

Summary of the Complaint Handling Procedures

PEAK Insurance Services Inc. has procedures in place to handle any written or verbal complaints received from clients in a fair and prompt manner. This document, which summarizes our complaint handling procedures, is available on our website www.peakgroup.com.

TO BE PREPARED FOR FILING A COMPLAINT

Gather your documents: Contracts, statements and invoices, correspondence, names of people you met with, notes taken after conversations with them.

Do your homework: Determine the value of the property in dispute, ask for an estimate, visit websites.

Clarify your expectations: Think about what outcome you would like to see and that you would consider fair.

Contact PEAK Insurance Services Inc. or representative concerned: Disputes can often be more readily resolved with a well-prepared verbal approach.

HOW TO FILE A COMPLAINT

If the situation is not resolved to your satisfaction after the initial contact the firm, you may file a written complaint with the representative or the Chief Compliance Officer of PEAK Insurance Services Inc. by mail or email.

Linda Cockburn
Chief Compliance Officer
PEAK Insurance Services Inc.
18-2000 Mansfield, Montreal, QC H3A 3A6

Email: lcockburn@peakgroup.com

Telephone: 1-866-922-4369| 514-842-4369 ext. 225

PEAK Insurance Services Inc. encourage its clients to send their complaint in writing or via secure email. For confidentiality reasons, we will only communicate with the client or another individual who has the client's written authorization to deal with us.

COMPLAINT HANDLING PROCEDURES

PEAK Insurance Services Inc. will acknowledge receipt of complaints within five (5) days of receipt of a written complaint. The acknowledgement must include the following information:

 A description of the complaint, which must specify the actual or potential harm, the complaint against the person filing the complaint and the corrective action requested;

- The name and contact information of the person responsible for reviewing the complaint;
- In the case of an incomplete complaint, a notice requesting more information to which the complainant must respond within a specified period, failing which the complaint will be deemed to be abandoned:
- Complaint Handling Policy;
- A notice stating that if the complainant is not satisfied with the outcome or handling of the
 complaint, he or she should request that the complaint file be transferred to the AMF or any
 other authority depending on the client's province. This notice should also indicate that the
 AMF, or other authorities in the customer's province, may provide dispute resolution services if
 deemed appropriate;
- A reminder to the complainant that the filing of a complaint with the AMF does not interrupt the limitation period for a civil action against the reporting party.

PEAK Insurance Services Inc. reviews all complaints fairly, taking into account all relevant documents and statements obtained from the client, our records, the financial advisor, other staff members, and any other relevant source. Once the review is complete, PEAK Insurance Services Inc. provides its clients with a response in writing. This response includes a summary of the complaint, PEAK's findings, as well as an offer to resolve your complaint, a denial of the complaint with reasons or any other appropriate response. This response will also contain a reminder about your options with the applicable regulatory authority.

PEAK Insurance Services Inc. will generally provide its response within 60 days, unless additional information is expected from the client, or the case is very complex.

PEAK Insurance Services Inc. will continue to respond to communications you send us after the date of our response to whatever extent is necessary to implement a resolution or to address any new issues or information you provide.

CREATING AND MAINTAINING A RECORD

A separate file must be created for each complaint.

The file must include the following:

- The written complaint and its three elements (the charge against the individual, the actual or potential harm, and the corrective action requested);
- The outcome of the complaint process (the analysis and supporting documentation);
- The final response to the complainant and the reasons for it.

The responsible person reports to the regulatory authorities on a semi-annual basis the complaints that occurred during the reporting period.

SETTLEMENT

If a financial settlement is offered to the client, PEAK Insurance Services Inc. may require the client to sign a release and waiver for legal reasons.

OTHER OPTIONS FOR THE HANDLING OF CLIENT COMPLAINTS

Autorité des Marchés Financiers (AMF)

If you are a client living in the province of Quebec, and you are unsatisfied with the final position or the handling of your complaint, you may ask for the transfer of your complaint to the AMF. The AMF may also provide dispute settlement services to clients if it finds it appropriate.

For details, please go to the AMF Website:

https://lautorite.qc.ca/en/general-public/assistance-and-complaints/

AMF contact information:

800 Square-Victoria, 4th floor P.O. Box 246, Tour de la Bourse Montreal, Québec H4Z 1G3 Telephone: 514 395-0337

Toll-free number: 1 877 525-0337

Fax: 514 873-3090

Ombudsman for Life and Health Insurance (OLHI)

If you are a client living outside of Quebec, after PEAK Insurance Services Inc. compliance department has responded to your complaint and you are not satisfied with the response, you may contact the OLHI.

You may also contact OLHI if the compliance department has not responded within 60 days of the date you submitted your complaint. OLHI provides an independent and impartial process for the review and resolution of complaints about the provision of financial services to clients and OLHI's services are free and confidential.

OLHI can be contacted at

- By telephone toll-free at 1-888-295-8112
- By email at https://olhi.ca/complaints/submit-a-complaint/