

# 2018 AGENCY BUILDER AWARD (ABA) Application\*

## Identifying Information (Please print)

**Advocis ID Number**

**Applicant Name** \_\_\_\_\_  
First Initial Last name

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

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

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

**City** \_\_\_\_\_ **Province** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **Email address** \_\_\_\_\_

## 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 (ABA)  
 15 full-time representatives (ABA-Gold)
3. The representatives under my direct supervision earned a minimum of:  
 \$225,000 (ABA)  
 \$350,000 (ABA – GOLD) OR (*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 2017, 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 2017.
- 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** \_\_\_\_\_

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## Please Fax, Email or Mail Completed Application To

**Mail:** GAMA International Canada Awards Administrator  
 Advocis, 390 Queens Quay West, Suite 209, Toronto ON M5V 3A2

**Fax:** 416.444.8031  
**Email:** [info@gamacanada.com](mailto:info@gamacanada.com)

Completed application must be dated and submitted no later than **Tuesday, May 1, 2018.**