AUTORITÉ DES MARCHÉS FINANCIERS

SUPERVISOR'S RECOMMENDATION RELATED TO REPRESENTATIVE'S CERTIFICATE

AMF E-Services

If you prefer to submit your application via our on-line service,
please go to our website at http://www.lautorite.qc.ca/en/e-services.html.

INSTRUCTIONS

Section 1 *of this form must be completed by a trainee's supervisor only if the probationary period is completed. If a trainee undertakes probationary periods in two different sector classes, a recommendation form must be completed for each sector class. If a trainee has several supervisors, they must all agree on the answers to be given in Part 1.3 - Statement, and one supervisor must sign at the end of that section.*

To complete ***section 2****, the employer, i.e., the responsible officer or partner or authorized signatory of the firm or independent partnership, or the independent representative for which the trainee is undertaking his probationary period, must first read the information provided by the supervisor in* ***section 1****.*

The supervisor must send this form no later than 10 days after the date on which the probationary period ends. Trainees and supervisors should consult the Guide for Trainees and Supervisors, available on the AMF website, for information about the supervisor's recommendation and the conditions for successfully completing a probationary period.

SECTION 1 – SUPERVISOR'S RECOMMENDATIION

PART1.1 – IDENTIFICATION OF SUPERVISOR (in block letters)

CLIENT INFORMATION

Client No. (10 digits)		Certificate No. (6 digits)		PIN (9 digits)	
Ms. ❑ Mr. ❑	First name		Last name		
Firm/Independent representative/ Independent partnership					
Date of birth _____ / _____ / _____ year month day		Language of correspondence: French ❑ English ❑			

MAILING ADDRESS

Civic No.		Street		Apt.	
City		Province		Postal code	
Telephone (residence)		Telephone (business)		Ext.	
Cell phone		E-mail			

PART 1.2 – PROBATIONARY PERIOD FOR WHICH RECOMMENDATION IS BEING SUBMITTED			
TRAINEE INFORMATION			
Client No. (10 digits)		Name of candidate	
Firm/Independent representative/ Independent partnership			
Sector / sector class			
Beginning of probationary period	_____ / _____ / _____ year month day	End of probationary period	_____ / _____ / _____ year month day

PART 1.3 – STATEMENT
Use this section of the form to make comments regarding the candidate's work and aptitudes and your recommendation for a certificate in the sector or sector class in which he completed the probationary period. You must answer all the questions.

1. I certify that the trainee completed a minimum of 28 hours of work a week throughout the probationary period. ❑ Yes ❑ No

   If you answered **no**, please explain why.

   _____

   _____

   _____

2. I certify that the trainee gradually pursued the professional activities reserved for certified representatives during the probationary period. ❑ Yes ❑ No

   If you answered **no**, please explain why.

   _____

   _____

   _____

3. I certify that the trainee complied with legislation and the rules of professional conduct and ethical practice applicable to the pursuit of activities as a representative throughout the probationary period.

❑ Yes

❑ No

If you answered **no**, please explain why.

_____

_____

_____

4. I certify that the trainee has the knowledge and skills and has demonstrated the conduct and attitudes needed to undertake professional activities as a representative.

❑ Yes

❑ No

If you answered **no**, please explain why.

_____

_____

_____

5. I certify that the trainee is able to handle files of a level of complexity corresponding to that usually assigned to representatives beginning their careers with a degree of autonomy corresponding to that of a new representative.

❑ Yes

❑ No

If you answered **no**, please explain why.

_____

_____

_____

6. I confirm that the trainee's work was revised throughout the probationary period and that evidence of these reviews was placed in the clients' files.

❑ Yes

❑ No

If you answered **no**, please explain why.

_____

_____

_____

7. I recommend the trainee for a representative's certificate for the above sector or sector class. ❑ Yes ❑ No

   If you answered **no**, please explain why.

_____

_____

_____

PART 1.4 – CASE STUDY IN GROUP INSURANCE OF PERSON

Please note that this question applies only to probationary periods with respect to group insurance of persons beginning after January 1, 2016.

1. I certify that during the probationary period, the trainee successfully completed a case study in the sector class applied for based on the model presented on the AMF website. ❑ Yes ❑ No

   If you answered **no**, please explain why.

_____

_____

_____

PART 1.5 – DECLARATION

I declare that the information provided herein is accurate and complete. I have attached all supporting documents required to process this form.

_____
Name of supervisor (in block letters)

_____ Date: _____ /_____ /_____
Signature of supervisor year month day

SECTION 2 – APPROVAL OF SUPERVISOR'S RECOMMENDATION

PART 2.1 – IDENTIFICATION OF RESPONSIBLE OFFICER / PARTNER OR AUTHORIZED SIGNATORY

CLIENT INFORMATION

Client No. (10 digits)		Firm/Independent representative/ Independent partnership	

Ms. ❑ Mr. ❑	First name		Last name	

Date of birth _____ / _____ / _____ (year / month / day)	Language of correspondence: French ❑ English ❑

MAILING ADDRESS

Civic No.		Street		Apt.	

City		Province		Postal code	

Telephone (home)		Telephone (business)		Ext.	

Cell phone		E-mail	

PART 2.2 – APPROVAL

As the duly mandated representative of the legal person, I have read the supervisor's recommendation regarding the probationary period identified in **Part 1.2** of this form.

❑ Yes
❑ No

❑ I approve the supervisor's recommendation

❑ I do not approve the supervisor's recommendation

If you answered **no**, please explain why.

_____

_____

_____

PARTIE 2.3 – SIGNATURE

I declare that the information provided herein is accurate.

_____
Name (in block letters) of responsible officer or partner /authorized signatory or independent representative

_____ Date: _____ /_____ /_____
Signature of responsible officer or partner /authorized signatory or independent representative — year month day

The AMF only accepts forms sent by **mail**.
No form sent by e-mail or by fax will be accepted.

Send your form to the following address:

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