

## AMF E-Services

If you prefer to submit your application via our on-line service,  
please go to our website at [www.lautorite.qc.ca](http://www.lautorite.qc.ca).

### Important

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

*You must inform the AMF of any change to the information in this application within 5 days of the date on which it occurs.*

PART 1 – IDENTIFICATION (in block letters)							
Client No. (10 digits)							
Ms. <input type="checkbox"/>	First name				Last name		
Mr. <input type="checkbox"/>							
Date of birth ____ / ____ / ____ year month day				Language of correspondence: French <input type="checkbox"/> English <input type="checkbox"/>			
HOME ADDRESS							
Civic No.		Street				Apt.	
City				Province		Postal code	
Telephone (residence)				Telephone (business)		Ext.	
Cell phone				E-mail			

## PART 2 – STATEMENT

Please answer all of the questions below. Depending on your answers, you may be required to submit additional supporting documents. The forms are available on the AMF website at [www.lautorite.qc.ca](http://www.lautorite.qc.ca) in the section *Professionals*.

“Since your last declaration” means any declaration you have previously submitted to the AMF as a candidate or certified representative under the *Act respecting the distribution of financial products and services*, CQLR, c. D-9.2 (the “Distribution Act”).

**If this is your first declaration, please provide a complete history of the facts for each of the questions below.**

**Important:** You must notify the AMF of any change to the information or a document furnished within 5 days of such change or, if it concerns the pursuit of another activity (“outside activity”), within 30 days of such change.

1. Do you hold a valid representative’s certificate from another province?  Yes  No

➔ If so, which province? \_\_\_\_\_ Number of years of practice: \_\_\_\_\_

Sector or sector class: \_\_\_\_\_

2. Since your last declaration:  Yes  No
- have you been convicted of an offence or a criminal act by a Canadian or foreign court
  - or**
  - have you been the subject of a civil suit related to your activities as a representative
  - or**
  - has a disciplinary sanction been imposed on you by a disciplinary committee or by a body in Québec or in another province or another state that is responsible for supervising and monitoring persons acting as representatives?

*You must answer “yes” to this question if you have been granted an absolute or conditional discharge under the Criminal Code, RSC 1985 c. C-46. However, you do not need to answer “yes” if you were found not guilty or the charges against you were withdrawn.*

➔ If you answered yes, please complete and submit the Statement of Guilt form

3. Are you in default of paying any outstanding fines, costs and interest imposed by a disciplinary committee or by the Court of Québec sitting in appeal of a decision of such a committee, or are you in default of paying fines for an offence committed under any of the following: the *Act respecting the distribution of financial products and services*, CQLR, c. D-9.2; the *Real Estate Brokerage Act*, CQLR, c. C-73.2; the *Securities Act*, CQLR, c. V-1.1, or the *Professional Code*, CQLR, c. C-26?  Yes  No

➔ If you answered **yes**, please attach details to your application.

4. Since your last declaration, has your certificate or right to practise been suspended, cancelled, revoked or subject to any restrictions or conditions, or have you been sanctioned by a disciplinary committee or by a body in Québec or in another province or jurisdiction that is responsible for supervising and monitoring persons acting as representatives in a sector or a category governed by the *Act respecting the distribution of financial products and services*, CQLR, c. D-9.2, the *Real Estate Brokerage Act*, CQLR, c. C-73.2, or the *Securities Act*, CQLR, c. V-1.1?  Yes  No

*You do not need to answer "yes" to this question if the decision was issued by the AMF, as the AMF already has this information on file?*

➔ Decision No.: \_\_\_\_\_ Date: \_\_\_\_\_

➔ Decision maker's name: \_\_\_\_\_ Sector or sector class: \_\_\_\_\_

5. Since your last declaration, have you filed for bankruptcy, made an assignment of your property or been placed under a receiving order pursuant to the *Bankruptcy and Insolvency Act*, RSC 1985, c. B-3?  Yes  No

*You do not have to answer "yes" to this question where a proposal was accepted by the creditors and the court.*

➔ If you answered **yes**, please complete and submit the **Statement of Bankruptcy form**.

6. Are you under protective supervision in the form of a tutorship, curatorship or adviser?  Yes  No

*Protective supervision is a mechanism provided for by law to protect persons who are under a legal disability. A supervisor is not considered a tutor, curator or adviser.*

➔ If you answered **yes**, please attach details to your application.

7. Since your last declaration, have you been a director, officer or partner of a firm or partnership whose registration was cancelled under the *Act respecting the distribution of financial products and services*, CQLR, c. D-9.2, the *Real Estate Brokerage Act*, CQLR, c. C-73.2, or the *Securities Act*, CQLR, c. V-1.1?  Yes  No

➔ If you answered **yes**, please attach details to your application.

### PART 3 – PURPOSE OF THE APPLICATION

Please indicate the purpose of your application.

- Authorization to register for examinations for a first certificate
- Addition of sector or sector class to a certificate
- Reinstatement of certificate
- Authorization to register for examination 01-112 – Ethics and professional practice in insurance of persons and group insurance of persons for Québec residents wishing to practise outside Québec

### PART 4 – CHOICE OF SECTOR OR SECTOR CLASS

- Insurance of persons
- Accident and sickness insurance
- Group insurance of persons  
(Group insurance plans and Group annuity plans)
- Group insurance plans
- Group annuity plans

### PART 5 – LIFE LICENCE QUALIFICATION PROGRAM REQUIREMENT

#### Note

*We remind you that minimum training is valid for a period of one year after successful completion. When the period has expired, the candidate must again register and successfully complete training recognized by the AMF, before submitting another application for examination registration authorization.*

In order for us to validate confirmation by your course provider that you successfully completed your training, please enter your Canadian Insurance Participant Registry (CIPR) number).

CIPR number	
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## PART 6 – VALID PROOF OF CANADIAN IDENTITY

### Note

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*If you provided proof of identity with a previous application, it is not necessary to do so again.*

*Not providing one of the identity documents listed below will result in a delay in the processing of your application.*

*The AMF may determine that one or more additional proofs of identity are required. **Note that a driver's licence or health insurance card is not considered valid proof of identity.***

Check and attach to this form one of the **valid Canadian identity documents** below:

- Birth certificate issued by the *Directeur de l'état civil* of Quebec or another provincial or territorial authority
- Citizenship card or certificate
- Confirmation of Permanent Residence (IMM5292 or IMM5688)
- Passport
- Permanent Resident Card
- Work permit

**PART 7 – CANDIDATE’S STATEMENT CONCERNING AMF EXAMINATIONS**

By registering for AMF examinations, I acknowledge that:

- a) the mission of the AMF is to protect consumers;
- b) the evaluation of skills is one means by which the AMF fulfills its mission;
- c) AMF exams are intended to attest to the essential skills of future professionals and help ensure the protection of consumers;
- d) an evaluation of the skills of candidates must be conducted in a fair and equitable manner;
- e) the exams are the property of the AMF and it is the sole holder of the copyrights to these examinations.

Consequently, I understand that the actions below infringe the copyrights of the AMF and its ability to fulfill its mission. Therefore, I undertake not to:

1. copy, in whole or in part, any of the examination questions;
2. disclose in any manner whatsoever any information related to the examination questions.

In making this statement, I understand that compliance with this undertaking will be taken into consideration during the evaluation of my file at the time of the issuance and renewal of my representative’s certificate.

This statement shall extend beyond the date when the certificate that I have applied for has been issued.

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

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

**PART 8– DECLARATION**

I declare that the information provided in this form is accurate and complete. I declare that I use my name as it appears on all my valid Canadian identity documents. I have attached all supporting documents required to process my application.

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

**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 \(lautorite.qc.ca\)](http://www.lautorite.qc.ca).

