

Joint Retainer Agreement

,, agree to jointly retain BCH Actuarial Services Inc. with my spouse				
I understand that BCH Actuarial Services Inc. is providing actuarial				
services to both of us	as we negotiate a pro	perty set	tlement agreem	ent as a result of our
marriage breakdown.				
		,		
			•	ement, I understand that
	•			er me or my spouse during
-			-	uently, if any actuarial issues
are contested, I under	stand that I will be red	quired to	retain the servic	es of another actuary.
Dated at	this	day c	of	_, 20
This authorization is v	alid for six months fro	m the da	te indicated abo	ve.
Signature		·	Signature of w	itness
		_		
Printed name			Printed name of	of witness
If you have any quest	ions, please feel free t	to contac	t us:	
BCH Actuarial Service 200 Fitch Street, Unit Welland, ON L3C 4V9				
Phone: 1 877 620 222 Fax: 1 866 458 240	- ·			

Email: jamie.jocsak@bchactuarial.ca