

- GROUP INSURANCE PLANS
 GROUP ANNUITY PLANS

IDENTIFICATION OF THE PROBATIONARY PERIOD SUPERVISOR						
Ms. <input type="checkbox"/>	Mr. <input type="checkbox"/>	First Name		Last Name		
Client No. (10 digits)		Telephone (business)		Ext.		
E-mail						
ADDRESS						
Name of the firm						
N°		Street		Suite		
City		Province		Postal Code		

IDENTIFICATION OF THE TRAINEE						
Ms. <input type="checkbox"/>	Mr. <input type="checkbox"/>	First Name		Last Name		
Client No. (10 digits)		Telephone (business)		Ext.		
E-mail						
HOME ADDRESS						
N°		Street		App.		
City		Province		Postal Code		

Language requested for the case study solutions? French English

DISCLAIMER	
Please note that the case study solutions are confidential documents of restricted use. Disclosure of these documents to trainees or any other person is unauthorized.	
<input type="checkbox"/> I have read and accepted the terms.	
_____	Date : ____/____/____
Supervisor's Signature	year month day

You can send the completed form by **mail** to the following address:

Autorité des marchés financiers
Place de la Cité, tour Cominar
2640, boulevard Laurier, bureau 400
Québec (Québec) G1V 5C1

Or by **e-mail** at: Qualification@lautorite.qc.ca