



Insurance Council of Manitoba

SUPERVISION STATEMENT

I, _____, certify that I am the authorized supervisor and have reviewed
 (Supervising Licensee)
 the following insurance related material used or prepared by _____
 (Supervised Licensee)
 for _____ and believe that the insurance applied for is appropriate
 (Applicant)
 to the needs and circumstances of the applicant and/or insured.

I declare that I have reviewed:

- | | | |
|---|---|--|
| Type of Insurance Need
(Check one or more) | <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Segregated Funds |
| | <input type="checkbox"/> Disability Insurance | <input type="checkbox"/> Annuities |
| | <input type="checkbox"/> Critical Illness Insurance | <input type="checkbox"/> Group Insurance Plan |
| | <input type="checkbox"/> Long-term Care Insurance | <input type="checkbox"/> Travel Health Insurance |
| | <input type="checkbox"/> Other (Please specify) _____ | |

Name of Company _____

Insurance Amount(s) Applied For _____

- | | |
|---|--|
| Life Insurance Application Reviewed | <input type="checkbox"/> Yes |
| Insurance Needs Analysis Reviewed | <input type="checkbox"/> Yes |
| Policy Illustrations Reviewed | <input type="checkbox"/> Yes |
| Life Insurance Replacement | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (If Yes, LIRD and Written Comparative Analysis Reviewed) | <input type="checkbox"/> Yes |
| If Leveraging Segregated Funds does the Supervisor agree with the recommendation? | <input type="checkbox"/> Yes |

Supervising Licensee's Signature

Date

As the Supervised Licensee, I certify that I have provided to the licensee signing this Statement, all material I have used with the named applicant/insured.

Supervised Licensee's Signature

Date

The Licensees signing must retain a copy of this Statement for their records.