

# Application\* for the 2021 NATIONAL BUILDER AWARD (NBA)

## Identifying Information

Mr.     Ms.     Miss     Mrs.    Advocis ID

Applicant First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Designations     CFP®     CLU®     CH.F.C.®     CHS     PFA™     Other \_\_\_\_\_

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_

Email address \_\_\_\_\_ Social Media Handle \_\_\_\_\_

## Member and Company Status Information

Please check [  ] the following boxes where applicable:

- 1. I am a GAMA International Canada member in good standing. I understand that, in order to qualify for and be granted this award, I must maintain my membership in good standing for at least 12 months following submission of the award application.
- 2. I personally supervised a minimum of:
  - 10 full-time representatives (NBA)
  - 15 full-time representatives (NBA – Gold)
- 3. The representatives under my direct supervision earned a minimum of:
  - \$225,000 (NBA)
  - \$350,000 (NBA-GOLD) OR (state actual amount \$ \_\_\_\_\_) comprised of MDRT first-year sales commissions as determined by my companies from the sale of life insurance and related products as well as first-year commissions from the sale of mutual funds.

## Additional Information

- If you have been in management in two different offices in 2020, the figures required in #2 and #3 above will be arrived at by adding the figures attained in the months at your former office to those attained in the months at your present office, the total representing 12 consecutive months to the end of 2020.
- If more than one company certification is required, this form should be photocopied and completed accordingly for each company showing the actual amount in #3. It is the applicant's responsibility to obtain the certification from each company. Please mail all completed and certified application forms at one time to the GAMA International Canada Awards Administrator.

Application Date \_\_\_\_\_ MM/DD/YYYY      Applicant's Signature \_\_\_\_\_

## Company Certification

I certify that the requirements for items #2 and #3 above as checked [  ] by the applicant are correct. If not, please complete the following information.

Date \_\_\_\_\_ MM/DD/YYYY      Certifier \_\_\_\_\_

Company \_\_\_\_\_ Title \_\_\_\_\_

Certifier's Signature \_\_\_\_\_

## Privacy Statement

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## Send Completed Form To:

Mail: GAMA International Canada Awards Administrator  
Advocis, 10 Lower Spadina Avenue, Suite 600, Toronto, ON M5V 2Z2

Email: [info@gamacanada.com](mailto:info@gamacanada.com)

**Completed application must be dated and submitted no later than 11:59:59 p.m. eastern time Sunday, May 31, 2021.**