



1. General Information

- a) Date: _____
- b) Name of applicant: Mr. Mrs. Ms. Miss Other _____
- c) List other business or personal names used in the financial services sector in the last five years:
(corporations, business style, trade name or partnership) _____
- d) Are you an: individual producer corporation: corporate name _____ partnership
If a corporation or partnership, list principals/partners, shareholders: _____
- e) Social Insurance Number: _____
- f) Are you legally entitled to work in Canada? Yes No
- g) Driver's Licence Number: _____

2. Home Address(es) – over last five years

<i>Most Recent:</i>	Years at this address: _____
Address: _____	Apt. No.: _____
City: _____	Province: _____
Postal Code: _____	Phone: () _____
Fax: _____	E-mail Address: _____
<i>Previous:</i>	Years at this Address: _____
Address: _____	Apt. No.: _____
City: _____	Province: _____
Postal Code: _____	

3. Business Information

<i>Most Recent Position Held:</i> _____	Company Name: _____
Dates of Employment: _____	Name of Supervisor: _____
Address: _____	City & Province: _____
Postal Code: _____	Phone: () _____
Fax: _____	E-mail Address: _____
<i>Previous Position Held:</i> _____	Company Name: _____
Dates of Employment: _____	Name of Supervisor: _____
Address: _____	City & Province: _____
Postal Code: _____	Phone: () _____
Fax: _____	E-mail Address: _____

... attach a separate sheet if necessary

4. Other Business Affiliations

a) Do you conduct, or are you associated with, any business other than those specified in # 1? Yes No

If "yes," give details, including name, location and nature of business:

b) Are you a partner, officer or director or in a non-arms length relationship with any other business? Yes No

If "yes," give details, including name, location and nature of business:

... attach a separate sheet if necessary

5. Reference

Please provide three business references.

If possible, provide one reference from the company where you worked last.

1. Name & Title: _____

Company Name: _____ Phone: _____

2. Name & Title: _____

Company Name: _____ Phone: _____

3. Name & Title: _____

Company Name: _____ Phone: _____

Credit Reference (bank, finance, trust, credit cards):

6. Formal Education and Designations

a) Highest education level attained:

elementary school

secondary school

university or college: degree / diploma
institution _____

post graduate: degree / diploma
institution _____

b) Do you have any of these or other designations?

FLMI year: ____ RHU year: ____

LLQP year: ____ CFP year: ____

CH.F.C. year: ____ CLU year: ____

Any other professional designation(s)

_____ Year: ____

_____ Year: ____

If you are currently working on any of the above mentioned, please list: _____

8. Important Fraternal Information

- a) Home congregation address: _____
 Denomination: _____
- b) Current church involvement: _____
 Past church involvement: _____
- c) Are there any other experiences, skills or qualifications that you feel would especially equip you for work with this Society? *(Do not list activities denoting age, race, sex, etc.)* _____

9. Sponsor Information (if applicable)

- a) Current sponsoring insurance company name: _____
- b) List the names of your sponsoring companies over the last five years:
- | | |
|-------------|-------------|
| Name: _____ | Date: _____ |
| Name: _____ | Date: _____ |
| Name: _____ | Date: _____ |
- c) Have you changed sponsors in the last five years? Yes No *(If "yes," indicate reasons on a separate sheet.)*
- d) Have you ever been declined sponsorship? Yes No *(If "yes," indicate reasons for the decline on a separate sheet.)*
- e) Are you applying to change your sponsor? Yes No *(If "yes," indicate reasons for change of sponsorship on a separate sheet.)*
- f) Have you ever submitted business to our Society? Yes No
If "yes," indicate the name through which this business was submitted:
- _____

10. Insurance Companies (Required)

List, in order of total volume, the five insurance companies with which you have placed the most policies in the last five years. Indicate the lines of business for each company by a check mark under the corresponding product.

Company Name	Are you still associated with company?		No. of Years	Lines of Business			Persistency (%) for Risk Products (if known)
	Yes	No		Risk	Investment	*Other	

* *E.g., disability, health*

13. Consent and Authorization

To whom it may concern:

I have applied to the below-named Society (The "Society") for a contract to sell life insurance as a producer, or I am currently under contract to sell life insurance as a producer for the Society. Part of the contracting process and the ongoing investigation of my personal background. These investigations are conducted by the Society and / or its authorized agent.

I have sold financial services including insurance as principal through the following business styles, trade names, corporation or partnerships ("Listed Entities").

Name: _____

Date: _____

Name: _____

Date: _____

I make this authorization on behalf of myself and as authorized representative of the Listed Entities.

I hereby authorize and direct you to release to the Society, information contained in your files concerning my agency, my employment, my business records, my education record, my credit record including records pertaining to the listed entities and / or any other information relevant to a contract to sell life insurance as a producer with the Society.

On behalf of myself and the Listed Entities, I specifically authorize the Society to:

- Obtain a criminal activity clearance report from any police agency or government; information concerning certificates, licences and registrations; any information concerning complaints or disciplinary measures from regulators, industry and professional organizations and associations;
- Exchange information with any regulator, professional registry or database, insurance company, financial institution, personal information agents or detective and security agencies or organizations whose functions are the prevention, detection or repression of crimes or offences, market intermediaries, my employer or ex-employer, including all personal information which could be collected through verification of any applications for employment or contract and ongoing performance.

I understand that the Society will establish a file concerning my application for a contract and subsequent performance and that the personal information contained in this file will be consulted by the Society's employees and its authorized agents

in relation to my contract to sell life insurance as a producer. The file will be kept at the Society's offices. I may consult the personal information contained in this file and, if applicable, have it rectified. A photocopy of the present consent has the same value as the original.

Upon request to any professional registry or database established by the industry and holding information about me, I shall be informed of the existence, use and disclose of personal information and I shall be given access to that information for purposes of accuracy and completeness.

I further authorize the Society to use my social insurance number in its files pertaining to me.

As part of my application for a position as a field representative with the Society, I:

1. understand that if the Society contracts me as a representative, I will be required to obtain and maintain any necessary insurance or indemnity policies as required by law or the Society.
2. give permission for you to conduct a personal credit check on me. I am providing my date of birth for you to facilitate this process:
Date of Birth: _____

These authorizations shall be valid until the earliest to occur: when it is revoked in writing by the applicant, or 12 months after the applicant ceases to receive any commission earnings from or through the Society.

(Applicant's name): _____

signed at _____

this _____

(Applicant's Signature): _____

Witnessed by: _____

Signature of witness: _____