



Website Design and Licensing Agreement

Between
S&V Planning Corporation
Suite #227 – 1175 Cook Street
Victoria, British Columbia, V8V 4A1

AND

(Please Print)

Advisor's Name: _____

Company: _____

Address: _____

City/Town: _____ Prov. _____ Postal Code _____

Tel. () _____ Fax. () _____

Cell () _____

1. Select Your Personal Website Address

We provide you with a personal website address as part of our service:

Examples: www.JohnSmith.com www.SmithFinancialServices.com

Make three choices of what you would like to call your website: (Please print)

First Choice: www. _____ .com

Second Choice: www. _____ .com

Third Choice: www. _____ .com

NOTE: We'll activate your choice in order of preference. If none of your choices are available we'll contact you with other choices.

2. Select Your Website Design

Select your website from the designs below. View them in detail at www.SVPlanning.com



Your website design choice is Design # _____

3. Select Features for Your Website

Check those features you want on your site:

____ Telephone #

____ Cell #

____ Address

____ Photo (send us a 4 x 6 photo)

____ Email (please select choice below)

____ Existing email address: _____ @ _____

OR

____ I need email address to be set up

NOTE: You must have an email address. If you do not have one already, we'll assist you in obtaining one.

4. Message To Clients Or Mission Statement (optional)

No, do not place a message or mission statement on your website

Yes, place one of the following messages below on your website. Select ONE only.

Optional Message #1

“Life is full of financial decisions. Use my website to become better informed about life insurance products. Get today’s GIC, mortgage and mutual fund quotes. Please contact me before making any financial decision.”

OR

Optional Message #2

“Welcome to my web site. Financial Concerns? Need to review your Insurance? I am committed to helping you achieve your goals! Use my calculators, on-line presentations, Resource Centre and links to become better informed. Please call or email me to discuss your needs.”

OR

Your Own Custom Message

Please print the message that you want to appear on your website. (Max 50 words)

5. Mutual Funds

Do you sell mutual funds? ___ Yes ___ No

If YES, name of your mutual fund dealer _____

6. Select Mutual Fund Suppliers

If you sell mutual funds, link your website to the following funds:

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Aegon | <input type="checkbox"/> Caldwell | <input type="checkbox"/> Hirsch |
| <input type="checkbox"/> ABC | <input type="checkbox"/> Clarington | <input type="checkbox"/> Mackenzie |
| <input type="checkbox"/> AGF | <input type="checkbox"/> Cundill | <input type="checkbox"/> Manulife |
| <input type="checkbox"/> AIC | <input type="checkbox"/> Dynamic | <input type="checkbox"/> Phillips Hager |
| <input type="checkbox"/> Acuity | <input type="checkbox"/> Ethical | <input type="checkbox"/> Sceptre |
| <input type="checkbox"/> Altamira | <input type="checkbox"/> Excel | <input type="checkbox"/> TD |
| <input type="checkbox"/> Beutel Goodman | <input type="checkbox"/> Fidelity | <input type="checkbox"/> Templeton |
| <input type="checkbox"/> CI Funds | <input type="checkbox"/> Guardian | <input type="checkbox"/> Trimark |

List any other mutual funds you want links to: _____

NOTE: If you select any mutual funds the logo of your dealer will be placed automatically on your website for compliance purposes.

7. Select Life Insurance Suppliers

Link your web site to the following life insurance companies:

- | | | |
|--|---|--|
| <input type="checkbox"/> AIG | <input type="checkbox"/> Empire | <input type="checkbox"/> Manulife |
| <input type="checkbox"/> AXA | <input type="checkbox"/> Equitable | <input type="checkbox"/> Pencorp |
| <input type="checkbox"/> Assumption Life | <input type="checkbox"/> Federated | <input type="checkbox"/> RBC Insurance |
| <input type="checkbox"/> Canada Life | <input type="checkbox"/> Freedom 55 | <input type="checkbox"/> Standard Life |
| <input type="checkbox"/> Clarica | <input type="checkbox"/> Great-West Life | <input type="checkbox"/> Sun Life |
| <input type="checkbox"/> Desjardins | <input type="checkbox"/> Ind Alliance | <input type="checkbox"/> Transamerica |
| <input type="checkbox"/> Edge Benefits | <input type="checkbox"/> Ind Alliance Pacific | <input type="checkbox"/> Unity |

