

Before completing this form, please read the following carefully:

Use this form to remove one or more sectors or sector classes from your certificate.

In order to have a sector or sector class removed from your certificate, you must have ceased pursuing activities in that sector or sector class. Before completing this form, please ensure that your business has completed the withdrawal.

The withdrawal will be effective as of the date the application is approved.

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

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*, CQLR, c. 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).

SECTION 1 – IDENTIFICATION							
INFORMATION ABOUT THE REPRESENTATIVE							
Client No. (10 digits)							
Mr. <input type="checkbox"/>	First name				Last name		
Ms. <input type="checkbox"/>							
Date of birth	____ / ____ / ____	Language of correspondence: French <input type="checkbox"/>			English <input type="checkbox"/>		
	year	month	day				
HOME ADDRESS							
Civic No.		Street				Apt. / Unit	
Municipality				Province		Postal code	
Telephone				Cell			
Fax				E-mail			
MAILING ADDRESS				Same as home address <input type="checkbox"/>			
Civic No./ P.O. Box		Street				Apt. / Unit	
Municipality				Province		Postal code	

SECTION 2 – CHOICE OF SECTOR / SECTOR CLASS	
APPLICATION FOR WITHDRAWAL FROM SECTOR	
ENTIRE SECTORS	SECTOR CLASSES
<input type="checkbox"/> Insurance of persons	<input type="checkbox"/> Accident and sickness insurance
<input type="checkbox"/> Group insurance of persons	<input type="checkbox"/> Group insurance plans <input type="checkbox"/> Group annuity plans
<input type="checkbox"/> Damage insurance (Broker)	<input type="checkbox"/> Personal-lines damage insurance (Broker) <input type="checkbox"/> Commercial-lines damage insurance (Broker)
<input type="checkbox"/> Damage insurance (Agent)	<input type="checkbox"/> Personal-lines damage insurance (Agent) <input type="checkbox"/> Commercial-lines damage insurance (Agent)
<input type="checkbox"/> Claims adjustment	<input type="checkbox"/> Personal-lines claims adjustment <input type="checkbox"/> Commercial-lines claims adjustment
<input type="checkbox"/> Financial planning	
<input type="checkbox"/> Mortgage brokerage	
APPLICATION FOR DESIGNATION ON CERTIFICATE	
<input type="checkbox"/> Designation C (special brokerage)	<input type="checkbox"/> Designation E (claims adjustment in respect of policies purchased through the firm for which the agent or broker acts)
EMPLOYEE IN DAMAGE INSURANCE REFERRED TO IN SECTION 547 OF <i>AN ACT RESPECTING THE DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES</i>	
<input type="checkbox"/> 547	

SECTION 3 – FEES PAYABLE

You must have paid all amounts owing to the *Autorité des marchés financiers* (AMF) in order to withdraw from a sector or sector class.

SECTION 4 – SIGNATURES

REPRESENTATIVE

I declare that the information provided in this form is accurate and complete.

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

The AMF only accepts forms sent by **mail**.

Forms sent by e-mail or fax will **not** be accepted.

Send your form and payment to the following address:

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