

Personal Information and History

Personal Information

1. Please print

Name(last, first, middle)	
Home Address	Date of Birth(D/M/Y)
City, Province, Postal Code	Social Insurance #

Business Name (if conducting business under a corporation or business name)	
Business Address	Business Phone
City, Province, Postal Code	Fax No.
Internet email Address	Cell No.

Professional/Businesses Experience

2. Are you currently employed another person/organization?

Yes No

If yes, what is the name of the person/organization _____

3. Are you currently self-employed?

Yes No

If yes, how long have you been self-employed? _____

4. List any other business or personal names you use or have used in the last 5 years. (e.g. company, business, or partnership name, other personal names)

Please attach a copy of any business name registration or Articles of Incorporation, if applicable.

Education

5. Indicate the highest level of education attained:

List any other professional designations and certificates you hold.(e.g. CFP, CLU, CH.F.C., RHU):

List any professional designations on which you are currently working:

Licenses

6. Please list all licenses currently held(e.g. Life Insurance, Accident and Sickness, Property & Casualty, Mutual Funds, Securities, Mortgage Broker, Real Estate, other)

Type of License	No. of Years Held	License Number	Level (if applicable)	Province or Territory	Expiry/Renewal Date	Sponsor/ Dealer

Please attach a copy of your Life and/or Accident and Sickness License(s) and any securities-related registration approval certificate/letter.

7. Have any of the licenses you hold or have held ever been suspended or revoked or their continuation been interrupted for any reason?

Yes No

If yes, give details: _____

8. Are there any terms and conditions applied to any of your licenses or registrations?

Yes No

If yes, give details: _____

9. Have you ever been declined sponsorship of an insurance or securities-related license or had your sponsorship terminated?

Yes No

If yes, give details: _____

Other Business Affiliations

10. Other than business disclosed in the Licenses section, do you conduct, or are you associated with any other business? If yes, give details, including name, location, length of time involved and nature of business:

Previous Association with Sound Wealth Management Inc.

11. Have you ever submitted business to our company?

Yes No

If yes, please provide your commission account number(s): _____

Other Financial Services Companies

12. List the five financial services companies with which you placed the most business in the last 5 years.

Company name	Are you still associated with this company?		Number of Years
	Yes	No	

Errors and Omissions Insurance

13. Do you have Errors and Omissions Insurance?

- Yes (Please submit a copy of your certificate) No

14. If Yes, does your Error and Omissions Insurance cover mutual funds, labour sponsored investment funds or other investment related products you are authorized by your dealer to distribute?

- Yes No

If you hold or are applying for mutual fund registration, it is mandatory that you have or obtain prior to becoming registered Errors and Omissions Insurance that provides coverage for these products.

15. Have you ever had a policy or application for Errors and Omissions Insurance on your behalf declined, cancelled or refused renewal?

- Yes No

If yes, give details: _____

References

16. Please list below three individuals who may be contacted as business references for you. These should be individuals with whom you have interacted closely over a period of at least three months in the last three to five years. At least one of these references should be from a company with whom you have placed business.

Name	Address	Business/Home Telephone	Nature & Length of Relationship	Position/Title of Business Reference

Personal Profile

17. If you answer 'yes' to any of the following questions, please provide a full explanation in the space below.

a) Have you ever been under any legal order to make monetary payments to another person or business entity, including spousal support if registered?

Yes No

b) Have you ever had your wage garnished?

Yes No

c) Are you currently indebted to any insurer, MGA, mutual fund dealer or other financial services company?

Yes No

(If yes, specify how debit was incurred, existing amount, when debt commenced, repayment schedule, conditions for repayment)

d) Have you ever been declared bankrupt or made a voluntary assignment in bankruptcy, or are you currently an undischarged bankrupt?

Yes No

(If yes, include trustee's name and address, location of bankruptcy filing, Assignment of Bankruptcy or Receiving Order, Statement of Affairs, and an explanation as to the circumstances of the bankruptcy)

e) Have you ever been a controlling shareholder, or officer of a corporation which was declared bankrupt or made a voluntary assignment in bankruptcy, made a proposal as to the circumstances of the bankruptcy)

Yes No

(If yes, include trustee's name and address, location of bankruptcy filing, Assignment of Bankruptcy or Receiving Order, Statement of Affairs, and an explanation under any legislation relating to bankruptcy or insolvency, or is currently not discharged?)

f) Has any partnership or corporation, of which you are or were at the time of such event a partner, officer, director or a controlling shareholder, ever pleaded guilty or been found guilty of an offense under any law of any province, territory, state, or country, or is any such partnership or corporation currently the subject of any charges?

