

Identifying Information

Advocis ID no.

Mr. _____
 Ms. First Name Initial Last Name
 Miss
 Mrs.

Designations:

CFP® CLU™ CH.F.C. RHU R.F.P. REBC CEBS CIM
 FLMI FCSI CFA CMP GBA RPA TEP Other: _____

Title on business card _____

Referred by Full Name / Advocis ID / Chapter: _____

Would you like more information about Century Initiative membership? Yes No

Business Address *Send correspondence to this address:* Business Home

Company Name _____
 Street Address _____
 City _____ Province _____ Postal Code _____
 Telephone _____ Fax _____
 Email Address _____

Home Address

Street Address _____
 City _____ Province _____ Postal Code _____
 Telephone _____ Fax _____
 Email Address _____

Profile

BIRTH DATE: MM / DD / YYYY

Please indicate the provinces or territories in which you hold licences for the following:

	Earliest Licence Date MM/DD/YYYY	AB	BC	MB	NB	NL	NS	NT	NU	ON	PE	PQ	SK	YT
Life Insurance														
Accident and Sickness														
Mutual Funds														
Securities														
Property and Casualty														

Privacy: Your privacy matters at Advocis. Your personal information will be treated in accordance with our privacy policy. Unless you instruct us otherwise, your personal information will be used to communicate information to you on matters you have indicated interest in.

Membership Requirements and Affirmations

Please select and sign one of the nine affirmations below. All applicants must adhere to the membership conditions applicable to their category.
For a complete list of membership requirements and conditions for all categories, please visit the membership section of our website at www.advocis.ca.

■ Full Member

I hold myself out to the public as a practicing financial planner/insurance advisor.

- I agree to notify Advocis when I no longer hold myself out to the public as a financial planner/insurance advisor.
- I understand the requirement for continuing education and agree to maintain the specified minimum continuing education requirement.
- I have professional liability (errors and omissions) insurance in place at the date of membership application and have attached written proof of such.
- I agree to observe and follow the principles of the Code of Professional Conduct of Advocis/CLU Institute.
- I work within the insurance or financial industries.

Signature _____

Date MM / DD / YYYY

■ New Advisor

I hold myself out to the public as a practicing financial planner/insurance advisor.

- I have professional liability (errors and omissions) insurance in place at the date of membership application and have attached written proof of such.
- I am within the first five years of starting my career as a financial advisor.
- I am in the business of providing financial services and that has been a source of income for less than five years.
- I agree to notify Advocis upon commencing the sixth year of my career as a financial advisor.
- I understand the requirement for continuing education and agree to maintain the specified minimum continuing education requirement.
- I agree to observe and follow the principles of the Code of Professional Conduct of Advocis/CLU Institute.
- My start date of actively providing financial advice is MM / DD / YYYY OR the date I obtained my life licence is MM / DD / YYYY

Signature _____

Date MM / DD / YYYY

■ Associate Member

I do not hold myself out to the public as a practicing financial planner/insurance advisor.

- I agree to observe and follow the principles of the Code of Professional Conduct of Advocis/CLU Institute.
- I am employed in a capacity that directly relates to the financial planning/insurance advising profession.
- I currently do not meet all the requirements of Full Membership.

Signature _____

Date MM / DD / YYYY

■ Retired and Inactive Life Member

I do not hold myself out to the public as a practicing financial planner/insurance advisor.

- I am retired and no longer employed in the financial/insurance services sector and am not accepting new clients.
- I agree to observe and follow the principles of the Code of Professional Conduct of Advocis/CLU Institute.

Signature _____

Date MM / DD / YYYY

■ Member's Assistant

I do not hold myself out to the public as a practicing financial advisor nor do I offer or solicit independent advice to clients.

- I agree to notify Advocis once I am no longer under the supervision or employment of a full member of Advocis.
- I agree to observe and follow the principles of the Code of Professional Conduct of Advocis/CLU Institute.
- I am employed in a capacity that directly relates to the financial advisory profession and I am currently under the supervision or employment of the following full member of Advocis: _____

Member ID: _____

Signature _____

Date MM / DD / YYYY

■ Licensed Manager

I hold myself out to the public as a practicing financial planner/insurance advisor and currently have an active client base.

- I attest that I am a professional who is in a leadership role in management within the financial services industry and have advisors reporting to me.
- I currently hold a life insurance license, a mutual funds license or a securities license.
- I have professional liability (errors and omissions) insurance in place at the date of membership application and have attached written proof of such.
- I understand the requirement for continuing education and agree to maintain the specified minimum continuing education requirement.
- I agree to observe and follow the principles of the Code of Professional Conduct of Advocis/CLU Institute.
- I agree to notify Advocis should my role change wherein I am no longer in a manager's role.

