

Date:

**Private and Confidential**

**Ron Rau  
ClearMark Benefits /  
RJ Rau & Associates**

First Sarnia Place  
201 Front St. N., Suite 1402  
Sarnia, ON  
N7T 7T9

Dear Ron:

**Re:   Company Name:  
          Carrier Name:  
          Policy Number:  
          Address:**

This letter authorizes **Ron Rau/ClearMark Benefits** a division of **RJ Rau & Associates**, and **B.Comm Financial Benefits Consulting Inc.**, to obtain information for the purpose of soliciting quotations and negotiating on our behalf with respect to the proposed Employee Group Benefit Program for \_\_\_\_\_ (Company Name).

This letter represents our authorization to any insurance company or other organization underwriting such plans to supply **Ron Rau/RJ Rau & Associates**, and **B. Comm Financial Benefits Consulting Inc.** with any information that may be requested with respect to our existing plan(s), possible future plans, and/or quotations on our Employee Benefit Programs.

A photocopy, fax copy or electronic copy of this shall be as valid as an original.

Sincerely yours,

Signature:  
Title:

Cc:   George Dunfield – Vice President, B.Comm Financial Benefit Consulting Inc.