

## 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>.

### Important

*Please ensure that you have permission to register before submitting your application.*

PART 1 – IDENTIFICATION (in block letters)							
CLIENT INFORMATION							
Client No. (10 digits)							
Ms. <input type="checkbox"/>	First name				Last name		
Mr. <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.	
City				Province		Postal code	
Telephone (residence)				Telephone (business)			Ext.
Cell phone				E-mail			

### Important

*Incomplete applications will delay processing. In addition, if you do not submit any missing documents by the specified date, your application will be cancelled and no fees will be refunded.*

## PART 2 – CHOICE OF EXAMINATIONS

You may write more than one examination on the same day or spread your examinations over multiple available dates. In either case, you will have to pay the registration fees only once, provided you indicate all the scheduled dates for your examinations on this form. Fees are payable for every new registration application you submit.

**To register for examinations, you must consult the exam calendar (and timetable) and indicate the following information in the tables below:**

- language and location;
- sequence in which you wish register for the examinations (example: If you wish to write examination 01-312 first, indicate 1 in the column "Writing sequence" beside this examination and 2 beside examination 01-111);
- preferred writing dates and times (you may indicate up to 3 choices in order of preference).

**Information Centre**  
Toll-free: 1-877-525-0337  
Québec City: 418-525-0337  
Montréal: 514-395-0337

**dfq\_inscription-examens-PQAP\_February 2021**

- If you have a reservation number, please write it in the space under the examination location. Please also indicate the language requested.

### Applications by candidates authorized to act as representatives in another province or territory of Canada

If you are authorized to act as a representative in another Canadian province or territory and you meet all career eligibility requirements, you must:

- successfully complete the Ethics and Professional Practice (Civil Code) course; .
- pass examination 01-111;
- complete the probationary period.

If this condition does not apply to you, you must meet all qualification requirements. The qualification requirements can be consulted in the “Becoming a professional” section of the AMF’s website.

REPRESENTATIVES AUTHORIZED TO ACT IN ANOTHER CANADIAN PROVINCE OR TERRITORY			
Examination title	Language	Location	Date and time slot in order of preference
<b>01-111</b> Ethics and professional practice	French <input type="checkbox"/> English <input type="checkbox"/>	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day

### Application for reinstatement

Individuals who have surrendered their certificates for a period of more than one year and less than three years and held a certificate for at least one year must:

- have a valid minimum qualification;
- pass examination 01-111.

REINSTATEMENT OF CERTIFICATE			
Examination title	Language	Location	Date and time slot in order of preference
<b>01-111</b> Ethics and professional practice	French <input type="checkbox"/> English <input type="checkbox"/>	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day

### Applications by candidates who wish to act as representatives in insurance of persons, group insurance of persons or one of their sector classes

If you wish to practise as a representative, before you submit an application for a probationary period, you must have passed the following examinations and they must be valid:

INSURANCE OF PERSONS				
Examination title	Language	Location	Writing sequence (1 to 4)	Date and time in order of preference
<b>01-111</b> Ethics and professional practice	French <input type="checkbox"/> English <input type="checkbox"/>	_____	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day
<b>01-311</b> Life insurance	French <input type="checkbox"/> English <input type="checkbox"/>	_____	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day
<b>01-312</b> Accident and sickness insurance	French <input type="checkbox"/> English <input type="checkbox"/>	_____	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day
<b>01-313</b> Segregated funds and annuities	French <input type="checkbox"/> English <input type="checkbox"/>	_____	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day

ACCIDENT AND SICKNESS INSURANCE				
Examination title	Language	Location	Writing sequence (1 to 2)	Date and time in order of preference
<b>01-111</b> Ethics and professional practice	French <input type="checkbox"/> English <input type="checkbox"/>	_____	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day
<b>01-312</b> Life insurance	French <input type="checkbox"/> English <input type="checkbox"/>	_____	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day

GROUP INSURANCE OF PERSONS				
Examination title	Language	Location	Writing sequence (1 to 4)	Date and time in order of preference
<b>01-111</b> Ethics and professional practice	French <input type="checkbox"/> English <input type="checkbox"/>	_____	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day
<b>01-311</b> Life insurance	French <input type="checkbox"/> English <input type="checkbox"/>	_____	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day
<b>01-312</b> Accident and sickness insurance	French <input type="checkbox"/> English <input type="checkbox"/>	_____	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day
<b>01-313</b> Segregated funds and annuities	French <input type="checkbox"/> English <input type="checkbox"/>	_____	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day

GROUP INSURANCE PLANS				
Examination title	Language	Location	Writing sequence (1 to 3)	Date and time in order of preference
<b>01-111</b> Ethics and professional practice	French <input type="checkbox"/> English <input type="checkbox"/>	_____	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day
<b>01-311</b> Life insurance	French <input type="checkbox"/> English <input type="checkbox"/>	_____	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day
<b>01-312</b> Accident and sickness insurance	French <input type="checkbox"/> English <input type="checkbox"/>	_____	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day

