

Supervision Certificate

I, _____, certify that I am a holder of an insurance licence authorizing me to
(Supervising Licensee)
transact the class of insurance for which I am completing this supervision certificate. I also certify that I hold qualifications specified in the Life Insurance Council Bylaws that permit me to sign as a supervisor.

I have reviewed the following insurance related material used or prepared by _____
(Supervised Licensee)
for _____ and believe that the insurance applied for is appropriate to the needs
(Applicant)
and circumstances of the applicant and/or insured.

I have reviewed

Type of Insurance Need

(✓ Check one or more)

- | | |
|--|--|
| <input type="checkbox"/> Accident & Sickness Insurance | <input type="checkbox"/> Education Funding |
| <input type="checkbox"/> Business Insurance | <input type="checkbox"/> Estate Preservation |
| <input type="checkbox"/> Debt/Mortgage Insurance | <input type="checkbox"/> Family Survivorship Needs |
| <input type="checkbox"/> Disability Insurance | <input type="checkbox"/> Segregated Funds |
| <input type="checkbox"/> Annuities | |
| <input type="checkbox"/> Other (Please specify) _____ | |

Insurance Product(s) Applied For _____

Insurance Amount(s) Applied For _____

Life Insurance Replacement Declaration form
(If no, why not) Yes No _____

Insurance Needs Analysis
(If no, why not) Yes No _____

Policy Illustrations
(If no, why not) Yes No _____

Supervising Licensee's Signature

Date

I certify that I have provided to the licensee signing this Certificate, a copy of all material I have used with the named applicant/insured.

Supervised Licensee's Signature

Date

Instructions

The licensees signing the Certificate must retain a copy of this Certificate for their records