

**DECLARATION OF OFFICERS AND DIRECTORS OR PARTNERS**

This declaration must be completed, signed and dated by the officer responsible for operations in Québec and by each director and officer of the firm or each partner of the independent partnership whose names appear on the declaration of the *Registraire des entreprises*. One copy for each responsible officer or partner, director or partner.

We invite you to consult the companion guide which has been designed to assist you in completing this declaration, question by question. This guide is available on our website under “Professionals / Firms and representatives.”

INFORMATION ABOUT THE OFFICER, DIRECTOR OR PARTNER					
Mr. <input type="checkbox"/>	<input type="checkbox"/>	First name		Last name	
Ms. <input type="checkbox"/>	<input type="checkbox"/>				
Client No. (if applicable) (10 digits)			Date of birth ____ / ____ / ____ year month day		
Title or function within registrant <sup>1</sup>					
HOME ADDRESS					
Civic No.		Street		Apt. / Unit	
Municipality		Province		Postal code	
Telephone		E-mail			
INFORMATION ABOUT THE FIRM OR INDEPENDENT PARTNERSHIP (THE REGISTRANT)					
Client No. (10 digits)		NEQ (10 digits)			
Name					

**Answer the questions in this box if you are completing this declaration for the first time or if you need to update previously provided information.**

Describe your experience as a **representative**, in the **financial services sector**, and in a **management** position in Québec or elsewhere:

**Representative:** \_\_\_\_ year(s)  **Financial services sector:** \_\_\_\_ year(s)  **Management:** \_\_\_\_ year(s)

Description : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Check your highest level of education:

- Primary       Secondary       College  
 University (undergraduate)      Diploma: \_\_\_\_\_  
 University (postgraduate)      Diploma: \_\_\_\_\_

Check the professional designations held:

- CLU       RLU       AIB       CIB       CIP       CFP  
 RFP       FLMI       CFC       CRM       Other \_\_\_\_\_

<sup>1</sup> A registrant within the meaning of the *Act respecting the distribution of financial products and services*, CQLR, c. D-9.2, is a firm, independent partnership or independent representative.

Please answer all of the questions below.

For questions 3 to 6, each time you answer **yes**, please provide the requested information in the **Additional information** section.

1. a) Are you an officer of an insurer?  yes  no  
➤ If yes, please provide the following:  
Name: \_\_\_\_\_ Client number: \_\_\_\_\_  
Name: \_\_\_\_\_ Client number: \_\_\_\_\_
- b) Are you an employee of an insurer?  yes  no  
➤ If yes, please provide the following:  
Name: \_\_\_\_\_ Client number: \_\_\_\_\_  
Name: \_\_\_\_\_ Client number: \_\_\_\_\_
2. a) Are you an officer of another registrant?  yes  no  
➤ If yes, please provide the following:  
Name: \_\_\_\_\_ Client number: \_\_\_\_\_  
Name: \_\_\_\_\_ Client number: \_\_\_\_\_
- b) Are you an employee of another registrant?  yes  no  
➤ If yes, please provide the following:  
Name: \_\_\_\_\_ Client number: \_\_\_\_\_  
Name: \_\_\_\_\_ Client number: \_\_\_\_\_
3. Do you have a non-arm's length relationship<sup>2</sup> with another financial services entity?  yes  no
4. Do you carry out functions or activities, paid or not, other than those for which you hold a right to practise issued by the AMF?  yes  no
5. Do you have an incapacity<sup>3</sup> that prevents you from carrying out your role with the registrant?  yes  no

<sup>2</sup> For individuals, a non-arm's length relationship is defined as a blood relationship, marriage, *de facto* union, civil union or relationship by adoption. Two persons may also be considered as related in fact. For entities, in addition to the existing relationships for individuals, a non-arm's length relationship entails control, i.e.:

- A person who controls an entity;
- Two entities controlled by the same person or group of persons;
- An entity controlled by a person who is a member of a related group;
- A person related to a person mentioned in one of the previous situations.

<sup>3</sup> The term "incapacity" refers to a person's inability to exercise certain rights under legislation or a court order.

Firm / Independent partnership

6. During the past 10 years, have you, personally or in connection with any function performed within a financial services entity, been the subject of:

a) a complaint currently pending filed under a law governing the financial services sector?	<input type="checkbox"/> yes <input type="checkbox"/> no
b) a resignation, involuntary termination or dismissal related to failure to comply with a law, regulation, code of ethics or other directive?	<input type="checkbox"/> yes <input type="checkbox"/> no
c) an investigation or charge by a professional order or oversight body in the financial services or real estate sector?	<input type="checkbox"/> yes <input type="checkbox"/> no
d) disciplinary proceedings, a fine or decision issued by an oversight body in the financial services sector or an administrative tribunal?	<input type="checkbox"/> yes <input type="checkbox"/> no
e) a cancellation, suspension or revocation of a right to practise in the financial services sector?	<input type="checkbox"/> yes <input type="checkbox"/> no
f) failure to pay a financial obligation?	<input type="checkbox"/> yes <input type="checkbox"/> no
g) garnishment or an unsatisfied judgment with financial obligations?	<input type="checkbox"/> yes <input type="checkbox"/> no
h) a proposal, arrangement or any other procedure under the <i>Bankruptcy and Insolvency Act</i> , <i>Companies Creditors' Arrangement Act</i> or any other law dealing with insolvency?	<input type="checkbox"/> yes <input type="checkbox"/> no
i) a petition in bankruptcy, assignment of property, order or any other procedure under the <i>Bankruptcy and Insolvency Act</i> , <i>Companies Creditors' Arrangement Act</i> or any other law dealing with insolvency?	<input type="checkbox"/> yes <input type="checkbox"/> no
j) a charge or conviction regarding an offence or a criminal act?	<input type="checkbox"/> yes <input type="checkbox"/> no
k) a civil suit related to your professional activities?	<input type="checkbox"/> yes <input type="checkbox"/> no

