



Send Completed Form To: credentialservices@advocis.ca

Mail To: The Institute 10 Lower Spadina Avenue, Suite 600 Toronto, ON M5V 2Z2

Chartered Life Underwriter (CLU®) Reinstatement Application Form

Personal Infor	mation										
□ Mr. □ Ms.	Miss	□ Mrs.	Advocis ID no. (if ag	Advocis ID no. (if applicable)							
First Name			Initial L	Initial Last Name							
			re you would like to re		M magazine et	c):					
					Province	Postal Code					
TelephoneFax			- ax	Email <i>A</i>	Address						
Billing Addres	s (The add	ress associa	ted to your credit car	d):							
Company Name											
Street Address			City		Province	Postal Code					
Telephone			-ax	Email A	Address						
CLU Designati	on Reinsta	tement Affii	mation								
□ I hereby apply	for reinstate	ement of auth	norization to use the CLU	designation and have I	read the reinstat	ement policy (below).					
□ I understand t unconditional		tute Trustees	may reinstate a CLU pra	actitioner's right to use	the CLU designa	tion either on a conditional or					
□ I understand t designation ho		se practitione	ers reinstated and theref	ore, authorized by The I	nstitute, may ho	ld themselves out as a CLU					
			ining my practice during signation lapsed and/or			ormation I feel pertinent,					
			ontinuing Education (CE e and attest that the encl			I have enclosed written proof of					
□ I have read an	d agree to a	bide by The I	nstitute's Code of Profes	sional Conduct & Discip	olinary Procedure	es.					
Signature				Date							

CLU Designation Reinstatement Policy

For lapsed designation holders applying for reinstatement, continuing education must be completed during the period of a lapsed designation and proof of completed CE must be provided before reinstatement will occur. If a lapsed designation holder applies for reinstatement after having left The Institute, the following applies:

For all who apply for reinstatement and who have been absent for three years or less:

- Proof of the required continuing education credits taken during that period must be submitted with the application for reinstatement.
- Those applying for reinstatement will be required to pay the appropriate administration fees.

For all who apply for reinstatement and who have been absent for more than three years:

- Proof of the required continuing education for the three years prior to the application for reinstatement must be submitted.
- Those applying for reinstatement will be required to challenge the Advanced Estate Planning course exam including appropriate exam and administration fees.

2024 Annual maintenance of the CLU designation includes:

- an annual fee of \$419 plus applicable taxes
- · adherence to The Institute Code of Professional Conduct & Disciplinary Procedures, and
- a minimum of 30 continuing education (CE) credits each calendar year, two credits of which must be from a recognized Ethics program. A minimum of 15 CE credits must be accredited by The Institute; a maximum of 15 CE credits can be approved by The Institute. Any deficiency in one year must be made up by the end of the next calendar year, in addition to the full year's necessary requirement of CE credits. For more information, please visit www.iafe.ca/fag/.

Reinstatement Application

All questions contained in this form must be answered in order for the CLU designation to be reinstated for the 2024 year. Failure to properly and fully complete this document, including the submission of payment for the required fees, will result in an incomplete submission. This will in turn delay the reinstatement of the CLU marks and usage rights.

The term for the CLU marks and the usage rights are granted for a one-year basis and expires by the end of the day December 31 of each calendar cycle. A CLU designation holder who fails to meet all continuing obligation requirements risks having his or her designation revoked due to non-compliance.

There is a \$100 plus applicable taxes reinstatement fee that must be paid in order for your application to be processed.

Bankruptcy, Disciplinary and Criminal Declarations

Have you, during the period of your designation being lapsed:

been declared bankrupt or made a voluntary assignment into bankruptcy?	□ Yes	□ No
been convicted or found liable in a criminal or civil proceeding involving the misappropriation of funds, fraud or misrepresentation?	□ Yes	□ No
had any unresolved criminal charges or civil actions filed against you involving fraud, misrepresentation or the misappropriation of funds?	□ Yes	□ No
made an offer to settle or have settled a civil dispute involving fraud, misrepresentation or the misappropriation of funds?	□ Yes	□ No
have been the subject of an investigation or disciplinary hearing conducted by an organization or self-regulatory body?	□ Yes	□ No

If you have answered Yes to any of the above, please provide a supplementary written explanation with details and full disclosure regarding the matter(s) at hand. Please note that The Institute will review your submission and determine what impact, if any, there will be on the application for your CLU designation for 2024.