GROUP ANNUITY PLANS				
Examination title	Language	Location	Writing sequence (1 to 2)	Date and time in order of preference
<b>01-111</b> Ethics and professional practice	French <input type="checkbox"/> English <input type="checkbox"/>	_____	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day
<b>01-313</b> Segregated funds and annuities	French <input type="checkbox"/> English <input type="checkbox"/>	_____	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day

REINSTATEMENT OF A CERTIFICATE			
Examination title	Language	Location	Date and time in order of preference
<b>01-111</b> Ethics and professional practice	French <input type="checkbox"/> English <input type="checkbox"/>	_____ _____	<b>1.</b> ____ / ____ / ____ Time: ____ year   month   day <b>2.</b> ____ / ____ / ____ Time: ____ year   month   day

QUÉBEC REPRESENTATIVE WHO SEEKS TO BE CERTIFIED IN OTHER CANADIAN JURISDICTION			
Examination title	Language	Location	Date and time in order of preference
<b>01-112</b> Ethics and professional practice (Canada)	French <input type="checkbox"/> English <input type="checkbox"/>	_____ _____	<b>1.</b> ____ / ____ / ____ Time: ____ year   month   day <b>2.</b> ____ / ____ / ____ Time: ____ year   month   day

### Notice of examination

A notice of examination will be sent when the AMF has processed your application after receiving payment of the applicable fees. This notification will confirm your exam schedule. When you receive your notification, check the dates and times you are scheduled to write your examinations. The AMF may not be able to register you for the chosen dates and times due to the limited number of seats in the examination rooms.

### Application to postpone or cancel examinations

To change the date or time of an examination you are registered for, use the Application to Postpone or Cancel Examinations form.

**PART 3 – DISCLOSURE OF DECISION TO THIRD PARTY**

Use this section to identify a third party to whom you would like the decision regarding your application to be disclosed, regardless of whether or not the third party is registered with the AMF.

Do you want the decision regarding your application to be disclosed to a third party?  Yes  No

If you answered **yes**, Is this person or firm registered with the AMF?

**Yes**

AMF client No.: \_\_\_\_\_

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Name of firm: \_\_\_\_\_

**No**

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Name of firm: \_\_\_\_\_

Language of correspondence: French  English

**MAILING ADDRESS (THIRD PARTY)**

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

## **PART 4 – DECLARATION**

For the safety of everyone in the exam rooms, I undertake to:

- Not attend an exam session if I have any symptoms of COVID-19. In such an event, I may postpone the exam session at no charge by submitting an Application to Postpone or Cancel Examinations;
- Respect the two-metre distancing rule with everyone around me;
- Wear a mask at all times or until the exam supervisor gives the instruction that the mask may be removed;
- Undergo a forehead temperature check before entering the exam room;
- Answer routine questions about my health when I arrive at the exam room;
- Wash and disinfect my hands before entering the exam room;
- Comply with government advisories regarding interregional travel;
- Read the exam instructions sent with the examination notice. These instructions may be modified to reflect changes in the public health situation and Santé public recommendations. The most up-to-date instructions can be consulted by clicking on the “Examinations” tab in the “Becoming a professional” section of the AMF’s website;
- Arrive 30 minutes before the exam session begins so that I am in the room when specific exam instructions are given.

And I understand that:

- Out of respect for the other candidates, anyone who presents symptoms of COVID-19 during an exam session may be asked to leave the exam room. In such an event, the person will be able to postpone the exam session at no charge by submitting an Application to Postpone or Cancel Examinations;
- A maximum of 25 people can be in the exam room at the same time.

I declare that I have read this statement and I agree with the terms hereof.

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

\_\_\_\_\_  
Signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
year month day



**PART 5 – FEES PAYABLE AND PAYMENT**

**CLIENT INFORMATION**

Client No.  
(10 digits)

Ms.   
Mr.

First name

Last  
name

Name of firm

**FEES PAYABLE FOR THE PERIOD FROM JANUARY 1, 2021 TO DECEMBER 31, 2021  
(Please note that fees are non-refundable)**

Exam registration fee:  \$150

Fee to disclose decision to third party  \$25

Total: \$\_\_\_\_\_

If paying by credit card, please carry the amount over to the space below marked with an \*. If the amount shown is greater than the amount due, we reserve the right to correct this amount and adjust it downwards.

**METHOD OF PAYMENT**

- Cheque  
 Money order

Please make your payment payable to the order of the **Autorité des marchés financiers** and **date it on the day on which the form is sent.**

- Visa  
 MasterCard  
 American Express

I authorize the AMF to charge the amount of \* \$\_\_\_\_\_ to my credit card.

Card No.: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiry date: \_\_\_\_\_ / \_\_\_\_\_  
month year

Name of cardholder  
(in block letters)

Signature of cardholder

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
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 payment to the following address:

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