UV INSURANCE

INDIVIDUAL INSURANCE

Compensation Guideline

Important: Fill out in block letters and answer each section as accurately as possible.

Section A – Collection, Use and Disclosure of Personal Information

The personal information we collect in this form allows UV Insurance to proceed with the compensation of various providers.

The personal information is used to:

- Identify the individual
- Establish and update information and the needs of the individual, as appropriate
- Comply with legal and regulatory requirements, including tax rules and the prevention, detection and enforcement of offences, cyber threats and fraud

The information disclosed on this form will be forwarded to the UV Insurance staff in charge of processing the claim, as well as to any other person authorized by law.

Section B – Identification

1. Manager General Agent (MGA) _____ Code _____ Bonus _____ %
2. Associate General Agent (AGA) _____ Code _____ Bonus _____ %
3. Delegated Firm (DF) _____ Code _____ Bonus _____ %
4. Advisor _____ Code _____ Bonus _____ %

Important note: The bonus rate assigned only to a firm will only be visible on its compensation report. If the firm wishes to have a bonus rate assigned to an advisor and to have it appear on the advisor's compensation report, a rate must be entered on line 4 of Section B. This will ensure that the bonus is displayed on the advisor's report rather than only the firm's.

Section C – Documents Required in Your Situation

☐ **Independent advisor**

- Attach a sample cheque.

The compensation will be paid to the advisor.

☐ **Attached advisor**

- An advisor who operates on behalf of a firm (attached)

The advisor's compensation will be paid to the firm.

Firm name _____

Firm code _____

☐ **Attached advisor authorized to be paid directly**

- Attach the "Authorization to pay the remuneration directly to an attached advisor" form and a sample cheque. If the advisor is to receive a bonus, please indicate this in Section B, 4.

Name of affiliated firm _____

Firm code _____

Note: Please select only one option that reflects your situation and attach the required documents to avoid any processing delays.

Section D – Consent and Signature

By signing, you understand that if any of your personal information is inaccurate, incomplete, or ambiguous, you may request a correction by contacting UV Insurance. You also have the right to request information about how your personal information is used.

In addition, the employee may withdraw their consent to the disclosure or use of personal information at any time by contacting the UV Insurance Privacy Officer at the following address: 1990 Jean-Berchmans-Michaud Street, Drummondville, QC J2C 7G7.

For more details, please visit our website and see our **Privacy Policy.**

The undersigned confirms that they have reviewed the above information and agree to the collection, use and disclosure of the personal information contained herein. This consent also applies to the collection, use, and disclosure of the beneficiaries' personal information, and the undersigned confirms that prior consent has been obtained from such beneficiaries.

X _____ Autorized signatory of the Manager General Agent

_____ Signatory's name in block letters

Date Y M D

Send the form to the following email address: ind.client@uvinsurance.ca

P.O. Box 696, Drummondville (Québec) J2B 6W9 ■ Phone: 819 478-1315 ■ Toll-free: 1 800 567-0988 ■ Fax: 819 474-1990

UV Insurance is a registered trademark of The Union Life Mutual Assurance Company.

EN-1086A (2026-10)