

Agency Life RIA and TPA 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**

Part A: Agency Information			
Name in which RIA will carry on business and in which the licence is to be issued.			
Business address			
Number and Street			
City/Town	Province/State	Postal Code/ Zip Code	
Business telephone and extension ()	Business Fax ()	Business e-mail	
Address mail will be sent to (complete only if different than business address)			
Number and Street			
City/Town	Province/State	Postal/Zip Code	
Part B: Non-resident Applicants			
1. Saskatchewan Address for Service (As required by Section 421 of <i>The Saskatchewan Insurance Act</i>)			
_____	_____	_____	_____
street/box	city/town	province	postal code
Part C: Other licensing requirements			
Errors & Omissions Insurance			
<input type="checkbox"/> Attach a copy of the E & O Certificate in the name of the agency to this application form. Refer to the bylaws to determine E & O requirement.			

Part D: Background

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

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

1. Has any insurance licence or other licence or registration for selling financial products held by the RIA applicant, ever been suspended or revoked anywhere in Canada or in another country? ___No ___Yes
2. Has the RIA applicant ever been refused an insurance licence or other licence or registration for selling other financial products anywhere in Canada or in another country? ___No ___Yes
3. Is there any complaint, investigation or charges against the RIA applicant past or still pending, for any criminal, quasi-criminal, regulatory or disciplinary offence anywhere in Canada or in another country? *(it is not necessary to report offences dealt with by simply paying a ticket)*
___Nothing to disclose ___Disclosure attached
4. Please disclose any other type of legal action against the RIA applicant past or still pending, for acts such as mishandling of funds, misrepresentation, fraud, conversion, undue influence or breach of trust? ___Nothing to disclose ___Disclosure attached

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

By applying for a Restricted Insurance Agent licence or the continuation of the insurance licence, I understand personal information or personal information about any principal shareholder, officer or director may be collected from the applicant or from other sources such as the sponsor of the licence, financial service regulators, law enforcement agencies, credit bureaus, insurance companies or other organizations in the financial services sector. The applicant, therefore, consents to the collection and use of this personal information for the purpose of determining the suitability for licensing or the continuation of this licence.

The applicant further understands and consents to disclosing information to the sponsor of the licence, financial service regulators, law enforcement agencies, credit bureaus, insurance companies or other organizations in the financial services sector, in order to determine suitability for licensing or the continuance of this licence.

X

Signature of authorized official

Print name of authorized official

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 signed by the Designated Individual 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 authorized official

Date signed

Part G: Sponsor Recommendation

To be completed by the licensed insurer sponsoring the Restricted Insurance Agent

Please Print

Applicant's Name _____

Is hereby sponsored and authorized to act as an agent of the undersigned sponsor.

We are licensed to undertake the class of insurance the applicant has applied for and have entered into an agency contract with the applicant and recommend that the applicant be granted a Restricted Insurance Agent licence.

It is understood that if the licensee named herein is terminated by us, written notice, including the reasons for termination will be given to the Life Insurance Council of Saskatchewan within five days of termination.

Print Name of Sponsor

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

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

Tel: 306.347.0862
Fax: 306.347.0525

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