

CLIENT SERVICE LEVEL AGREEMENT

INFORMATION

CLIENT NAME

INTRODUCED TO ME BY

DATE OF FIRST MEETING

TIME

REQUESTED FREQUENCY OF REVIEWS: Quarterly Semi-Annually Annually

REQUESTED FREQUENCY OF CONTACT: 30 Days 90 Days 180 Days Annual
 Only If there are changes pertinent to my situation

REPORTING METHODS: Personal Face-To-Face Mail Email Other

PREFERRED MEETING LOCATION: My Office Client business Client bome

KEEP-IN-TOUCH APPROVAL: Granted (explicit consent to email and phone)
 Denied

OTHER SERVICE STANDARDS AGREED TO:

Debt and cash flow review are included in this service level agreement and will be discussed at all review meetings. You, the client, are required to send in any changes to your expenses (updated expense form) and the most recent statements on any debts one week prior to your annual (if applicable, Manulife One balance can be pulled on your behalf) review appointment. An email will be sent in advance to remind you.

SIGNED AT ON THIS /20

CLIENT FINANCIAL ADVISOR