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POINT OF SALE DISCLOSURE

I confirm that I have discussed the following details with my client, and have searched out the best products and services to meet their individual needs.

I have disclosed the following:

- a. The company or companies I represent;
- b. That I may receive compensation (such as commissions) for the sale of Disability/Health insurance company products;
- c. That I may receive additional compensation in the form of a bonus, conference program or other incentive; and
- d. Any conflict of interest with my client and have confirmed that there is no conflict of interest regarding the proposed sales transaction being considered with Reliable Life Insurance Company, and my overall recommendation takes into consideration and is based on my analysis and assessment of my client's financial and security needs.

CLIENT ACKNOWLEDGEMENT

My advisor has made an appropriate assessment of my insurance needs and has clearly explained the above. I have been informed of, and understand this disclosure, including any potential conflict of interest associated with my advisor in relation to any recommendations made.

Client signature

Date

Advisor signature

Date