

D.W. GOOD INVESTMENT CO. LTD.

Client Complaint Policies and Procedures

Clients who are not satisfied with a financial product or service have the right to make a formal complaint and to seek resolution of the problem. Should you wish to make a complaint, you may do so by phoning, writing a letter, or sending an email to the Compliance Officer, Dan Good.

Dan Good, Compliance Officer

Address: Suite 252, Bonnie Doon Shopping Centre, 82 Ave & 83 Street, Edmonton, AB T6C 4E3

Phone: (780) 433-5449

Email: dgood@dwgood.com

Most complaints will be initially responded to within five (5) business days. Depending on the nature of your complaint, the Compliance Officer has up to three (3) months from the date your complaint is received to investigate your complaint and make a decision. In the event your complaint requires a longer timeframe than the standard three (3) months, you will receive written notice of the reason for the delay and an estimated timeframe for receiving a response.

Effective July 1, 2010, all new clients receive a copy of the Mutual Fund Dealers Association of Canada Client Complaint Information Form. If you became a client prior to that date, the Compliance Officer will provide you with a copy of this document. Please advise the Compliance Officer when filing your complaint whether you require this document. You will be requested to acknowledge that you have read the document and are aware of your rights when making a formal complaint and seeking resolution of the problem.

To assist us in conducting a thorough and fair investigation, we would ask that you complete the following complaint form and forward it to the Compliance Officer. The Compliance Officer may contact you for further information if it is necessary to make a fair decision.

Client Complaint Form

Please address your complaint to the following:

Dan Good, Compliance Officer
Address: Suite 252, Bonnie Doon Shopping Centre, 82 Ave & 83 Street, Edmonton, AB T6C 4E3
Phone: (780) 433-5449
Email: dgood@dwgood.com

Kindly provide the following information in your complaint and advise us how you would prefer to be contacted.

Complainant's Name: _____

Address: _____

Phone: _____

Email: _____

Financial Representative (or person you are making the complaint about):

Product or services that you are making the complaint about:

Have you received and read the Mutual Fund Dealers Association of Canada Client Complaint Information Form (If no, a copy will be provided to you.): ___ Yes ___ No

Please describe the nature of your complaint:

Client Signature

Date