

Membership Application

Identifying Information

Mr. Ms. Miss Mrs. Advocis ID

First Name _____ Initial _____ Last Name _____

Professional Title _____

Approved Designations

CLU® CHS™ CH.F.C.® PFA™ CFP® CFA® CIM® FEA PFP® TEP PI.fin

I am a designation holder in good-standing

I received my designation(s) on: _____

Referred by: Full Name / Chapter: _____

Business Address

Company Name _____

Street Address _____

City _____ Province _____ Postal Code _____

Telephone _____ Fax _____ Cell _____

Email Address _____

Home Address

Street Address _____

City _____ Province _____ Postal Code _____

Telephone _____ Fax _____ Cell _____

Email Address _____

Please select preferred address for correspondence purposes: Business Home

Profile

Birth Date MM/DD/YYYY

Please indicate the provinces or territories in which you hold licenses and/or registrations for the following:

| | License Date (Year Received) | Is your license currently in good standing? | AB | BC | MB | NB | NL | NS | NT | NU | ON | PE | PQ | SK | YT |
|--------------------------|---------------------------------|--|----|----|----|----|----|----|----|----|----|----|----|----|----|
| LLQP | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | |
| Accident and Sickness | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | |
| MFDA | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | |
| IIROC | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | |

Membership Category Requirements

Please select one of the three membership categories below and sign the section. 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.

MEMBER

Practicing Advisor members are those that are licensed, and are already holding one (or more) of the **approved designation(s)** for at least two years *and*, who are actively providing financial advice to consumers.

- I have at least one Advocis **approved designation** and have maintained my designation with the conferring body.
- I agree to adhere to the Advocis **Code of Professional Conduct & Disciplinary Procedures**.
- I agree to carry sufficient E&O coverage in accordance with the nature and extent of my practice.
- I agree to meet the Advocis **annual professional development requirement**.

My start date of actively providing financial advice is _____ MM/DD/YYYY

Signature _____ Date _____

Manager members (www.gamacanada.com) are leaders in the financial services industry in Canada and who are directly or indirectly responsible for recruiting/retaining, coaching, training, education, business development, or managing financial advisors and/or planners. Manager members may be directly servicing clients or may be providing financial advice as permitted by their license(s) (client-facing).



- I understand that Manager members have membership with GAMA International Canada and affiliate membership with GAMA International US.
- I agree to adhere to the Advocis **Code of Professional Conduct & Disciplinary Procedures**.
- I agree to carry sufficient E&O coverage in accordance with the nature and extent of my practice.
- I agree to meet the Advocis **annual professional development requirement**.
- I have at least one Advocis **approved designation** and have maintained my designation with the conferring body.

My start date of actively providing financial advice is _____ MM/DD/YYYY

Signature _____ Date _____

Newly-Designated members are those that are licensed and have recently (in the past two years) earned an approved designation.

Please indicate the designation that was recently earned (*other than* Advocis designations):

CFP® CFA® CIM® FEA PFP® TEP PI.fin

I received this designation(s) on: _____(YYYY)

- I agree to provide proof of my designation (as indicated above) **within 30 days of receiving Advocis Membership**. I will email the document to info@advocis.ca, Subject Line: Proof of recently earned designation.
- I agree to adhere to the Advocis **Code of Professional Conduct & Disciplinary Procedures**.
- I agree to carry sufficient E&O coverage in accordance with the nature and extent of my practice.
- I agree to meet the Advocis **annual professional development requirement**.
- I understand that I can only stay in this category only for a maximum of two years after which time Advocis will change my membership into PRACTICING ADVISOR category.

My start date of actively providing financial advice is _____ MM/DD/YYYY

Signature _____ Date _____

Designation Candidate are those who are licensed and are currently, or, are in the process of starting an approved designation program.

• I understand that I must earn the designation **within three years**

What designation are you working towards (other than Advocis designations)?

CFP® CFA® CIM® FEA PFP® TEP PI.fin

If enrolled in an Advocis designation program please specify: CLU® CHS™ PFA™

• I agree to provide proof of registration into an approved designation program, other than through Advocis, (as indicated above) within 30 days of receiving Advocis Membership. I will email document to info@advocis.ca, Subject Line: Proof of Program Registration.

• I agree to adhere to the Advocis **Code of Professional Conduct & Disciplinary Procedures**.

• I agree to carry sufficient E&O coverage in accordance with the nature and extent of my practice.

• I agree to meet the Advocis **annual professional development requirement**.

My start date of actively providing financial advice is _____ MM/DD/YYYY

Signature _____ Date _____

ASSOCIATE

Associate Manager members are **leaders** in the financial services industry in Canada who are directly or indirectly responsible for recruiting/retaining, coaching, training, education, business development, or managing financial advisors and/or planners. Associate Manager members are not licensed **and** are not compensated for serving clients directly (not client-facing).



• I do not provide financial advice nor serve clients directly.

• I agree to adhere to the Advocis **Code of Professional Conduct & Disciplinary Procedures**.

• I agree to carry sufficient E&O coverage in accordance with the nature and extent of my practice.

• I agree to meet the Advocis **annual professional development requirement**.

Signature _____ Date _____

Associate members are individuals in the financial service industry in Canada who are not licensed nor designated and are not compensated for serving clients directly.

• I do not provide financial advice nor serve clients.

• I agree to carry sufficient E&O coverage in accordance with the nature and extent of my practice.

• I agree to adhere to the Advocis **Code of Professional Conduct & Disciplinary Procedures**.

• I agree to meet the Advocis **annual professional development requirement**.

Signature _____ Date _____

Member's Assistants are individuals who may or may not be licensed but are not designated. They are not compensated for serving clients directly (not client-facing). They work under the direct supervision of an Advocis member(s).

