

- APPLICATION FOR AUTHORIZATION OF PROBATIONARY PERIOD**
- CHANGE IN SUPERVISOR**
- EXTENSION OF PROBATIONARY CERTIFICATE**

## **APPLICANTS OUTSIDE QUEBEC**

This form allows applicants from a province or territory of Canada to submit an application for authorization of probationary period, a supervisor change request or a request for extension of the probationary certificate for the insurance of persons sector, group insurance of persons sector and their sector class.

### ***Important information for employers, candidates and supervisors***

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Employers, candidates and supervisors who **do not have access to this service must each complete the paper form.**

- A candidate must successfully complete the probationary period in order to obtain an insurance representative's certificate. During the probationary period, the trainee must complete at least 28 hours of work per week, over six or 12 weeks, depending on the sector class or sector.
- A candidate must have a valid probationary certificate before taking any action related to practice as a trainee. This probationary certificate is mandatory and gives the trainee the right to legally carry out activities throughout the probationary period. It is an official document indicating the dates on which the probationary period starts and ends. These dates must be respected. Any activities carried out without AMF authorization will be considered illegal practice and subject to sanctions.
- The candidate will be listed as a trainee in the AMF's public register for the entire period that his probationary certificate is valid. This register, available on the AMF website, confirms to consumers that the trainee is authorized to pursue activities as a trainee. If the validity period of the probationary certificate is extended or shortened, the information in the public register will be updated automatically.
- To obtain a probationary certificate, the candidate must have passed each of the examinations prescribed for the selected sector or sector class and the examinations must be valid.
- During the entire time that the probationary period is valid, the trainee must notify the AMF of any change to the information or to a document furnished to the AMF within five days of the change. The probationary period is interrupted if the holder of a probationary certificate is in any of the following situations: He is no longer under the supervision of an authorized person or he is unable to continue with the probationary period due to disability, in particular as the result of a preventive withdrawal, because he is on parental leave or where warranted by exceptional circumstances. In all other situations, the probationary period is considered to be discontinued.
- When the probationary period has been completed, the candidate will retain his trainee status for a period of 45 days from the date on which the probationary period ends, provided that he sends the AMF an application for a representative's certificate within 30 days of the end of the probationary period.
- Whether the trainee has been supervised by one or two supervisors, the application for supervisor's recommendation related to representative's certificate must be completed by only one supervisor.



## APPLICANTS OUTSIDE QUEBEC

### PART 3 – REQUIRED SUPPORTING DOCUMENTS

With your request, you must submit the following documents:

#### Important

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*Not providing all the required documents will result in a delay in the processing of your application.*

- Registration number to the Canadian Insurance Participant Registry : \_\_\_\_\_
- Official document confirming the success of the exam **01-111: *Develop an ethical professional practice in compliance with the rules governing the insurance of persons sector***, issued by the regulator or its authorized agent
- Copy of the permit issued by the competent authority confirming your right to practice in force or expired less than a year
- Proof that you lived in the Canadian province or territory when the authorization was given by the competent authority. This proof must include your name and address.
- Valid proof of Canadian identity:

*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.***

- 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

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#### PART 4 – CHOICE OF PROBATIONARY PERIOD FOR A SECTOR OR A SECTOR CLASS

You must indicate the sector or sector class in which the candidate will carry out a probationary period. A probationary period undertaken for a sector lasts 12 weeks. A probationary period takes place on the basis of at least 28 hours a week and is divided into two parts lasting 6 weeks each, except for the insurance of persons sector. These two parts correspond to the 2 sector classes that make up each sector. The trainee must follow this sequence in order to earn a representative's certificate in the entire sector chosen.

Sector or sector class	Start date requested
<input type="checkbox"/> Insurance of persons (12 weeks)	____/____/____ year month day
<input type="checkbox"/> Accident and sickness insurance (6 weeks)	____/____/____ year month day
<input type="checkbox"/> Group insurance of persons (12 weeks)	____/____/____ year month day
<input type="radio"/> Group insurance plans (6 weeks)	____/____/____ year month day
<input type="radio"/> Group annuity plans (6 weeks)	____/____/____ year month day

#### PART 5 – CHOICE OF VACATION PERIOD (if applicable)

The trainee must have received his probationary certificate before starting his probationary period.

#### *Important*

If applicable, identify the vacation period(s) the candidate expects to take. A candidate is entitled to a vacation period of not more than seven days if completing a probationary period for a sector class. The candidate is entitled to two vacation periods totalling not more than 14 days if completing a probationary period for a sector. If no vacation period is indicated and the candidate takes vacation during the probationary period, his probationary certificate will be revoked.