Yes No

g) Have you ever pleaded guilty or been found guilty of an offense under any law of any country or state, for which you have not been pardoned, or are you currently the subject of any charges?

Yes No

Some examples of these offenses are fraud, theft, weapons charges, drug trafficking, physical assault, impaired driving, tax evasion and Human Rights violations. You are not required to disclose minor traffic violations such as speeding or parking violations.)

h) Have you ever been refused registration or a license under any legislation to deal with the public in any capacity (e.g. insurance sales, RIBO broker, mutual funds salesperson, securities dealer, motor vehicle dealer) in any province, territory, state, or country; or have you held such a license and been the subject of a disciplinary proceeding?

Yes No (If yes, give details including penalties imposed)

i) Have you ever been reported to a financial services regulator which resulted in a disciplinary measure?

Yes No (If yes, give details including penalties imposed)

j) Have you ever been terminated or resigned, or had any contracts cancelled which you held with any financial services company because you were accused of violating insurance or investment related statutes, regulations, rules, or industry standards of business conduct?

Yes No

k) Are you currently, or is there any reason to believe that in the future you will be, under any legal restriction or impediment which would prevent you from lawfully carrying on the business of the sale and/or service of financial products and services?

Yes No

l) Are you legally entitled to work in Canada?

Yes No

Explanation: _____

Declaration

I declare that the information provided in this personal information and history form and on the attached resume or documents if applicable, is complete and accurate in every respect, as of the date of signing. I understand that a false statement or omission may disqualify me from consideration for a contract as an advisor or result in the subsequent termination of any contract entered into with Sound Wealth Management Inc..

Should there be any change in the information provided herein, I agree to notify and provide updated information to Sound Wealth Management within 10 business days. Should there be any change in my ability to legally continue to sell and/or service financial products and services(including without limitation, any suspension or revocation of my license or registration) I agree to notify Sound Wealth Management immediately.

I understand that Sound Wealth Management will establish a file concerning my application or contract and subsequent performance and that the personal information contained in this file will be consulted by Sound Wealth Management employees only and, if applicable, any authorized agents in relation to my contract to solicit the sale of financial products and services. The confidential file will be kept at Sound Wealth Management offices.

I may consult the personal information contained in this file and, if it is inaccurate, apply to have it corrected. The information contained in the form is being collected to enable Great-West and Quadrus, if applicable, to assess my suitability to solicit sales and to service financial products and services on its or their, as applicable, behalf.

I authorize Sound Wealth Management and its agents to verify with third parties any information contained in this form concerning my credit record, business record, record of criminal convictions, and any other information relevant to my completion of this form and sales and service relationship with Sound Wealth Management.

A photocopy of the present consent has the same value as the original. I authorize Sound Wealth Management to use my Social Insurance Number in its files pertaining to me.

Date

Oliver Lopez

Date

Anil Mahajan, President, Sound Wealth Management

Consent and Authorization

To whom it may concern:

I have applied to Sound Wealth Management for a contract to solicit the sale of and provide services respecting financial products and services or I am currently under contract to solicit the sale of and provide services respecting financial products and services for Sound Wealth Management. Part of the contracting process and the ongoing review of my performance, or my agency's performance, is an investigation of my personal background. These investigations are conducted by Sound Wealth Management or their authorized agents, as applicable.

I have sold financial products and services including insurance as principal through the following business names, trade names, corporation or partnerships('Listed Entities') in which I have an ownership interest(leave blank if none):

Full Name

Dates used (start/finish)

Full Name

Dates used (start/finish)

Full Name

Dates used (start/finish)

I make this authorization on behalf of myself and as authorized representative of the Listed Entities.

I hereby authorize and direct you to release to Sound Wealth Management information contained in your files concerning my agency, employment, business records, education record, credit record and all such records pertaining to the Listed Entities and any other information relevant to a contract to solicit the sale and servicing of financial products and services with Sound Wealth Management.

With respect to me and the Listed Entities, I specifically authorize Sound Wealth Management to:

concerning certificates, licenses and registrations; and information concerning complaints or disciplinary measures from regulators, industry and professional organizations and associations.

exchange with any regulatory, professional registry or database, insurance company, financial institution, personal information agents or detective and security agencies or organizations whose functions are the prevention, detection or repression of crimes or offenses, market intermediaries, my employer or ex-employer, including all personal information which could be collected through

A photocopy of the present consent has the same value as the original.

These authorizations shall be valid until revoked in writing by the Applicant, subject to legal and contractual restrictions.

Applicant's name: _____

Date: _____

Applicant's signature: _____

Company:
