

# Individual Life and/or Accident & Sickness Transfer of Sponsorship Form

## Life Insurance Council of Saskatchewan

**Contact Council if you are uncertain you are completing the correct form  
The fee for a transfer of sponsorship is \$25**

<b>Part A: Identification Information</b>				<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.
Last name		First and middle name (in full)		
<b>Place of residence</b> Number and Street		Personal telephone (    )		
		Personal fax (    )		
City/Town	Province/ State	Postal Code/ Zip Code	Personal e-mail	
<b>Address mail will be sent to</b> (complete only if different than place of residence) Business name (if applicable)		Business telephone and extension (    )		
		Business Fax (    )		
Number and Street		Cell Phone (    )		
City/Town	Province/ State	Postal Code/ Zip Code	Business e-mail	
<b>Part B: Errors &amp; Omissions Insurance</b>				
<input type="checkbox"/> Attach a copy of the E & O Certificate of Insurance to this application form. <i>Refer to the bylaws to determine E &amp; O requirements</i>				

## Part C: Non-resident Applicants

1. Saskatchewan Address for Service (As required by Section 421 of The Saskatchewan Insurance Act)

street/box

city/town

province

postal code

## Part D: Background

The following are questions relevant to The Saskatchewan Insurance Act regarding trustworthiness and suitability to be licensed.

For any questions where you answered yes, or where disclosure is called for, please provide complete details on a separate sheet of paper and attach to the application form.

- |  |   |
|--|---|
| <p>1. Have you ever held an insurance licence anywhere in Canada or in another country? <input type="checkbox"/> No <input type="checkbox"/> Yes<br/><i>If yes, please provide information about licence year, licence class and jurisdiction.</i></p> <p>2. Has any insurance licence held by you, or other licence or registration for selling financial products, ever been suspended or revoked anywhere in Canada or in another country? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>3. Have you ever been refused an insurance licence or other licence or registration for selling financial products anywhere in Canada or in another country? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>4. Are you currently or do you plan to engage in any business or occupation other than the insurance business?<br/><input type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>5. Have you ever been the subject of any steps in bankruptcy or receivership? <input type="checkbox"/> No <input type="checkbox"/> Yes<br/>This question applies to you personally AND also in your capacity as a principal shareholder, officer or director of a company.<br/><i>If yes, please provide a copy of the documents involved. If a discharge from bankruptcy or other settlement was obtained, please provide a copy.</i></p> <p>6. Please disclose any complaint, investigation or charges against you, past or still pending, for any criminal, quasi-criminal, regulatory or disciplinary offence anywhere in Canada or in another country? <i>(it is not necessary to report offences dealt with by simply paying a ticket)</i><br/><input type="checkbox"/> Nothing to disclose <input type="checkbox"/> Disclosure attached</p> <p>7. Please disclose any other type of legal action against you, past or still pending, for acts such as mishandling of funds, misrepresentation, fraud, conversion, undue influence or breach of trust?<br/><input type="checkbox"/> Nothing to disclose <input type="checkbox"/> Disclosure attached</p> |
|--|---|

## Part E: Consent to the Collection, Use and Disclosure of Information

By applying for an insurance licence or the continuation of my insurance licence, I understand personal information will need to be collected from me and from other sources such as the sponsor of my licence, financial service regulators, law enforcement agencies, credit bureaus, insurance companies, previous employers or other organizations in the financial services sector. I, therefore, consent to the collection and use of this personal information for the purpose of determining my suitability for licensing or the continuation of my licence.

I further understand and consent to disclosing personal information to the sponsor of my licence, financial service regulators, law enforcement agencies, credit bureaus, insurance companies or other organizations in the financial services sector, in order determine my suitability for licensing or the continuance of my licence.

X

Signature of applicant

X

Date signed

## Part F: Declaration

The making of a false statement on this application constitutes a material mis-statement and may result in the refusal of this application and the subsequent suspension or cancellation of any licence issued. This application is required to be personally signed by the applicant named herein.

I, \_\_\_\_\_, solemnly declare that all statements and answers in the foregoing application including attachments are true and correct, and I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

X

Signature of Applicant

X

Date signed

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## Part G: Sponsor Declaration

*To be completed by the licensed insurer sponsoring you.*

**Please Print**

Applicant's Name \_\_\_\_\_

Is hereby sponsored and authorized to act as an agent

The sponsor certifies that the qualifications and business record of the applicant have been investigated and that the applicant is a trustworthy and competent person to receive a licence.

To the best of my knowledge, information and belief, all statements and answers contained in the foregoing application are true and correct.

It is understood, if and when this licensee ceases to represent the sponsor named herein, written notice will be given to the Life Insurance Council of Saskatchewan within five days of termination including the reason for termination.

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**Print Name of Sponsor**

<b>Authorized Officer</b> Print Name	Signature	Date  MM   DD   YYYY
Phone number  (       )	Fax number  (       )	E-mail address

**THE ABOVE APPLICANT WILL NOT ACT AS AN INSURANCE AGENT UNTIL THE LICENCE IS ISSUED**

Licensing Department  
Insurance Councils of Saskatchewan  
310 – 2631 – 28<sup>th</sup> Avenue  
Regina SK S4S 6X3

Tel: 306.347.0862  
Fax: 306.347.0525

[www.skcouncil.sk.ca](http://www.skcouncil.sk.ca)

**Payment information (Please choose a payment option below)**

Cheque or money order enclosed for full amount

Make cheque or money order payable to the **Insurance Councils of Saskatchewan.**

or

A NSF charge of \$50 will apply for returned cheques.

Charge my credit card for the full amount

VISA       MasterCard

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Card Number

\_\_\_\_\_-\_\_\_\_\_  
Expiry Date

x Signature \_\_\_\_\_

x Print name of applicant \_\_\_\_\_

April 29, 2010