

Should you complete this form?

This form is only for firms or independent partnerships (“registrants”) that wish to use a digital transaction space to:

- **enter into** insurance contracts; **or**
- **settle** claims; **or**
- **prepare** financial plans; **or**
- **engage** in a mortgage brokerage transaction.

A digital space is used to interact directly with clients and to enter into contracts. It can be a website or a mobile app, for example.

Registrants can use this form to disclose information to the *Autorité des marchés financiers* (the “AMF”), including the information prescribed under section 4 of the Regulation respecting alternative distribution methods. The form may also be used to notify the AMF of any changes made to information already disclosed.

Companion guide

We invite you to consult the companion guide that has been prepared to help you complete this form. It is available on the AMF’s website (lautorite.qc.ca) under **Professionals / Firms, representatives and independent partnerships / Products and services offered via the Internet**.

Important

Registrants must notify the AMF of any change to the information provided **within 30 days** of such change.

Protection of personal information

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.

SECTION 1 – IDENTIFICATION

INFORMATION ABOUT THE REGISTRANT

Client No. (10 digits)		NEQ (10 digits)	
Name of business			

SECTION 2 – DECLARATION

2.1 – INFORMATION ABOUT THE DIGITAL SPACE

This form can be used to add, change or delete a digital space.

Registrants who wish to add, modify or delete more than one digital space must use a copy of this form for each space.

YOU WANT TO:

ADD a digital space

Start date: ____ / ____ / ____
 year month day

MODIFY a digital space

Effective date of the change: ____ / ____ / ____
 year month day

DELETE a digital space

End date: ____ / ____ / ____
 year month day

INFORMATION ABOUT THE DIGITAL SPACE

Name of digital space, if different from the registrant's name

Hyperlink or means to access the digital space

Is this a customized version of a generic digital space provided to the registrant by another entity? (*See companion guide*)

Yes No

➤ If so, please enter the name of the provider of the generic digital space:

1. Can the digital space be used to enter into insurance contracts? Yes No
➤ If you answered **Yes**, please complete **section 2.2**.
2. Can the digital space be used to settle claims? Yes No
➤ If you answered **Yes**, please complete **section 2.3**.
3. Can the digital space be used to prepare financial plans? Yes No
➤ If you answered **Yes**, please complete **section 2.4**.
4. Can the digital space be used to engage in a mortgage brokerage transaction? Yes No
➤ If you answered **Yes**, please complete **section 2.5**.

If you answered **No** to these four questions, you **do not need to complete this form**.

SECTION 2.2 – ENTER INTO INSURANCE CONTRACTS

If you answered **Yes** to question 1 of the declaration, please complete this section for each insurance product that a client can purchase on the digital space. Make copies of this section as necessary.

If you answered **No**, do not complete this section.

YOU WANT TO:
 ADD an insurance product

Date as of which the product will be offered: _____ / _____ / _____
year month day

 MODIFY an insurance product

Date on which the change takes effect: _____ / _____ / _____
year month day

 DELETE an insurance product

Date as of which the product will no longer be offered: _____ / _____ / _____
year month day

INFORMATION ABOUT THE INSURANCE PRODUCT OFFERED ON THE DIGITAL SPACE

Name of product			
Insurance product class* (See companion guide)			
Type of insurance product (See companion guide)			
In the case of an insurance of persons product, is there an investment component, including an individual variable insurance contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A, not an insurance of persons product		
Name of insurer 1		Client No. of insurer (10 digits)	
Name of insurer 2 (if applicable)		Client No. of insurer (10 digits)	
Name of insurer 3 (if applicable)		Client No. of insurer (10 digits)	
Name of insurer 4 (if applicable)		Client No. of insurer (10 digits)	

SECTION 2.3 – SETTLE CLAIMS

If you answered **Yes** to question 2 of the declaration, please complete this section for each product for which a claim can be settled on the digital space. Make copies of this section as necessary.

If you answered **No**, do not complete this section.

YOU WANT TO:

ADD a claims settlement service

Date as of which the service will be offered: _____ / _____ / _____
year month day

MODIFY a claims settlement service

Date on which the change takes effect: _____ / _____ / _____
year month day

DELETE a claims settlement service

Date as of which the service will no longer be offered: _____ / _____ / _____
year month day

INFORMATION ABOUT THE CLAIMS SETTLEMENT SERVICE OFFERED ON THE DIGITAL SPACE

Name of service (if applicable)			
Class of insurance product related to the service (See companion guide)			
Type of insurance product related to the service (See companion guide)			
Name of insurer		Client No. of insurer (10 digits)	

SECTION 2.4 – PREPARE FINANCIAL PLANS

If you answered **Yes** to question 3 of the declaration, please complete this section for each financial planning service that can be performed on the digital space. Make copies of the section as necessary.

If you answered **No**, do not complete this section.

YOU WANT TO:

ADD a financial planning service

Date as of which the service will be offered: _____ / _____ / _____
year month day

MODIFY a financial planning service

Date on which the change takes effect: _____ / _____ / _____
year month day

DELETE a financial planning service

Date as of which the service will no longer be offered: _____ / _____ / _____
year month day

INFORMATION ABOUT THE FINANCIAL PLANNING SERVICE OFFERED ON THE DIGITAL SPACE

Name of service (if applicable)	
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SECTION 2.5 – ENGAGE IN A MORTGAGE BROKERAGE TRANSACTION

If you answered **Yes** to question 4 of the declaration, please complete this section.

If you answered **No**, do not complete this section.

YOU WANT TO:

ADD a mortgage brokerage service

Date as of which the service will be offered: _____ / _____ / _____
year month day

MODIFY a mortgage brokerage service

Date on which the change takes effect: _____ / _____ / _____
year month day

DELETE a mortgage brokerage service

Date as of which the service will no longer be offered: _____ / _____ / _____
year month day

INFORMATION ABOUT THE MORTGAGE BROKERAGE SERVICE OFFERED ON THE DIGITAL SPACE

Name of service (if applicable)

MORTGAGE LENDERS

You must disclose **all** mortgage lenders with which you might do business in connection with the mortgage brokerage activities carried out via your digital space. **If necessary, add a copy of this page.**

Make sure you have previously disclosed all of these mortgage lenders in your business relationships using the Manage business relationships form.

Name		Client No. (10 digits)	
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SECTION 3 – CERTIFICATION

AUTHORIZED SIGNATORY

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

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

The AMF only accepts forms **sent by mail**.
Forms sent by e-mail or fax **will not** be accepted.
Please 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