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**APPLICATION FOR FUNDSERV CONTRACT (SEGREGATED FUNDS ONLY) - DEALER AND ADVISOR**

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Distributor FundServ Code: Sales Representative Number:   
(both to be inserted by Distributor)**Distributor or Sales Representative (FundSERV)**

This is your Application Package to sell Equitable® Segregated Funds through FundSERV as a Distributor or as a Sales Representative for a Distributor. Please ensure that all sections of the Application are fully and accurately completed. Incomplete Applications will be returned, which will cause delays in contracting and payment of commissions.

If you are a Sales Representative, please forward the completed application to your Distributor, with a copy of your license and a copy of your Errors and Omissions insurance certificate (in provinces where E&O insurance is required).

If you are a Distributor, please forward the completed application to Equitable's Head Office, with a copy of your license and a copy of your Errors and Omissions insurance certificate (in provinces where E&O insurance is required).

**If you have any questions or concerns when completing this Application, please contact Field Contracting at 1-800-668-4095.**



## APPLICATION FOR FUNDSERV CONTRACT (SEGREGATED FUNDS ONLY) - DEALER AND ADVISOR

### Instructions for Completing Distributor or Sales Representative Application for Contract to Sell Annuities Via FundServ

This Application consists of:

- PART A** Personal Information – Complete for BOTH the Applicant and the Principal(s) of the Applicant
- PART B** License and Error and Omissions Insurance – Complete for BOTH the Applicant and the Principal(s) of the Applicant  
Distributor FundSERV Information – Only Distributor completes
- PART C** Consent and Authorizations – Applicant must complete AND sign
- PART D** Signing Page – If Applicant is a Sales Representative, Distributor must sign

#### Instructions for Sales Representative (Applicant):

1. Accurately complete your Parts of the Application.
2. **Retain a copy of the Application for your file. We will NOT provide a copy of the signed documents unless you request.** Notify us of any changes to this Application within 10 business days of the change.
3. Send the completed Application to your Distributors. **Make sure you:** a) **sign Part C;** and, b) include a copy of the Sales Representative's and principal(s) license and a copy of the E&O Insurance Certificate (if required in your province) with your Application.

#### Distributor Instructions for Sales Representative:

1. Sign Part D, retain a copy of the Application for your file, and send completed Application, license and Errors and Omissions Certificate to us.

#### Instructions for Distributor (Applicant):

1. **Accurately complete the Application online or by printing and completing by hand.**
2. Retain a copy of the Application for your file. **We will NOT provide a copy of the signed documents unless you request.** Notify us of any changes to this Application within 10 business days of the change.
3. Send the completed Application to us. **Make sure you:** a) **complete and sign Part C and,** b) include a copy of the Distributors and Principals(s) licenses and a copy of the E&O Insurance Certificate (if required in the Distributor/Principal(s) province) with the Application. Use courier, mail, or fax the Application and documentation to:

Equitable  
Field Contracting, Licensing and Compensation  
One Westmount Road North  
P.O. Box 1603 Stn. Waterloo  
Waterloo, Ontario N2J 4C7

Fax: 519-883-7405



APPLICATION FOR FUNDSERV CONTRACT (SEGREGATED FUNDS ONLY) - DEALER AND ADVISOR

PART A – Personal Information

Complete for the Applicant and its Principal(s) where Incorporated

1. General Information

a) Date: \_\_\_\_\_

b) Name of applicant: \_\_\_\_\_  Mr.  Mrs.  Ms.  Miss.

c1) Are you a(n):  individual agent  corporation: \_\_\_\_\_  partnership

If a corporation or partnership, list principals/partners, shareholders

\_\_\_\_\_

c2) Quebec licensees: Are you a(n):  Independent Representative  Representative Attached to a Firm

Independent Partnership  Firm

name of firm: \_\_\_\_\_

d) Social Insurance Number: \_\_\_\_\_

e) Are you legally entitled to work in Canada?  Yes  No

f) Driver's License Number: \_\_\_\_\_

2. Business address(es) over last 5 years

Most recent

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Previous

Address: \_\_\_\_\_

3. Home address(es) over last 5 years

Most recent

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Previous

Address: \_\_\_\_\_

4. Other business affiliations

a) Do you conduct, or are you associated with, any other business other than those specified in #1 above?

Yes  No If "yes", give details, including name, location and nature of business in section 10 at the end of this form.

b) Are you a partner, officer or director or in a non-arms length relationship with any other business?

Yes  No If "yes", give details, including name, location and nature of business in section 10 at the end of this form.



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PART A – Personal Information

5. Insurance Companies

List, in order of total volume, the five insurance companies with which you have placed the most policies in the last 5 years. Indicate the lines of business for each company with an "X" under the corresponding product.

Table with 5 columns: Co. Name, Are you still associated with company? (Yes/No), # of Yrs, Lines of Business (Life/Ann/\*Other), and Persistency For Life Products (if known) (%).