Continuing Education

Have you completed the required 30 hours of CE credits for the 2023 calendar year?	□ Yes	□ No	l
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If you have answered No, please provide a supplementary written explanation of why you were unable to meet the CE requirement for 2023. Please note that by answering no, there may be an impact on the renewal of your CLU for 2024.

Province of Business, Residence, etc.

Please identify the provinces or territories with which you have a connection. You have a connection to a province or territory if:

- You reside in the province/territory.
- Your business is located in the province/territory.
- You serve clients who reside in the province/territory.
- You are licensed to sell product in the province/territory.
- You hold yourself out as providing financial services to prospective clients in the province/territory.

Select all provinces or territories that apply:

AB	ВС	MB	NB	NL	NS	NT	NU	ON	PE	QC	SK	ΥT

2024 CLU Designation — Agreement and Terms

I hereby apply for reinstatement of the CLU Designation for the 2024 year with The Institute for Advanced Financial Education (The Institute). I agree to fulfill the ongoing requirements in order to maintain my status as a CLU designation holder in good standing with The Institute for 2024.

I understand that the submission of this application constitutes an agreement covering the period January 1, 2024 to December 31, 2024 and that, as a result, I am hereby committed to the payment of the fees associated with the CLU designation and its marks and their usage rights for the entire 12-month period.

I understand that my failure to remit any portion of my full 2024 CLU fees at any time will result in the immediate impact on my rights to use the CLU marks and to hold myself out as a CLU designation holder. I understand that the enforcement of the CLU marks protects the reputations of the CLU designation and of CLU designation holders.

I agree to provide 60 days advance written notice to The Institute if I wish to cancel my CLU Designation Holder's Agreement with The Institute for the 2024 calendar year.

I have read and agree to abide by The Institute's Code of Professional Conduct & Disciplinary Procedures and understand by entering into this CLU Designation Holder's Agreement for 2024 that I am also subject to existing disciplinary procedures should a complaint involving allegations ever be filed against me with The Institute and that The Institute has the right to enforce the Code of Professional Conduct against its designation holders.

I also hereby understand that I am required to maintain 30 hours of CE for the 2024 calendar year and that I maybe subject to a CE audit by The Institute, should I be randomly selected for an audit in 2025.

Signature Date		
Payment Information TOTAL AMOUNT (including applicable taxes): \$	□ VISA □ MasterCard □ AMEX	
ONE-TIME PAYMENT: I authorize Advocis, on behalf of The Institute, to charge my credit card for the total fee	 Card No.	Expiry Date
MONTHLY PAP		
□ I authorize Advocis, on behalf of The Institute, to charge my credit card for the monthly amount	Signature	
Payment day options:	Date	

MONTHLY PAYMENT OPTION DISCLAIMER: By signing above, I acknowledge that I have read and agree with the terms of The Financial Advisors Association of Canada's (TFAAC) pre-authorized payment agreement and I authorize TFAAC, on behalf of Advocis and/or The Institute for Advanced Financial Education (The Institute) and/or GAMA International Canada, to debit my credit card monthly for the amount of 1/12th of the full annual application fees plus the monthly administration fee (currently \$3) plus applicable GST/HST. I understand that this amount may change and that TFAAC will attempt to provide reasonable notice, and I waive my right to such notice. All fees are non-refundable. A monthly payment that is returned as NSF will result in a \$25 NSF charge. In the case of joint account holders, I agree that notice to one account holder constitutes notice to the other account holder.

Please visit www.iafe.ca for further details about Institute designation fees, or call 1.877.773.6765.

Fees do not include \$3/month PAP fee or applicable taxes.

Fees qualify under Section 18(1)(a) of the Income Tax Act, as a business expense in the year of payment.