

INTRODUCTION

In an effort to continue providing our clients with top-quality service, Easy Links Financial Inc. has introduced a Client Complaints & Comments Policy to manage all client complaints and comments.

PURPOSE

The purpose of this policy, which is in accordance with all Provincial Insurance Regulators, is to ensure that all client complaints and comments concerning products and / or services are processed appropriately.

SCOPE OF THIS POLICY

This policy applies to all current, future or past clients of Easy Links Financial Inc. and must be followed by all employees.

DEFINITIONS

A comment is a constructive suggestion (be it positive or negative) aimed at reinforcing a positive behaviour or correcting a specific problem, provided the problem is resolved in the course of the organization's normal activities. A comment is not a complaint.

A complaint is the expression of dissatisfaction with products and / or services provided by Easy Links Financial Inc. A complaint can be filed verbally or in writing.

COMPLAINT & COMMENT PROCEDURE:

STEP 1: Feedback

Contact our Customer Service Department to provide your feedback regarding a particular product and / or service. Easy Links Financial Inc.'s Customer Service Department will review the circumstance and will address the feedback accordingly.

Customer Service Department phone number: 1-877-838-0020

If the feedback provided is a comment, which results in a satisfactory resolution, no further action is required. However, if the feedback provided is a complaint, a review can be requested following the process described below.

STEP 2: Review Request

In the event that the Customer Service Department's response is unsatisfactory, request a review of your file by the manager directly in charge.



STEP 3: Formal Complaint

If dissatisfaction continues with the decision made or the manner in which the file was processed, a formal written complaint can be filed with the Compliance Officer at the following address:

ATTN: Compliance Officer Easy Links Financial Inc. 1400-251 Consumers Rd. Toronto, Ontario, M2J 4R3 E-mail: complaint@easylinks.ca

It is important that the complaint is filed in writing and that "ATTN: Compliance Officer" is written on the envelope or in the subject of the email.

In the written complaint, be sure to provide the following information:

- 1. Your contact information,
- 2. Description of the complaint,
- 3. Procedure already taken,
- 4. Response received,
- 5. Solution that is being sought.

Upon receipt of a formal complaint from a client, the file is submitted to the Compliance Officer, who will ensure:

- a) An acknowledgement of receipt will be sent to the client within five days following receipt of the written complaint, which will include:
 - a description of the complaint received;
 - the expected time frame for processing the complaint;
 - a notice indicating alternative dispute-resolution mechanisms available in the event dissatisfaction continues with the manner in which the complaint was processed or the result of the review.
- b) Written notification of the company's decision, including the explanation for said decision, will be sent accordingly.

STEP 4: Transfer of Complaint

In the event dissatisfaction continues with the complaint process and / or the response, the following measure remains to reach a resolution:



- a) After the deadline for receiving a final response has expired, a request can be submitted to the Compliance Officer to forward a copy of the complaint file to the OmbudService for Life & Health Insurance (OLHI) for an independent third-party review.
- b) Such action must be taken within a year of receipt of the response.

CREATION & MAINTENANCE OF A REGISTER

A complaint register has been created in order to ensure the policy is applied. Information on complaints that comply with the Provincial Insurance Regulators definition of a complaint has been entered into the register and will be updated by the Compliance Officer.

REPORT SUBMITTED TO PROVINCIAL INSURANCE REGULATORS

The Compliance Officer submits a report on the complaints filed during a pre-determined period to the Provincial Insurance Regulators.