• I am assisting and am under the direct supervision of the following Advocis member(s): _____ Name of Member

• I do not provide financial advice nor service clients directly.

• I agree to adhere to the Advocis **Code of Professional Conduct & Disciplinary Procedures**.

• I agree to carry sufficient E&O coverage in accordance with the nature and extent of my practice.

• I agree to meet the Advocis **annual professional development requirement**.

Signature _____ Date _____

STUDENT

Student Members must meet *ALL* criteria below:

NOTE: APPLICATIONS IN THIS CATEGORY WITH INCOMPLETE DOCUMENTS WILL NOT BE PROCESSED.

- I am entering the financial services industry for the first time and I am registering in a financial service licensing program (these may be: LLQP (other than Advocis/Foran program), MFDA, IIROC). Proof of program registration is required.
- I have never offered financial advice.
- I am registered in a financial services licensing program or in a full-time financial services program of study at a recognized educational institution.
- I am not insurance, nor mutual funds nor securities-licensed.
- I agree to adhere to the Advocis **Code of Professional Conduct & Disciplinary Procedures**.
- I understand that I can only stay in this category for a maximum of three years and for as long as all the above criteria are still true.

Signature _____

Date _____

Membership Attestation

As a requirement of membership, please select each attestation and sign this section.

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

Advocis members must

- read, understand and agree to abide by Advocis' **Code of Professional Conduct** and I understand that by entering into this Agreement for 2021, I am subject to Advocis' investigations and disciplinary procedures should a complaint be filed against me with Advocis. The **Code of Professional Conduct** is enforced by The Institute for Advanced Financial Education, a wholly-owned subsidiary and the standards setting and compliance body of Advocis. I understand that The Institute for Advanced Financial Education has the right to enforce the **Code of Professional Conduct** on behalf of Advocis;
- maintain an annual minimum of 30 hours of professional development based on a minimum of 15 hours of **structured learning** and a maximum of 15 hours of **unstructured learning**; and
- carry professional liability E & O insurance in accordance with regulatory requirements, as applicable to the nature of my practice.

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. Should any of the aforementioned occur I agree to notify Advocis in writing immediately at info@advocis.ca and provide specifics in respect of the offence(s).

Signature _____

Date _____

Payment Information

Please note that membership fees are non-refundable.

Monthly Pre-authorized Payment Plan Methods:

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

Please charge my credit card for the monthly amount

Payment day options: 1st of the month 15th of the month Pay in Full *Please contact member services

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Card No.

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Expiry Date

VISA

MasterCard

AMEX

Signature _____, hereby authorize Advocis to renew my annual membership using the credit card on file until further notice.

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 and I authorize TFAAC, on behalf of Advocis and/or The Institute for Advanced Financial Education (The Institute) and/or GAMA International Canada, to debit my credit card monthly for the amount of 1/12th of the full annual renewal fees plus the monthly administration fee (currently \$3) plus applicable GST/HST. I understand that this amount may change and that TFAAC will attempt to provide reasonable notice, and I waive my right to such notice. All 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.

Please visit www.advocis.ca for further details about Advocis membership, or call 1.877.773.6765.

Fees do not include \$3/month PAP fee or applicable taxes. Designation fees for The Institute designations (PFA™, CHS™, CLU® & CH.F.C.®) have been included in the membership fee except where otherwise noted on the advocis.ca website.

Fees qualify under Section 18(1)(a) of the Income Tax Act, as a business expense in the year of payment.

Privacy Statement

Your privacy is important to us. Advocis collects, uses or discloses your personal information for the purposes identified in the Advocis [Privacy Policy](#). Unless you instruct us otherwise, your personal information including email address and your telephone or fax number may be used for marketing, including telemarketing: 1) Advocis and TFAAC entity products and services; and, 2) third-party products and services that may be of interest to you. If you do not wish to receive any communications related to the marketing of Advocis and third-party products and services, please complete the web page in the members' website and indicate your preferences. View our Advocis [Privacy Policy](#).

Electronic Communications Consent

I consent to receive commercial electronic messages from Advocis, The Financial Advisors Association of Canada, together with its subsidiaries and affiliates, including but not limited to The Institute for Advanced Financial Education, GAMA International Canada, Advocis Protective Association, and Advocis Broker Services. I understand that I can opt-out or update my email preferences at any time by contacting Advocis at the address or email provided on this form.

View Advocis' administration policies for more information.

Send Completed Form To:

Fax To: 416.444.8031
Scan to: info@advocis.ca

OR Mail To: Advocis - Member Services
10 Lower Spadina Avenue, Suite 600
Toronto, ON M5V 2Z2
Tel: 416.444.4449 / 1.877.773.6765

2021 Advocis Membership Annual Fees (January 1 - December 31)

| Categories | Fees |
|--|-----------------------------|
| Member Category | |
| Practicing Advisor | \$941.00 + Applicable Taxes |
| Manager Member | \$941.00 + Applicable Taxes |
| Newly Designated (2 year maximum) | \$471.00 + Applicable Taxes |
| Designation Candidate (3 year maximum) | \$235.00 + Applicable Taxes |
| Associate Category | |
| Associate Manager | \$941.00 + Applicable Taxes |
| Associate | \$740.00 + Applicable Taxes |
| Member's Assistant | \$190.00 + Applicable Taxes |
| Student Category | |
| Student (full-time) | \$50.00 + Applicable Taxes |

Monthly PAP Option — add \$36.00 Administration Charge + Applicable Taxes

| **Additional Charges for Designation Fees | Fees |
|---|----------|
| CLU Designation | \$378.00 |
| CHS Designation | \$201.00 |
| PFA Designation | \$240.00 |
| Non-Practicing Members Designation Fee* | \$50.00 |

*Subject to completion of non-practicing designation attestation