DECLARATION (officer, partner, director)			
I declare that the information provided is accurate and complete.			
Mr. <input type="checkbox"/>	First name	Last name	
Ms. <input type="checkbox"/>			
Signature		Date	____ / ____ / ____ year month day

**ADDITIONAL INFORMATION**

Please check the sections that correspond to your situation.

**OTHER ACTIVITIES AND NON-ARM'S LENGTH RELATIONSHIPS**

If you answered yes to questions 3 or 4, please provide the following:

- Name of entity: \_\_\_\_\_
- Sector of activity: \_\_\_\_\_
- Your functions: \_\_\_\_\_
- Target clientele: \_\_\_\_\_
- Name of owner: \_\_\_\_\_
- What is the arm's length relationship (if applicable): \_\_\_\_\_

**INCAPACITY**

If you answered yes to question 5, please provide the following:

- Nature of incapacity: \_\_\_\_\_
- Effective date: \_\_\_\_\_

**COMPLAINT PENDING**

If you answered yes to question 6a), please provide the following:

- Name of person or entity against whom complaint made: \_\_\_\_\_
- Complainant's name: \_\_\_\_\_
- Date of complaint: \_\_\_\_\_
- Subject of complaint: \_\_\_\_\_

**RESIGNATION, INVOLUNTARY TERMINATION, DISMISSAL**

If you answered yes to question 6b), please check the box that corresponds to your situation, then provide the following:

Resignation       Involuntary termination       Dismissal

• Name of entity: \_\_\_\_\_

• Effective date: \_\_\_\_\_

• Circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INVESTIGATION, CHARGE, DISCIPLINARY PROCEEDINGS, CANCELLATION, SUSPENSION OR REVOCATION OF RIGHT TO PRACTISE**

If you answered yes to questions 6c), 6d) or 6e), please check the box that corresponds to your situation, then provide the following:

Investigation

Disciplinary proceedings, fine or decision

Charge

Cancellation, suspension or revocation of right to practise

• Name of person or entity: \_\_\_\_\_

• Name of organization: \_\_\_\_\_

• Date (of event or decision): \_\_\_\_\_

• Decision number, if applicable: \_\_\_\_\_

• Summary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

• Reasons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FINANCIAL SITUATION**

If you answered yes to questions 6f) or 6g), please check the box that corresponds to your situation, then provide the following:

- Failure to pay a financial obligation                     
  Unsatisfied judgment                     
  Garnishment
- Name of person or entity: \_\_\_\_\_
  - Amount due at time of event: \_\_\_\_\_
  - Name of person or entity to whom amount is/was owed: \_\_\_\_\_
  - Payment due date or date of final payment: \_\_\_\_\_
  - Amount currently owing: \_\_\_\_\_

If you answered yes to questions 6h) or 6i), please check the box that corresponds to your situation, then provide the following:

- Proposal or arrangement                     
  Petition in bankruptcy, assignment of property or order
- Name of person or entity: \_\_\_\_\_
  - Date of proceedings: \_\_\_\_\_
  - Causes and circumstances: \_\_\_\_\_  
\_\_\_\_\_
  - Decision number, if applicable: \_\_\_\_\_
  - Summary of decision or settlement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - Amount currently owing: \_\_\_\_\_
  - Creditors: \_\_\_\_\_
  - Current situation: \_\_\_\_\_
  - Date discharge granted, if applicable: \_\_\_\_\_

**CIVIL AND CRIMINAL SUITS**

If you answered yes to questions 6j) or 6k), please check the box that corresponds to your situation, then provide the following:

- Charge related to an offence or criminal act
  - Conviction related to an offence or criminal act
  - Civil suit related to your professional activities
- Name of person or entity: \_\_\_\_\_
  - Name of applicant(s) (in case of civil suit): \_\_\_\_\_
  - Type of charge or offence or reason for civil suit: \_\_\_\_\_
  - Date of charge or conviction, if applicable: \_\_\_\_\_
  - Trial or appeal date, if applicable: \_\_\_\_\_
  - Decision number, if applicable: \_\_\_\_\_
  - Summary of decision or settlement, if applicable: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DECLARATION- ADDITIONAL INFORMATION (officer, partner, director)**

I declare that the information provided is accurate and complete.

Mr. <input type="checkbox"/>	First name	Last name	_____ / _____ / _____ year month day
Ms. <input type="checkbox"/>			
Signature		Date	