Signature _____

Date MM / DD / YYYY

Membership Requirements and Affirmations (Cont'd)

■ Unlicensed Manager

I **do not hold** myself out to the public as a practising financial planner/insurance advisor and do not currently have an active client base.

- I attest that I am a professional who is in a leadership role in management within the financial services industry and work in a head office staff position;
- I **do not** have advisors reporting to me;
- I currently **do not** hold a life insurance license, a mutual funds license or a securities license;
- I understand the requirement for continuing education and agree to maintain the specified minimum continuing education requirement.
- I agree to observe and follow the principles of the Code of Professional Conduct of Advocis/CLU Institute.
- I agree to notify Advocis should my role change wherein I am no longer in a manager's role.

Signature _____

Date MM / DD / YYYY

■ Licensed Consultant/Specialist

- I **am** currently licensed and hold a life insurance license, a mutual funds license or a securities license.
- I **am not** currently holding myself out to the public as a practicing advisor.
- I am currently employed as a Consultant/Specialist and am currently providing information on life insurance, living benefits, retirement and investment services, group insurance or tax and estate planning.
- I am currently providing knowledgeable product, marketing, sales and service support to advisors, brokers and/or inter-corporate representative.
- I agree to notify Advocis should my primary role change to that of a practising advisor, manager or any other role which does not meet the criteria for the Consultant/Specialist category.
- I understand the requirement for continuing education and agree to maintain the specified minimum continuing education requirement.
- I have professional liability (errors and omissions) insurance in place at the date of membership application and have attached written proof of such.
- I agree to observe and follow the principles of the Code of Professional Conduct of Advocis/CLU Institute.

Signature _____

Date MM / DD / YYYY

■ Unlicensed Consultant/Specialist

- I **am not currently** licensed and **do not** hold a life insurance license, a mutual funds license or a securities license.
- I agree to notify Advocis should I become licensed.
- I am currently employed as a Consultant/Specialist and am currently providing information on life insurance, living benefits, retirement and investment services, group insurance or tax and estate planning.
- I am currently providing knowledgeable product, marketing, sales and service support to advisors, brokers and/or inter-corporate representative.
- I agree to notify Advocis should my primary role change to that of a practising advisor, manager or any other role which does not meet the criteria for the Consultant/Specialist category.
- I agree to observe and follow the principles of the Code of Professional Conduct of Advocis/CLU Institute.

Signature _____

Date MM / DD / YYYY

Membership Agreement *Please review this membership agreement.*

I hereby apply for membership in Advocis and have read and understand the following membership conditions:

Advocis members must (a) abide by the Advocis/CLU Institute Code of Professional Conduct ** (www.advocis.ca/content/member/code-cond.html); (b) acquire a minimum of 30 hours of continuing education credits each calendar year, including one ethics credit; (c) carry professional liability E & O insurance; and (d) be authorized to use any one of the following designations: CLU, CFP, CH.F.C., RFP, CEBS, CEB, REBC, RHU, FLMI, FCSI, CIM, CFA, CMP, GBA, RPA or TEP within seven years of becoming a member or until 2011, whichever is the later.

I hereby agree to these conditions of membership and to uphold the bylaws. I understand that Advocis membership is non-refundable and non-transferable and that my application constitutes a binding contract valid until December 31.

I hereby attest that I **have not**, within the last 12 months, been declared bankrupt, been convicted/found liable in a criminal/civil proceeding involving the misappropriation of funds, fraud or misrepresentation, made an offer to settle or settled in a civil dispute, or been the subject of an investigation or disciplinary hearing conducted by an organization or self-regulatory body.

I agree to notify Advocis within 30 days should any of the aforementioned occur.

I certify that any enclosed copies are true copies of the evidence requested:

- a) certificate of professional liability (E & O) insurance,
- b) designation(s), and
- c) signed affirmations.

** Advocis members who are authorized to hold the Certified Financial Planner (CFP®) designation are governed in the first instance by the Code of Ethics adopted by the Financial Planners Standards Council.

Signature _____

Date MM / DD / YYYY

Send Completed Form To:

Fax To: (416)444-8031

OR

Mail To: **Advocis - Membership**
390 Queens Quay West, Suite 209
Toronto, ON
M5V 3A2

Payment Information

Please choose payment option 1 or 2. Note that membership fees are non-refundable.