List other life insurance firms you want links to: _____

List segregated fund companies that you want links to: _____

8. Website Licensing Terms

- a) S&V Planning Corporation grants to Advisor a non-exclusive, personal, non-transferable license to use the Advisor's website. S&V Planning Corporation may modify its services and content of Advisor's website at any time for any reason and may provide modified versions of the content and services to Advisor without notice. S&V Planning Corporation has the right to discontinue products or services and the right to reassign addresses of Advisor's web site.
- b) Advisor agrees not to translate, decompile, reverse engineer, disassemble, modify, reproduce, rent, lease, lend, sublicense, distribute, remarket or otherwise dispose of any portion of the web site services provided under this Agreement.
- c) Advisor accepts sole responsibility for any and all materials provided by Advisor to S&V Planning Corporation that are placed on Advisor's web site, and Advisor represents that Advisor owns these materials or has permission to use and freely access these materials.
- d) Advisor agrees to pay for website services by way of an automatic monthly withdrawal from Advisor's bank account on either the 5th or the 20th day of each month in which service is provided. A fee of \$25 is charged for any NSF cheque.
- e) Advisor agrees to contract for website services through S&V Planning Corporation for a minimum of 12 months. After 12 months, the advisor may terminate the contract with thirty (30) days notice. If an Advisor wishes to reactivate a website, a fee may be charged for the reactivation.
- f) Advisor agrees that under no circumstances shall S&V Planning Corporation be liable for any special or consequential damages that result from the Advisor's or their clients' use of, or inability to use, the Advisor's website services under this agreement. The Advisor agrees that in no event shall S&V Planning Corporation's, or that of its suppliers', total liability to the Advisor for any damages, losses, and causes of action, including but not limited to negligence, arising out of the use by the Advisor of the services under this Agreement exceed the price paid by the Advisor for services under this agreement.
- g) The term of service shall be month to month.

Client Signature

Date

S&V Planning Corporation

Date

Send this entire Agreement to:

**S&V Planning Corporation
Suite 227 – 1175 Cook Street
Victoria, British Columbia V8V 4A1
Tel. (250) 388-6774 or 1 (800) 661-8879**

Please Attach the Following:

- 1. Your Business Card***
- 2. A good size photo (if desired)***
- 3. A cheque in the amount \$52.45 (\$49.95+GST) payable to S&V Planning to cover the first month's payment***
- 4. A cheque marked VOID to pay for monthly service***
- 5. Both pages of PAD agreement***

Note: A complete signed copy of this Agreement will be returned to you for your records.

PRE-AUTHORIZED PAYMENT AUTHORIZATION – TERMS AND CONDITIONS

I/We acknowledge that this Authorization is provided for the benefit of S&V Planning Corporation and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process debits against my account in accordance with the Rules of the Canadian Payments Association.

I/We warrant and guarantee that all persons whose signatures are required to sign on the account have signed this agreement below.

I/We hereby authorize S&V Planning Corporation to draw on _____ account number _____
Name of Payor
with _____, for the purpose of paying monthly fees for website service.
Name of Payor's financial institution

This authorization may be cancelled at any time upon notice by the Payor. I/We acknowledge that, in order to revoke this authorization, I/We must provide written notice of revocation to S&V Planning Corporation.

I/We acknowledge that provision and delivery of this authorization to S&V Planning Corporation constitutes delivery by the Payor to the Processing Institution. Any delivery of this authorization constitutes delivery by the Payor.

The Payor and Payee agree to waive the pre-notification requirement set out in Section 7 of Appendix II of rule H4 of the Canadian Payments Association.

I/We undertake to inform S&V Planning Corporation, in writing, of any change in the account information provided in this authorization prior to the next due date of the PAD.

The account that S&V Planning Corporation is authorized to draw upon is indicated in the accompanying authorization. A specimen cheque for this account has been marked "VOID" and attached hereto.

I/We acknowledge that the Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of the Payor's Authorization including, but not limited to, the amount.

I/We acknowledge that the Processing Institution is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by S&V Planning Corporation as a condition to honouring a PAD issued or caused to be issued by S&V Planning Corporation on the Payor's account.

A PAD may be disputed by a Payor under the following conditions:

1. The PAD was not drawn in accordance with the Payor's Authorization; or
2. The authorization was revoked; or
3. Pre-notification was not received.

The Payor, in order to be reimbursed, acknowledges that a declaration to the effect that either (1), (2) or (3) took place, must be completed and presented to the branch of the Processing Institution holding the Payor's account up to and including 90 calendar days in the case of a personal PAD, or up to and including 10 business days in the case of a business PAD, after the date on which the PAD in dispute was posted to the Payor's account.

The Payor acknowledges that a claim on the basis that the Payor's Authorization was revoked, or any other reason, is a matter to be resolved solely between S&V Planning Corporation and the Payor when disputing any PAD after 90 calendar days in the case of a personal PAD or 10 business days in the case of a business PAD.

DEFINITIONS

Business PAD : Means a PAD (Pre-Authorized debit in paper, electronic or other form) drawn on the account of a Payor such as, but not limited to, a corporation, partnership, sole proprietorship, franchise, association, venture or enterprise, for the payment of goods and services related to commercial activities of the Payor.

Personal PAD : Means a PAD drawn on the account of a Payor for payments such as, but not limited to bill payments, membership fees, or other goods or services.



Pre-Authorized Payment Authorization

Personal PAD
or
Business PAD

Payor Name(s): _____

Address: _____

City & Province: _____

Phone Number: _____

I/We authorize S&V Planning Corporation to process a debit, in paper, electronic or other form in the amount of: \$ 52.45 on my/our account on either of the following days of the month:

(choose one) 5th of each month or 20th of each month

beginning _____
date

I/We acknowledge that I/we have read, understood and accepted all the provisions contained in the Terms and Conditions of the Pre-Authorized Payment Authorization and that I/we have received a copy.

Personal PAD Only _____ Date: _____
Signature of Payor(s)

Business _____
Name(s) of Authorized Signing Officer(s)

PAD _____ Date: _____
Signature(s) of Authorized Signing Officer(s)

Only _____ Date: _____
Signature(s) of Authorized Signing Officer(s)

ATTACH VOID CHEQUE