

Disclosure and Acknowledgement

I/We, _____, acknowledge that the dealer has provided me/us with the opportunity to purchase creditor's group insurance (the insurance) along with the purchase/lease of a vehicle. After careful consideration, I/we accept or decline the following insurance coverages (circle all that apply):

Applicant			
Life Insurance	Accept	Decline	N/A
Critical Illness	Accept	Decline	N/A
Disability	Accept	Decline	N/A
Loss of Employment	Accept	Decline	N/A
Co-applicant			
Life Insurance	Accept	Decline	N/A
Critical Illness	Accept	Decline	N/A
Disability	Accept	Decline	N/A
Loss of Employment	Accept	Decline	N/A

I/We, _____ acknowledge that the dealer has advised me/us that, in accordance with *Article 431 of the Act respecting the distribution of financial products and services*, the compensation payable to the dealer by the Administrator, LGM Financial Services Inc., and/or by the insurer, Co-operators Life Insurance Company, for the sale of the insurance, may total up to fifty percent (50%) of the insurance premium payable by me/us.

Applicant 1 signature

Applicant 2 signature (if applicable)

Dealer Name

Dealer Address

Date

Copy for: **Dealership** **Applicant(s)** **LGM Financial Services Inc.**