

Claim Form - *Fonds d'indemnisation des services financiers*

The *Autorité des marchés financiers* (AMF) administers the *Fonds d'indemnisation des services financiers* (Financial Services Compensation Fund). The purpose of the Fund is to compensate the victims of **fraud, fraudulent tactics** or **embezzlement** of which a **firm**, an **independent representative**, an **independent partnership**, a **mutual fund dealer** or a **scholarship plan dealer** is responsible.

To be compensated, you must file your claim within one year of the date on which you become aware of the alleged offence and you must have had business dealings with a representative or a firm duly registered with the AMF. Finally, the product or service in dispute must be covered (**insurance of persons, damage or group insurance, group savings plans (mutual funds), scholarship plans, financial planning or claims adjustment**). You must also furnish documentary evidence to support your claim. You may be assured of the AMF's full co-operation in examining your claim. We may, for example, gather certain information or documents on your behalf.

Victims of a fraud committed **after June 12, 2015** by certified representatives or registered firms can now be compensated **even if the party at fault offered a financial product or service they were not authorized to offer**. The transaction in dispute must, however, cover a financial product or service that can generally be offered by a financial sector professional.

AM I ELIGIBLE FOR A CLAIM?

- 1 - Am I a victim of fraud, fraudulent tactics or embezzlement? yes no
- 2 - Did I become aware of this fraud less than one year ago? yes no
- 3 - Did I have dealings with a firm, an independent representative, an independent partnership, a mutual fund dealer or a scholarship plan dealer registered with the AMF? yes no
- 4 - Does my claim cover a product related to insurance of persons, damage insurance, group insurance, mutual funds or scholarship plans? yes no

⇒ **If you answered YES to all of the above questions, go to the next set of questions.**

CHECKLIST: DOCUMENTS TO BE PROVIDED IN SUPPORT OF THE CLAIM

You must provide any documents in your possession establishing your eligibility for compensation, such as:

- ✓ insurance policies and/or documents attesting the relevant transaction;
- ✓ all correspondence between the representative, firm, partnership, insurance company or dealer and the victim (e.g., offers of services, mandates, needs analyses, receipts, business cards, etc.);
- ✓ bank statements;
- ✓ copies of cheques and evidence that they have been cashed;
- ✓ any civil, penal or disciplinary sentence against the representative, independent partnership, dealer or firm involved;
- ✓ police reports, etc.;
- ✓ list of witnesses, together with their contact information.

If you refuse or fail to provide us with the requested information and/or documents, we will not be able to process your request.

SECTION I

Identification of parties

Claimant:

Ms. Mr.

Last and first names: _____

Address: _____

Postal code:

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Telephone (home): _____ Office: _____

Language of correspondence: French English

⇒ If you are completing this form for another person, please provide, in a separate document attached to this form, your last and first names, your address, your relationship to the person and the proxy authorizing you to act for and on behalf of the person.

Representative:
(person who offered you
the product or service
giving rise to this claim)

Your representative's last name and first name: _____

Home address, if known: _____

Postal code:

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Telephone (office): _____ Home: _____

Representative's business
address, if applicable
(financial services firm,
company, etc.)

Name of financial services firm or company:

Address: _____

Postal code:

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E-mail: _____

Telephone: _____

SECTION II

Amount of claim

1. Please indicate the amount you are claiming: \$ _____

SECTION III

Questions

1. What type of transaction gave rise to your claim?

- investment of cash funds
- purchase of an insurance policy
- investment in a mutual fund
- investment in a scholarship plan
- loan to a representative or firm
- other

Please provide a copy of any documents in your possession regarding any of these transactions (e.g., new account forms, subscription forms, statements, copies of cheques, etc.).

2. On what date did you conclude this transaction with your representative?

3. On what date did you become aware that you had been the victim of fraudulent activity by your representative or financial services firm?

Please provide a copy of any documents that led you to believe that you had been the victim of fraud.

4. Describe what circumstances led you to believe that you had been defrauded by your representative or financial services firm (conversation with another person, receipt of documents, statements made by representative, etc.).

5. Had you carried out any prior transactions with this representative?

If so, please describe.

6. Do you have any allegations to make against anyone other than your representative?

If so, against whom and what are the allegations?

7. Did you attempt to recover your funds from your representative or another person **(please specify from whom)**?

If so, by what means (formal notice, verbal request, etc.)?

Please provide copies of all documents noted in your answer, where applicable.

8. Did you attempt to recover your funds from a firm or company (e.g., insurance company)?

If so, from which company or firm and how (formal notice, verbal request, etc.)?

Please provide copies of all documents noted in your answer, where applicable.

9. Did you take other steps to recover your funds (court proceedings, etc.)?

If so, please provide copies of the instituted proceedings.

10. Did you receive a partial reimbursement? If so, how much?

11. Did you file a complaint with the police?

If so, please provide a copy of your statement and inform us of the results obtained further to the complaint, if any.

12. Please provide any information or comments regarding your claim that you feel are important.

If necessary, attach an additional page to provide further details about your claim.

SECTION IV

Sworn statement

I, the undersigned, hereby declare that all the information and documents provided to the *Autorité des marchés financiers* in this claim are true.

Signature

Section reserved for Commissioner for Oaths:

Solemnly affirmed before me at _____ this ____ day of _____ 20____

(Person authorized to administer the oath)

No. of Commissioner for Oaths

Rights of access and correction

You may examine the personal information concerning you, obtain a copy of it or request that it be corrected if it is inaccurate, incomplete or equivocal, or if the collection, release or keeping of the information is not authorized under the *Act respecting Access to documents held by public bodies and the Protection of personal information*, c. CQLR, A-2.1. If you have any questions on this topic, please visit the AMF website at [Information Access / AMF \(lautorite.gc.ca\)](http://www.lautorite.gc.ca).

The AMF thanks you for diligently completing this form. You will receive an acknowledgement of receipt of your claim shortly.



PERSONAL INFORMATION CONSENT FORM

I, the undersigned, _____, domiciled at _____, hereby authorize the *Autorité des marchés financiers* (AMF) to collect, hold, use, and transmit any personal information pertaining to me that it may deem necessary in order to examine my claim, exercise its subrogatory recourses, if any, and undertake any related measure intended to deter the offence committed by the firm, independent partnership, dealer or representative concerned.

Accordingly, I authorize any person holding information that pertains to me to transmit it to the AMF for the purpose of examining my claim or in connection with any legal proceedings that may be instituted by the AMF on a subsequent date following the payment of compensation.

I grant this specific authorization to the AMF, voluntarily and lucidly, being fully aware of the consequences thereof, for the entire duration of the examination of my claim and any subsequent steps taken to exercise its right of subrogation.

A copy of this document has the same value as the original.

And I have signed _____

on _____ at _____