

Before completing this form, please read the following carefully:

Use this form if you are a business that wishes to withdraw a representative from one or all sectors / sector classes. Please complete a separate form for each representative. The withdrawal will be effective as of the date the application is approved.

If you are an independent representative, please complete the Withdrawal from sector / Withdrawal of registration form.

### Important

*Under sections 104 and 144 of An Act respecting the distribution of financial products and services, CQLR, c. D-9.2:*

*A firm or an independent partnership that terminates its association with a representative must inform the Autorité des marchés financiers (the “Authority” or the “AMF”) immediately.*

*If the reasons relate to the representative’s activities, the AMF must be so informed. A registrant that informs the AMF of such reasons incurs no civil liability thereby.*

SECTION 1 – IDENTIFICATION						
INFORMATION ABOUT THE FIRM / INDEPENDENT PARTNERSHIP						
Client No. (10 digits)		NEQ (10 digits)				
Name of business						
Language of correspondence: French <input type="checkbox"/> English <input type="checkbox"/>						
MAIN ADDRESS						
Civic No./ P.O. Box		Street		Suite / Unit		
Municipality		Province		Postal code		
Telephone		Fax				
E-mail						
MAILING ADDRESS			Same as main address <input type="checkbox"/>			
Civic No. / P.O. Box		Street		Suite / Unit		
Municipality		Province		Postal code		

**SECTION 2 – IDENTIFICATION OF REPRESENTATIVE**

**REPRESENTATIVE CONCERNED**

Client No. (10 digits)			
Mr. <input type="checkbox"/>	First name	Last name	
Ms. <input type="checkbox"/>			

**SECTION 3 – CHOICE OF SECTORS / SECTOR CLASSES**

ENTIRE SECTORS	SECTOR CLASSES
<input type="checkbox"/> Insurance of persons	<input type="checkbox"/> Accident and sickness insurance
<input type="checkbox"/> Group insurance of persons	<input type="checkbox"/> Group insurance plans <input type="checkbox"/> Group annuity plans
<input type="checkbox"/> Damage insurance (Broker)	<input type="checkbox"/> Personal-lines damage insurance (Broker) <input type="checkbox"/> Commercial-lines damage insurance (Broker)
<input type="checkbox"/> Damage insurance (Agent)	<input type="checkbox"/> Personal-lines damage insurance (Agent) <input type="checkbox"/> Commercial-lines damage insurance (Agent)
<input type="checkbox"/> Claims adjustment	<input type="checkbox"/> Personal-lines claims adjustment <input type="checkbox"/> Commercial-lines claims adjustment
<input type="checkbox"/> Financial planning	
DESIGNATION ON CERTIFICATE	
<input type="checkbox"/> Designation C (special brokerage)	<input type="checkbox"/> Designation E (claims adjustment in respect of policies purchased through the firm for which the agent or broker acts)
EMPLOYEE IN DAMAGE INSURANCE REFERRED TO IN SECTION 547 OF THE DISTRIBUTION ACT	
<input type="checkbox"/> 547	

## SECTION 4 – DECLARATION

Please complete this section if you are applying to withdraw the representative from all sectors.

The termination of employment will be effective as of the date the application is approved. However, please specify the date on which you ceased to do business with the representative.

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
year month day

Please indicate the reason that led to the termination.

- Change in class
- Dismissal\*
- Death
- Resignation requested by the employer\*
- Voluntary resignation\*
- End of contract\*
- Retirement

**\*If you indicated that the reason for termination was a dismissal, a resignation requested by the employer, a voluntary resignation or an end of contract, please complete the following sections:**

Please indicate the facts and circumstances leading to the termination:

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Please indicate whether, in your opinion, the termination is related to:

1. The protection of the public	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. The integrity of the representative	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. The obligations and responsibilities of the representative	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Wrongful conduct	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "yes" to one or more questions before, specify whether the conduct:

5. Is related to a representative's activities.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Took place in the performance of a representative's functions	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Took place in connection with several clients.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Resulted in an internal investigation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Resulted/will result in legal action by you	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Resulted or will result in a complaint to the <i>Chambre de la sécurité financière</i> or the <i>Chambre de l'assurance de dommages</i> and/or the police.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Was an isolated act.	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "no" to question 11, that is, if this is not an isolated act, how many times was the act repeated?

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## SECTION 5 – DECLARATION

### AUTHORIZED SIGNATORY

I declare 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