

Recognition award for team leaders

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. My office earned in 2018 a minimum of \$1.25 million or (*state actual amount* \$ _____) comprised of MDRT first-year sales commissions as determined by my company from the sale of life insurance and related products as well as first-year commissions from the sale of mutual funds. (A minimum of 10% must come from representatives with less than five years with the company.)
- 3. My office had a minimum of 25 full-time representatives on December 31, 2018.

Additional information

- If you have been a team leader in two different offices in 2018, 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 2018.
- If more than one company certification is required, this form should be photocopied and completed accordingly for each company showing the actual amount in #2. 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.
- In cases of co-team leaders, each leader may apply separately, providing each receives credit only for the figures attributable to his/her own representatives. If this separation is not possible, then the minimum requirements are doubled.

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 _____

Privacy statement

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Please Fax, Email or Mail Completed Application To

Mail: GAMA International Canada Awards Administrator
 Advocis, 10 Lower Spadina Ave., Suite 600, Toronto ON M5V 2Z2

Fax: 416 444-8031

Email: info@gamacanada.com

Completed application must be dated and submitted no later than 11:59:59 p.m. eastern time **Wednesday, May 1, 2019.**