\*Example: disability, Health

6. References

Please provide three business references. Preferably, references should be from other companies last transferred/worked. Only one may be from the current/prospective MGA.

- 1. Name & Title: \_\_\_\_\_ Co. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Name & Title: \_\_\_\_\_ Co. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Name & Title: \_\_\_\_\_ Co. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

7. Formal Education and Designations

a) Highest education level attained:

- elementary school secondary school
CEGEP university or college: degree/diploma Institution
post graduate: degree/diploma Institution

b) Have you taken the LLQP course Yes No Full Course Part A - If Part A, have you enrolled in Part B? Yes No

c) Do you have any of these or other designations? Indicate year attained. FLMI yr. RFP yr. CLU yr. CFP yr. CH.F.C. yr. Any other Professional Designation(s)yr.

If you are presently working on any of the above mentioned, please list:

Empty rectangular box for listing current work.



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### PART A – Personal Information

#### 8. Personal Profile

If you answer “yes” to any of the following questions, provide a full explanation in section 10.

- a) Have you ever been under any legal order to make monetary payments to another person or business entity, including spousal support if registered?  Yes  No
- b) Have you ever had your wage garnished?  Yes  No
- c) Are you currently indebted to any insurer or MGA or other financial services companies?  Yes  No  
(If yes, specify name of creditor, anticipated duration of debit, existing amount, when debt commenced, repayment schedule, conditions for repayment.)
- d) Have you ever been declared bankrupt or made a voluntary assignment into bankruptcy, or made a consumer proposal under any legislation relating to bankruptcy or insolvency, or are you currently an undischarged bankrupt or conditionally discharged bankrupt?  Yes  No  
(If yes, include trustee’s name and address, location of bankruptcy filing, Assignment of Bankruptcy or Receiving Order, Statement of Affairs, and an explanation as to the circumstances of the bankruptcy or proposal.)
- e) Have you ever been a controlling shareholder, or officer of a corporation that was declared bankrupt, or placed in receivership, or made a voluntary assignment in bankruptcy, made a proposal under any legislation relating to bankruptcy or insolvency, or is currently not discharged or conditionally discharged?  Yes  No  
(If yes, include trustee’s name and address, location of bankruptcy filing, Assignment of Bankruptcy or Receiving Order, Statement of Affairs, and an explanation as to the circumstances of the bankruptcy, receivership or proposal.)
- f) Has any partnership or corporation, of which you are or were at the time of such event a partner, officer, director or a controlling shareholder, ever pleaded guilty or been found guilty of an offense under any law of any province, territory, state, or country, or is any such partnership or corporation currently the subject?  Yes  No
- g) Have you ever pleaded guilty or been found guilty of an offence under any law of any federal statute or law of any other country or state, for which you have not been pardoned, or are you currently the subject of any charges?  Yes  No  
Some examples of these offences are fraud, theft, weapons charges, drug trafficking, physical assault, impaired driving, tax evasion and human rights violations. You are not required to disclose minor traffic infractions such as speeding or parking violations.
- h) Have you ever been refused registration or a license under any legislation which required registration or licensing to deal with the public in any capacity (eg. insurance agent, RIBO broker, mutual funds salesperson, securities dealer, motor vehicle dealer) in any province, territory, state, or country; or have you held such a license and been the subject of a disciplinary proceeding?  Yes  No  
(If yes, please give details including penalties imposed)
- i) Have you ever been disciplined by a financial services regulator?  Yes  No  
(If yes, give details including penalties imposed)
- j) Have you ever been terminated or resigned, or had any contracts cancelled which you held with any financial services company because you were accused of violating insurance or investment related statutes, regulations, rules, or industry standards of business conduct?  Yes  No
- k) Are you currently, or is there any reason to believe that in the future you will be, under any legal restriction or impediment which would prevent you from lawfully carrying on the business of insurance agent or broker?  Yes  No



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**PART A – Personal Information**

**9. Sponsor Information** (if applicable)

a) Current sponsoring Insurance Company name: \_\_\_\_\_

b) List the names of your sponsoring companies over the last 5 years:

Name: \_\_\_\_\_ Dates: \_\_\_\_\_

Name: \_\_\_\_\_ Dates: \_\_\_\_\_

Name: \_\_\_\_\_ Dates: \_\_\_\_\_

c) Have you changed sponsors in the last 5 years?  Yes  No (If yes, indicate reasons in section 10.)

d) Have you ever been declined sponsorship?  Yes  No (If yes, indicate the reasons for the decline in section 10.)

e) Are you applying to change your sponsor?  Yes  No (If yes, indicate the reasons for the change of sponsorship in section 10.)

**10. Additional information from previous sections** (please indicate the question number you are responding to)



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PART B – License and Error and Omissions Insurance

Complete for the Applicant and its Principal(s) where Incorporated

11. Insurance Company

Have you ever submitted business to our company? [ ] Yes [ ] No
If yes, indicate the name through which this business was submitted

12. Licenses/Registrations currently held

Please attach a copy of your life and/or accident and sickness license.

