

Before completing this form, please read the following carefully:

Use this form if you are a business that wishes to terminate its association with a representative in one or more sectors or sector classes. Please complete a separate form for each representative. The withdrawal will be effective as of the date the application is approved.

If you are an independent representative, please complete the Withdrawal from sector / Withdrawal of registration form.

You are reminded that, in Québec, private enterprises are subject to the obligations set out in the *Act respecting the protection of personal information in the private sector*, CQLR, c. P-39.1, which is administered by the Commission d'accès à l'information.

Important

Under sections 104 and 144 of An Act respecting the distribution of financial products and services, CQLR, c. D-9.2:

A firm or an independent partnership that terminates its association with a representative must inform the Autorité des marchés financiers (the "Authority" or the "AMF") immediately.

If the reasons relate to the representative's activities, the AMF must be so informed. A registrant that informs the AMF of such reasons incurs no civil liability thereby.

SECTION 1 – IDENTIFICATION OF REGISTRANT

INFORMATION ABOUT THE FIRM / INDEPENDENT PARTNERSHIP

Client No. (10 digits)		NEQ (10 digits)	
Name of business		Language of correspondence:	French English

Main address

Civic No./ P.O. Box		Street		Suite / Unit	
Municipality		Province		Postal code	
Telephone E.g., 514-555-5555		Fax			
E-mail					

Mailing address

Same as main address

Civic No. / P.O. Box		Street		Suite / Unit	
Municipality		Province		Postal code	

SECTION 2 – IDENTIFICATION OF REPRESENTATIVE

REPRESENTATIVE CONCERNED BY THE WITHDRAWAL

Client No. (10 digits)		
Mr. Ms.	First name	Last name

SECTION 3 – CHOICE OF SECTORS OR SECTOR CLASSES

ENTIRE SECTORS	SECTOR CLASSES
Insurance of persons	Accident and sickness insurance
Group insurance of persons	Group insurance plans Group annuity plans
Damage insurance (Broker)	Personal-lines damage insurance (Broker) Commercial-lines damage insurance (Broker)
Damage insurance (Agent)	Personal-lines damage insurance (Agent) Commercial-lines damage insurance (Agent)
Claims adjustment	Personal-lines claims adjustment Commercial-lines claims adjustment
Financial planning	
Mortgage brokerage	

DESIGNATION ON CERTIFICATE

Designation C (special brokerage)

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 THE DISTRIBUTION ACT

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SECTION 4 – DECLARATION

Please complete this section if you are applying to withdraw all sectors or sector classes in which the representative was authorized to act for your firm or independent partnership.

The termination of employment will be effective as of the date the application is approved. However, please specify the date on which you ceased to do business with the representative.	Date
Please indicate the reason that led to the termination.	Change in class
	Dismissal*
	Death
	Resignation requested by the employer*
	Voluntary resignation*
	End of contract*
	Retirement

*** If you indicated that the reason for termination of employment was a dismissal, a resignation requested by the employer, a voluntary resignation or an end of contract, please complete the following sections:**

Please indicate the facts and circumstances leading to the termination of employment:

Please indicate whether, in your opinion, the termination is related to:

1. The protection of the public	Yes	No
2. The integrity of the representative	Yes	No
3. The obligations and responsibilities of the representative	Yes	No
4. Wrongful conduct	Yes	No

If you answered “yes” to one or more previous points, specify whether the conduct:

5.	Is related to a representative’s activities.	Yes	No
6.	Took place in the performance of a representative’s functions	Yes	No
7.	Took place in connection with several clients.	Yes	No
8.	Resulted in an internal investigation.	Yes	No
9.	Resulted/will result in legal action by you	Yes	No
10.	Resulted or will result in a complaint to the <i>Chambre de la sécurité financière</i> or the <i>Chambre de l’assurance de dommages</i> and/or the police.	Yes	No
11.	Was an isolated act.	Yes	No

If you answered “no” to point 11, that is, if this is not an isolated act, how many times was the act repeated?

SECTION 5 – DECLARATION ON INFORMATION PROVIDED

Signature of the officer in charge / authorized signatory / partner in charge

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

Mr. Ms.	First name		Last name	
Signature			Date	

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