We do some planning in a fee for service capacity for which we always provide a fee agreement prior to engagement and this is done via a separate firm Lovell and Associates Limited

This includes:

Financial Planning  
Tax Planning

Retirement Income Planning  
Tax Preparation Small  
Cross border planning

Estate Planning  
Business Planning



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**Commissions**

I am compensated by a sales commission on policies I sell, and I may also receive a renewal commission on policies that remain active. Commissions are paid by the company that provides the product you purchase.

If my sales reach a certain level, I may be eligible for additional compensation, such as bonuses, and other benefits, such as conferences.

**Conflict of interest**

I take the potential of a conflict of interest seriously. I confirm that I have no conflict of interest. If I become aware of a potential conflict, I will tell you. I confirm that my recommendations will be based upon my assessment of your needs.

**Anti Money Laundering**

We have an anti money laundering policy that adheres strictly to the standards required by my Ontario regulatory body. We never complete third party transactions, we do not accept money orders or cash ever, all funds must come from a clients back account in their name or jointly held account. We verify identification and generally only accept clients by referral. We have the right to refuse a transaction if we deem it risky or suspect.

A full copy of our AML policy is available upon request

**More information**

Note that 7<sup>th</sup> Wave Financial Solutions is an Life and Health Agency Licensed and Insured in the Province of Ontario and I Robert Lovell hold a personal Insurance license and engage clients via that Limited corporation

If you need more information about my qualifications or my business relationships, contact me. I would be happy to help.

**Acknowledgement**

I, \_\_\_\_\_ have received and reviewed this document. I understand any conflicts of interest or potential conflicts of interest outlined in this document. I am willing to continue working with the advisor.

X \_\_\_\_\_  
Agent's signature

X \_\_\_\_\_  
Client signature

X \_\_\_\_\_  
Client's signature

Robert A Lovell  
Agent's Name

\_\_\_\_\_  
Client Printed Name(s)

Date of Signatures

\_\_\_\_\_