1 – MONTHLY PRE-AUTHORIZED PAYMENT PLAN METHODS:

See www.advocis.ca under Membership – Membership Fees for monthly fee options.

Please debit my bank account monthly.

Payment day options: 14th of the month

7th of the month 21st of the month 28th of the month

Enter information below and attach a "Void" cheque.

BANK NO.	TRANSIT NO.	ACCOUNT NO.

OR Please charge my credit card for the monthly amount

VISA MasterCard AMEX

CARD NO.	EXPIRY DATE

Signature _____

2 – ONE-TIME ANNUAL PAYMENT OPTIONS:

Cheque enclosed for the total fee

OR

Charge my credit card for the total fee

VISA MasterCard AMEX

CARD NO.	

EXPIRY DATE	

Signature _____

MONTHLY PAYMENT OPTION DISCLAIMER: By signing above, I acknowledge that I have read and agree with the terms of The Financial Advisors Association of Canada's (TFAAC) pre-authorized payment agreement (www.cluinstitute.ca or www.advocis.ca), and I authorize TFAAC, on behalf of the CLU Institute and/or Advocis, to debit my bank account or credit card monthly for the amount of 1/12th of the full annual dues plus GST/HST plus the monthly administration fee (currently \$2). I understand that this amount may change and that TFAAC, on behalf of the CLU Institute and/or Advocis, will attempt to provide reasonable notice, and I waive my right to such notice. Membership fees are non-refundable. A monthly payment that is returned as NSF will result in a \$25 NSF charge. In the case of joint account holders, I agree that notice to one account holder constitutes notice to the other account holder. A reinstatement fee applies.

Membership Categories

Visit www.advocis.ca for details or call 1.877.773.6765.

	Annual Fee	Annual Fee + GST	Annual Fee + HST	Monthly Fee + GST	Monthly Fee + HST
Full Member: Non-designated	\$761.00	\$799.05	\$859.93	\$68.59	\$73.66
Full Member: Designated (CFP)	\$622.00	\$653.10	\$702.86	\$56.43	\$60.57
Full Member: Designated (Other)	\$614.00	\$644.70	\$693.82	\$55.73	\$59.82
Full Member: Designated (CLU/RHU)	\$777.00	\$815.85	\$878.01	\$69.99	\$75.17
Associate Member: Non-designated	\$609.00	\$639.45	\$688.17	\$55.29	\$59.35
Associate Member: Designated (CFP/Other)	\$491.00	\$515.55	\$554.83	\$44.96	\$48.24
Associate Member: Designated (CLU/RHU)	\$622.00	\$653.10	\$702.86	\$56.43	\$60.57
Manager: Non-designated	\$761.00	\$799.05	\$859.93	\$68.59	\$73.66
Manager: Designated (CFP/Other)	\$622.00	\$653.10	\$702.86	\$56.43	\$60.57
Manager: Designated (CLU/RHU)	\$777.00	\$815.85	\$878.01	\$69.99	\$75.17
Specialist/Consultant: Non-designated	\$380.00	\$399.00	\$429.40	\$35.25	\$37.78
Specialist/Consultant: (CFP/Other)	\$311.00	\$326.55	\$351.43	\$29.21	\$31.29
Specialist/Consultant: (CLU/RHU)	\$389.00	\$408.45	\$439.57	\$36.04	\$38.63
Retired Member: Non-designated	\$168.00	\$176.40	\$189.84	\$16.70	\$17.82
Life Member: Non-designated	\$76.00	\$79.80	\$85.88	\$8.65	\$9.16
New Advisor Year 1	\$152.00	\$159.60	\$171.76	\$15.30	\$16.31
New Advisor Year 2	\$190.00	\$199.50	\$214.70	\$18.63	\$19.89
New Advisor Year 3	\$266.00	\$279.30	\$300.58	\$25.28	\$27.05
New Advisor Year 4	\$381.00	\$400.05	\$430.53	\$35.34	\$37.88
New Advisor Year 5	\$571.00	\$599.55	\$645.23	\$51.96	\$55.77
Member's Assistant	\$115.00	\$120.75	\$129.95	\$12.06	\$12.83

* Other designations include: RFP, CEBS, CEB, REBC, FLMI, FCSI, CIM, CFA, CMP, GBA, RPA and TEP

Annual membership fees are prorated.

Membership fees are non-refundable. Please visit www.advocis.ca or call 1.877.773.6765 for further details about Advocis membership.

GST Registration No. R107625378

Note: Advocis membership fees qualify, under Section 18(1)(a) of the Income Tax Act, as a business expense in the year of payment.