

**Summary of complaint
processing policy for firms
registered under Quebec's Act
respecting the distribution of
financial products and services**

Filing a complaint

We make sure complaints are assigned quickly and processed in a timely manner.

What is a complaint?

A complaint expresses a reproach or dissatisfaction in respect of the services or products we offer and your expectation that we take action to address the complaint.

You may, for example, expect a refund from us or for us to take action to address the situation giving rise to your complaint.

How to file a complaint

If you have a complaint about the sales and distribution process or the conduct of an insurance representative for a life or health insurance product we offer, you can file a complaint with us by whichever means listed below is convenient for you. You may also complete the [Complaint Form](#) from the Autorité des marchés financiers (AMF). We can help you file your complaint.

Contact BNSIA

Phone: 1-866-725-0428

E-mail: insurance.operations@scotiabank.com

Mail: Scotia Insurance BNS Insurance Agency Inc.
Operations and Customer Service Support

100 Yonge Street, Suite 200
Toronto, Ontario M5H 1H1

To learn more about the detailed complaint process for each insurance product, visit the Contact Us pages on <https://www.scotiainsurance.com>.

Questions? Contact us to find out how we process complaints.

Contact Insurer

If you have a complaint about:

- the underwriting, servicing or administration of your policy or claim; or
- the sales and distribution process or the conduct of an insurance representative for auto insurance, home insurance, travel insurance or the health & dental and critical illness products underwritten by Securian Canada,

please contact the insurer directly. You can find the contact information for the insurer on www.scotiainsurance.com under the Contact us page for your insurance product.

Steps in the complaint process

For certain complaints filed with us, we may follow a simplified process whereby we try to propose a means of resolving the situation. The simplified process is described below. If we are unable to resolve your complaint according to this process or if the nature or complexity of your complaint is such that the complaint does not lend itself to the simplified process, then the complaint is processed according to the following steps.

- 1. We acknowledge receipt of your complaint.** We send you an acknowledgement of receipt in writing within 10 days of receipt of your complaint.
- 2. We analyze the complaint.** We make sure we understand your complaint and what you expect from us. If necessary, we contact you to request additional information.
- 3. We provide a written final response.** We provide you with a final response in writing within 60 days. In our response, we explain how we analyzed your complaint and what led to our response and, if possible, the proposed solution to your complaint.

Contact us if you have any questions regarding our response.

Extension of the period for providing

our final response

Your complaint may take longer to process or be more complex than anticipated, in which case we may determine that additional time is required for the analysis of your complaint. The additional time may not exceed **30 days**. We notify you in writing, indicating the circumstances warranting the extension.

4. Assessment of the offer and resolution of the complaint

Take time to review our response or assess our offer to resolve your complaint. If we present an offer, we give you time to assess and respond to it. The amount of time we give you should provide you with sufficient opportunity to seek the advice you need to make an informed decision. You can decide to accept or refuse the offer, or you can present a counteroffer.

Once we reach an agreement with you to resolve your complaint, we have to give effect to the offer within 30 days unless we agree upon a different time period with you when it is in your interest to do so.

5. Examination of the complaint record by the AMF

For each complaint, we create a record in which we keep all the information or documents required for the processing of your complaint.

You can contact us to request to have your complaint record examined by the AMF at any time if you are not satisfied with the response we provided or how your complaint was processed. We are required to send your complaint record to the AMF no later than 15 days following receipt of your request.

6. Review by an external organization

If your complaint is about the insurer and, after completing the above steps, your complaint remains unresolved, the following consumer organizations can provide you with information:

OmbudService for Life & Health Insurance

Address: 2 Bloor St. West, Suite 700

Toronto, ON M4W 3E2

Toll Free Telephone: 1-888-295-8112

OR

Ombudsman des assurances de personnes

Address: 2001, boul. Robert-Bourassa, 17^e étage

Montréal (Québec) H3A 2A6

Toll-free number for Québec: 1-866-582-2088

www.olhi.ca

Simplified process for certain complaints

We may follow a simplified process for certain complaints filed with us. This process is for complaints that we can resolve to your satisfaction within 20 days.

We consider a complaint to be resolved to your satisfaction when you accept our proposed solution to your complaint or when the explanations we provide to you are sufficient to resolve your complaint.

Under the simplified process, complaints may be referred to a member of our client service team and handled verbally (e.g., in a phone call).

If we cannot propose a satisfactory solution or provide explanations sufficient to resolve your complaint under this process, we will notify you in writing. Your complaint will continue to be processed, but in accordance with the steps in the complaint process described earlier.

The time that we take when trying to resolve your complaint under the simplified process does not have any effect on our obligation to provide you with our written final response within the required time period.