Does the candidate expect to take vacation during the probationary period?  Yes  No

- If yes, start date of vacation for a sector class (one period):

From : \_\_\_\_/\_\_\_\_/\_\_\_\_  
year month day

To : \_\_\_\_/\_\_\_\_/\_\_\_\_  
year month day

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Start date of vacation for a **sector** (maximum of two one-week periods)

Start date of week 1 :

From : \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
          year   month   day

To : \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
      year   month   day

Start date of week 2 :

From : \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
          year   month   day

To : \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
      year   month   day

**PART 6 – STATEMENT OF APPLICANT**Important

*The candidate must complete this part.*

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. Since your last declaration, have you begun to pursue activities other than those arising from a right to practise granted by the AMF (“outside activities”) constituting a provision of finance-related services or requiring the segregation of clienteles?  Yes  No

For further details, visit our [Activities to be declared \(Outside activities\)](#) web page.

- ➔ If you answered **yes**, please complete and submit the *Declaration of an Outside Activity* form.

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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 number: \_\_\_\_\_ Date: \_\_\_\_\_

Name of decision maker: \_\_\_\_\_ Sector or sector class: \_\_\_\_\_

**Information Centre**

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

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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.

I declare that the information provided in this form is accurate and complete. I also declare that I use my name as it appears on all my valid Canadian identity documents.

I undertake to notify the AMF of any change to the information or document furnished in connection with this application within 5 days of such change or, if it concerns the pursuit of another activity ("outside activity"), with 30 days of such change.

\_\_\_\_\_  
Signature of candidate

Date: / /  
year month day

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#### PART 7 – CHOICE OF SUPERVISORS / REPLACEMENT SUPERVISOR

You must identify one or two supervisors who will supervise the candidate. If necessary, please also identify a representative who will act as a replacement supervisor when one or both supervisors are absent, and indicate any periods of absence.

If you wish to designate different supervisors for each sector class, please print and attach a separate *Part 7 - Choice of Supervisors / Replacement Supervisor*.

#### *Important*

*A supervisor or a replacement supervisor is a representative authorized to pursue activities at the time of the probationary period and the holder of a certificate for at least 24 months of the previous 36 months in the same sector or sector class in which the candidate seeks to pursue activities. He must also satisfy the conditions under sections 45 and 46 of the [Regulation respecting the issuance and renewal of representatives' certificates \(the "Regulation"\)](#).*

*If a trainee is supervised by two supervisors, one of them may be absent during the probationary period. It is not necessary to inform the AMF, as the second supervisor will assume supervision of the trainee. If both supervisors are absent at the same time, you must designate a replacement supervisor. Otherwise, the probationary period will be interrupted.*

#### PART 7.1 – SUPERVISOR 1

##### IDENTIFICATION OF SUPERVISOR 1 (MANDATORY)

Ms. <input type="checkbox"/>	First name		Last name	
Mr. <input type="checkbox"/>				
Client No. (10 digits)		Certificate No. (6 digits)		
Supervised sector or sector class				
Employer's name			Registration No	
<b>MAILING ADDRESS</b>				
Civic No.		Street		Suite
City		Province		Postal code
Telephone (business)		Ext.		Cell phone
Fax		E-mail		

Vacation dates: From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
year month day year month day







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New supervisor (must complete Part 6 and Part 6.1):

Ms.  Mr.

Last and first name: \_\_\_\_\_

Certificate No.:

\_\_\_\_\_  
(in block letters)

## PART 9 – EXTENSION OF PROBATIONARY CERTIFICATE

### Important

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*Complete only if applicable. Parts 1 to 5, and 7 must also be completed.*

*Where the probationary period is interrupted, the holder of a probationary certificate must immediately cease to perform any actions reserved for trainees. He may apply to the AMF for authorization to extend the probationary period for its remaining duration by submitting an application to that effect, along with documentation of the reason for the interruption. The probationary period may not be interrupted for more than 4 weeks.*

Interruption of probationary period:

From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
year month day

To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
year month day

Expected date of resumption of probationary period: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
year month day

**APPLICANTS OUTSIDE QUEBEC****PART 10 – ADD TRAINEE’S VACATION DURING PROBATIONARY PERIOD****Important**

*Complete only if applicable. Parts 1 to 5, and 7 must also be completed.*

*Two criteria must be met so that a trainee can add vacation days to his probationary period:*

- The application to modify probationary period (paper), together with the required fee, must be sent to the AMF before the start of vacation. This application cannot be submitted via AMF E-Services.*
- The total duration of the trainee’s vacation days must not exceed the maximum period set out in sections 34 and 35 of the Regulation, i.e., a maximum of one week per sector class.*

Vacation start date for a **sector class** (one period):

From : \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
          year   month   day

To : \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
      year   month   day

Vacation start date for a **sector** (maximum of two one-week periods):

Start date of week 1 :

From : \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
          year   month   day

To : \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
      year   month   day

Start date of week 2 :

From : \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
          year   month   day

To : \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
      year   month   day

