

Before completing this form, please read the following carefully:

This form is only for representatives acting in the mortgage brokerage sector. You must use this form to apply for an exemption owing to sickness or parental leave or if you are acting as a caregiver.

You must be absent for at least 4 consecutive weeks. You are not entitled to an exemption during a period of gradual return to work. If you are on disability leave for an indeterminate length of time, the exemption granted will be for 12 months. After the 12 months, you must submit another exemption application.

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).

PART 1 – IDENTIFICATION ABOUT THE REPRESENTATIVE

INFORMATION ABOUT THE REPRESENTATIVE APPLYING FOR THE EXEMPTION

Client No. (10 digits)					
Mr. <input type="checkbox"/>	First name		Last name		
Ms. <input type="checkbox"/>					
Date of birth	____ / ____ / ____				
	year month day				

PART 2 – INFORMATION ABOUT THE REQUESTED EXEMPTION

Select your situation	Start date	End date
<input type="checkbox"/> Caregiver	____ / ____ / ____ year month day	____ / ____ / ____ year month day
<input type="checkbox"/> Protective re-assignment	____ / ____ / ____ year month day	____ / ____ / ____ year month day
<input type="checkbox"/> Sickness	____ / ____ / ____ year month day	____ / ____ / ____ year month day
<input type="checkbox"/> Maternity leave	____ / ____ / ____ year month day	____ / ____ / ____ year month day
<input type="checkbox"/> Paternity leave	____ / ____ / ____ year month day	____ / ____ / ____ year month day

PART 3 – SUPPORTING DOCUMENTS REQUIRED

	SUPPORTING DOCUMENT REQUIRED
Caregiver	A document evidencing caregiver status, including the duration of this status
Protective re-assignment	Medical proof indicating the dates of the protective re-assignment
Sickness	Medical proof indicating the dates of the leave or a copy of a letter from the insurer confirming that the representative is receiving disability benefits
Maternity leave	A document from the parental insurance plan including the periods which the representative receives parental insurance benefits
Paternity leave	A document from the parental insurance plan including the periods which the representative receives parental insurance benefits

PART 4 – FEES PAYABLE TO THE AMF FOR THE PERIOD FROM JANUARY 1, 2024 TO DECEMBER 31, 2024

File study fee \$45.00

TOTAL	\$45.00
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PART 5 – DECLARATION OF THE REPRESENTATIVE

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

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

PART 6 – SUBMITTING THE EXEMPTION APPLICATION

Please submit this form using AMF E-Services. Under the ***Insurance, F.P.I. and Mortgage Brokerage*** tab in the main menu, select ***PDU record in mortgage brokerage***, then ***Exemption application***.

If you are unable to use AMF E-Services, please mail this form to:

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

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

PAYMENT SLIP			
INFORMATION ABOUT THE CLIENT			
Client No. (10 digits)		NEQ (10 digits)	
Name of business			
FEES (These fees are non-refundable.)			
Amount due: \$<u>45.00</u>		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			
<input type="checkbox"/> Cheque <input type="checkbox"/> Money order	Please make your payment to the order of the Autorité des marchés financiers and date it on the day you send your form .		
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	I authorize the AMF to charge the amount of \$____ to my credit card.* Card No.: _____ / _____ / _____ / _____ Expiry date: _____ / _____ month year <hr style="width: 80%; margin-left: 0;"/> Name of cardholder (in block letters) <hr style="width: 80%; margin-left: 0;"/> Signature of cardholder Date : _____ / _____ / _____ day month year		

The AMF only accepts forms sent by **mail** and submitted through **AMF E-Services**.

No form submitted by e-mail or fax will be accepted.

Send your application form and supporting documents along with 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