

SECTION 1 APPLICANT DECLARATION

Please confirm you have fully read and agree to the below certification:

- ☐ The information contained in this application, including attachments, is true and complete.
- ☐ I understand that it is an offence under the *Financial Institutions Act* to make a material misstatement to the Insurance Council of British Columbia. I understand that making a material misstatement to Insurance Council of British Columbia could lead to licence refusal, restrictions, suspension, cancellation, and/or fines.

Freedom of Information and Protection of Privacy Act

Personal information provided by you to the Insurance Council of British Columbia is collected, used, and disclosed in compliance with the provisions of the *Financial Institutions Act* and the *Freedom of Information and Protection of Privacy Act*. Questions about the collection, use, or disclosure of your personal information can be directed to the Insurance Council of British Columbia by email at info@insurancecouncilofbc.com or by telephone at (604) 688-0321.

Complete and submit this form when appointing a new supervisor, either as part of a licence application, or if making a change to your current supervision.

Unless otherwise approved by the Insurance Council of British Columbia, a New Life and/or Accident & Sickness Agent may only conduct insurance activities under the oversight of a supervisor.

Information on supervision requirements can be found on the Insurance Council's website under Licensee Requirements for [Individual Life Insurance Agent Licence](#).

SECTION 2 APPLICANT/LICENSEE INFORMATION

The form is being submitted for: *(choose one only)*

☐ Part of a Licence Application

☐ Appointment of New Supervisor

Information below pertains to the applicant/licensee.

Full Legal Name of applicant/licensee:

Licence Number (if applicable):

Information below pertains to the applicant's supervisor.

Full Legal Name of Supervisor:

Licence Number:

SECTION 3 APPLICANT/LICENSEE QUALIFIED DESIGNATIONS

Complete this section only if you have one of the following designations listed below, otherwise leave blank and proceed to Section 4.

I currently hold one of the following designations and am requesting a reduction in the 24-month supervision requirement under [Council Rules](#):

☐ Chartered Life Underwriter ☐ Certified Financial Planner ☐ Registered Financial Planner

Please attach a copy of your certification. By providing your signature, you are confirming that your designation is current.

SECTION 4 APPLICANT/LICENSEE DECLARATION & SIGNATURE

I, the undersigned, acknowledge that all the information contained in this application is true and complete and that I understand the terms outlined in Section 1 of this application and the [Council Rules](#), and:

- I understand that under Council Rules, I must only conduct insurance activities under the oversight of my supervisor or their qualified designate.
- My new supervisor is aware of and has consented to all other business activities I am engaged in, if any.
- I will provide the supervisor signing this undertaking a copy of all insurance related material for each life and/or A&S insurance application that I prepare during the period of supervision.
- If I am appointing a new supervisor, I have advised my existing supervisor on record with Insurance Council of British Columbia of the change.

Signature of Applicant/Licensee

Date Signed (mm/dd/yyyy)

SECTION 5 SUPERVISOR DECLARATION AND SIGNATURE

I, the undersigned, acknowledge that all the information contained in this application is true and complete, and that I understand the terms outlined in Section 1 of this application and the [Council Rules](#). I am qualified under [Council Rules](#) to act as a supervisor for this applicant/licensee, and:

- I agree to supervise this Applicant/Licensee and understand that this Applicant/Licensee must only conduct insurance activities under my supervision.

- I will review all insurance related material for each life and/or A&S insurance application that the Applicant/Licensee prepares during the period of supervision.
- I will provide the Applicant/Licensee with adequate mentoring so that the Applicant/Licensee develops appropriate skills, procedures, and record-keeping practices.
- I understand that under Council Rules, I am required to notify the Insurance Council of British Columbia in writing within five (5) business days if I cease to act as the Applicant/Licensee's supervisor; and to include in the notification the reasons for withdrawing as a supervisor if they relate to the person's suitability or conduct as a licensee.

Signature of Supervisor

Date Signed (mm/dd/yyyy)

Completed forms should be emailed to: licensing@insurancecouncilofbc.com.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

For details on the licensing process, refer to the Insurance Council of British Columbia's website at insurancecouncilofbc.com.