

Identifying Information

Mr. Ms. Miss Mrs. Advocis ID

Applicant First Name _____ Initial _____ Last Name _____

Designations CFP® CLU® CH.F.C.® CHS PFA™ Other _____

Company Name _____

Street Address _____

City _____ Province _____ Postal Code _____ Telephone _____

Email address _____ Social Media Handle _____

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 2021 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, 2021.

Additional Information

- If you have been a team leader in two different offices in 2021, 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 2021.
- 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 _____ 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 _____ Certifier _____
 Company _____ Title _____
 Certifier's Signature _____

Privacy Statement

Your privacy is important to us. Advocis collects, uses or discloses your personal information for the purposes identified in the Advocis [Privacy Policy](#). Unless you instruct us otherwise, your personal information including email address and your telephone or fax number may be used for marketing, including telemarketing, 1) Advocis and TFAAC entity products and services and 2) third-party products and services that may be of interest to you. If you do not wish to receive any communications related to the marketing of Advocis and third-party products and services, please complete the web page in the members' website indicating your opting out choices. To view the Advocis Privacy Policy, visit www.advocis.ca.

Send Completed Form To:

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

Email: gama@advocis.ca

Completed application must be dated and submitted no later than 11:59:59 p.m. eastern time Sunday, June 30, 2022.