



FCIDB MEMBERSHIP APPLICATION & RENEWAL FORM – INDIVIDUAL

MEMBERSHIP TYPE: REGULAR ASSOCIATE AFFILIATE PROVISIONAL

APPLICANT INFORMATION

NEW MEMBER RENEWAL

SURNAME _____ GIVEN NAME _____

ID TYPE _____ ID NUMBER _____

ISSUED BY _____ EXPIRY _____

BUSINESS ADDRESS _____

CITY _____ PROV. _____ POSTAL CODE _____

PHONE _____ FAX _____

E-MAIL _____

WEBSITE _____

PRIMARY EMPLOYER _____

HEAD OFFICE ADDRESS _____

CITY _____ PROV. _____ POSTAL CODE _____

PHONE _____ FAX _____

E-MAIL _____

WEBSITE _____

Do you use ICS Courier? YES NO Does your employer use ICS? YES NO

APPLICANT LICENSES & DESIGNATIONS

LIFE LEVEL I

RFP

OTHER LICENSES & DESIGNATIONS

LIFE LEVEL II

CHFC

GENERAL INSURANCE

CFP

P & C INSURANCE

CLU

MUTUAL FUND

PFP

SECURITIES

CFA

APPLICANT DEPOSIT BROKER INFORMATION

Do you process your deposit business through your primary employer?

YES NO

If **NO**, please indicate who you use to process your deposit business:

I HAVE MY OWN AGENCY AGREEMENTS

MY BRANCH OFFICE HAS OUR OWN AGENCY AGREEMENTS

I USE AN EXTERNAL DEPOSIT BROKER (complete section below)

DEPOSIT BROKER NAME _____

ADDRESS _____

CITY _____ PROV. _____ POSTAL CODE _____

PHONE _____ FAX _____

E-MAIL _____

WEBSITE _____

APPLICANT INSURANCE COVERAGE

Do you have E&O insurance? YES NO

AMOUNT _____ EXPIRY DATE _____

INSURER _____ Provided by employer

Do you have a fidelity bond? YES NO

AMOUNT _____ EXPIRY DATE _____

INSURER _____ Provided by employer

Have you ever been denied coverage or had your coverage revoked? YES NO

APPLICANT ACKNOWLEDGEMENT AND SIGNATURE

I hereby certify that the above information is true and complete, and authorize the FCIDB to collect, retain, and use the above information as is required to carry out the regular business of the FCIDB. I hereby authorize the transmission of the above information as required by court order or as required by law.

SIGNATURE _____ DATE _____