SUMMARY OF OUR COMPLAINT HANDLING AND DISPUTE RESOLUTION POLICY

OBJECTIVE OF THE POLICY

PEAK Insurance Service Inc. ("**PEAK**") has implemented procedures to handle both written and verbal complaints from clients in a fair and timely manner. This document provides a summary of these procedures as well as general information about the available options for filing a complaint. It is provided to new clients and existing clients who have submitted a complaint. It is also available on our website: www.peakgroup.com.

HOW TO FILE A COMPLAINT

Clients may submit their complaints through the following channels:

- By phone: 514-844-6000
- By email: compliance@peakgroup.com
- By mail:

  PEAK Insurance Service Inc.
  1800- 2000, Mansfield Street
  Montreal, Quebec
  H3A 3A6

- In person, during business hours: Monday to Friday, from 8:30 a.m. to 5:00 p.m.
- For Quebec residents, complaints may also be submitted online, using the Complaint Form provided by the *Autorité des marchés financiers*.

Clients who require assistance in formulating or drafting their complaint may contact PEAK at any time for support.

HANDLING OF A COMPLAINT

Within ten (10) business days of receiving a complaint, PEAK will send an acknowledgment of receipt, including the contact information of the person responsible for handling the complaint file. Clients may contact this person at any time for more information or updates.

PEAK reviews all complaints in a fair and impartial manner, taking into account all relevant documents, client statements, representative input, and any other relevant sources. Once the review is completed, PEAK will provide the client with a written response, which includes a summary of the information reviewed, the findings of the investigation, a proposed resolution, a dismissal with explanation, or another appropriate response, along with a reminder of the client's options with competent regulatory authorities.

PEAK generally provides a response within 60 days of receiving the complaint. However, in exceptional circumstances beyond our control (e.g., inability to obtain essential information or documentation in a timely manner, delays caused by third parties, personal or medical issues, or an unusually high volume of complaints being processed simultaneously), this deadline may be extended to 90 days.

If a financial settlement is offered, PEAK may request that the client sign a legal release and waiver.

Clients may contact PEAK at any time to provide additional information or to inquire about the status of their complaint by contacting the person handling their file or by writing to: compliance@peakgroup.com. Furthermore, PEAK will continue to respond to client communications after its final response, if necessary, to finalize the resolution or to address any new issues.

OTHER OPTIONS FOR COMPLAINT RESOLUTION

If you are not satisfied with the outcome of the review of your complaint, several options are available to you.

Requesting a Review by PEAK

Clients may request a review of the file by submitting a reply indicating points they believe were not considered. PEAK will make necessary adjustments and respond to further communications to reach a fair and final resolution.

L'Autorité des Marchés Financiers ("AMF")

If you reside in Quebec and are not satisfied with PEAK's final decision or with the handling of your complaint, you may request that your file be transferred to the AMF.

This request can be made verbally, in writing, or using the transfer form on the AMF website. Upon such a request, PEAK is required to forward the entire file to the AMF within 15 days.

The AMF may, if appropriate, offer dispute resolution services such as mediation or conciliation. It may also review the matter within the scope of its regulatory oversight.

For more information or to access the transfer form, please visit the AMF website: https://lautorite.qc.ca/en/general-public/assistance-and-complaints or call the AMF at 418-525-0337 (in Quebec City) or toll-free at 1-877-525-0337.

OmbudService for Life & Health Insurance (OLHI)

OLHI is an independent Canadian organization that offers a free, impartial, and bilingual service to help consumers resolve disputes with life and health insurance companies.

Before submitting a complaint to OLHI, the client must first exhaust his insurance company's internal complaint handling process. This usually involves obtaining a final position letter from the insurer, stating its final decision regarding the claim.

Once this letter has been obtained, the client may submit their complaint online using the secure form available at the following address: Submit a Complaint – OLHI

For more information, you may also contact the OLHI at the following toll-free number: 1-888-295-8112, or by visiting their website: OLHI Canada.