Table with 8 columns: \*Type of License, No of years held, Any interruptions in licensing, if yes, give details in section 10 (Yes/No), License Number, Level (if applicable), Prov. or Terr., Expiry/Renewal Date, Sponsor or Dealer

\*Life Insurance; A&S Insurance; Property & Casualty; Mutual Funds; Securities; Mortgage Broker; Real Estate Agent; Full LLQP or restricted LLQP; Other

13. Errors and Omissions Coverage

a) Do you have Errors and Omissions Coverage? [ ] Yes [ ] No (If no, please explain below)

Empty rectangular box for explanation of 'No' answer to question 13a.

Please attach a copy of your E&O certificate.

b) Has any policy or application for errors and omissions insurance on your behalf ever been declined, cancelled or renewal refused? [ ] Yes [ ] No (If yes, please explain below)

Empty rectangular box for explanation of 'No' answer to question 13b.

Distributor FundSERV Information

Dealer type: \_\_\_\_\_ FundSERV Distributor Code: \_\_\_\_\_

- [ ] Net Settlement Messaging (Full N\$M)
[ ] Net Settlement Messaging (Commission only)
[ ] Non Net Settlement Messaging

Designated FundSERV contact person: \_\_\_\_\_
Name: \_\_\_\_\_
Phone: \_\_\_\_\_
Email: \_\_\_\_\_

Email address for commission statements: \_\_\_\_\_

This is your consent for Equitable to use internet.



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PART C – Consent and Authorization

To whom it may concern, I am: \_\_\_\_\_

- a) applying to Equitable, One Westmount Rd. North, Waterloo, Ontario N2J 4C7 (the "Company") for a contract as an agency; or,
b) currently contracted with the Company; to sell life insurance and/or accident and sickness insurance. Part of the application process or ongoing review of my performance, or my agency's performance, is an investigation of my personal background. These investigations are conducted by the Company and/or its authorized agent.

I have sold financial services including insurance as principal through the following business styles, trade names, corporations or partnerships ("Listed Entities") (leave blank if none):

Name \_\_\_\_\_ Date \_\_\_\_\_
Name \_\_\_\_\_ Date \_\_\_\_\_
Name \_\_\_\_\_ Date \_\_\_\_\_

I make this consent and authorization on my behalf and as authorized representative of the Listed Entities and authorize: (a) and direct you to release to the Company information contained in your files concerning my agency, my employment, my business records, my education record, my credit record including records pertaining to the Listed Entities and/or any other information relevant to a contract to sell life insurance and/or accident and sickness insurance as an agent with the Company; (b) the Company to obtain a criminal activity clearance report from any police agency or government; (c) information concerning certificates, licenses and registrations; any information concerning complaints or disciplinary measures from regulators, industry and professional organizations and associations; (d) the Company to exchange information with any regulator, professional registry or database, insurance company, financial institution, personal information agents or detective and security agencies or organizations whose functions are the prevention, detection or repression of crimes or offenses, market intermediaries, my employer or ex-employer, including all personal information which could be collected through verification of my application for employment or contract and ongoing performance; (e) the Company to establish a file concerning my application or a contract and subsequent performance and that the personal information contained in this file will be consulted by the Company's employees and its authorized agents in relation to my contract to sell life insurance and/or accident and sickness insurance as an agent. The file will be kept at the Company's offices. I may consult the personal information contained in this file and, if applicable, have it rectified; and, (f) the Company to use my social insurance number in its files pertaining to me.

Upon request to any professional registry or database established by the industry and holding information about me, I shall be informed of the existence, use and disclosure of personal information and I shall be given access to that information for purposes of accuracy and completeness.

This Consent and Authorization shall continue in effect until the earlier of: a) the date I revoke it in writing; or, b) 12 months after I ceases to receive any commission earnings from or through the Company.

A photocopy of this Consent and Authorization has the same value as the original.

I represent, warrant and agree that: a) the information I have provided in all Parts of this Application is complete and accurate in every respect; b) I shall provide updated information to the Company within 10 business days of any change; and c) any false statement or omission including a failure to provide updated information may disqualify me from receiving a contract or result in the termination of my contract, and may cause the Company to report me to an insurance regulator.

{insert Applicant name} \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ .

Per: \_\_\_\_\_

Name: \_\_\_\_\_



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**PART D – Distributor Signing, Authorization and Direction for its Sales Representative**

The Distributor signing below has conducted a due diligence review of the Applicant Sales Representative and advises the Company that the Sales Representative will conduct activities through FundSERV on behalf of the Distributor for which the Distributor shall be responsible and liable.

Facsimile signatures are acceptable and binding.

{insert Distributor name} \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ .

Per: \_\_\_\_\_

Name: \_\_\_\_\_

**Please note:** Equitable cannot ensure the privacy and confidentiality of any information sent through the internet because e-mail may be vulnerable to interception. As a result, Equitable is not responsible for any loss or damages you may incur if your information is intercepted and misused. If you would prefer to submit your information by another means, please contact us at 1-800-722-6615.