## FORM 33-109F2

Change or Surrender of Individual Categories (section 4.2 or 2.2(2), 2.4, 2.6(2) or 2.54.1(24))

## **GENERAL INSTRUCTIONS**

Complete and submit this form to notify the relevant regulator(s) or, in Québec, the securities regulatory authority, or self-regulatory organization (SRO) that a registered individual or permitted individual seeks to add and/or remove individual registration categories or permitted activities.

#### **Terms**

In this form, "you", "your" and "individual" mean the registered individual or permitted individual who is seeking to add and/or remove registration categories or permitted activities.

## How to submit this form

Submit this form at the National Registration Database (NRD) website in NRD format at www.nrd.ca.

If you are relying on the temporary hardship exemption in section 5.1 of National Instrument 31-102, you may submit this form in a format other than NRD format.

Item 1	Individual				
Name o	f individual				
NRD nu	mber of individual				
Item 2 1.	Registration jurisdictions Are you filing this form under the passport system / interface for registration?				
	Only choose "no" if you are registered in:				
	(a) only one jurisdiction efin Canada, or (b) more than one jurisdiction of Canada and you are requesting a change of Canada and you are requesting a surrender: (c) more than one jurisdiction in Canada and you are requesting a change only in your principal jurisdiction or jurisdiction are requesting a change only in your principal jurisdiction				
	Yes No				
2.	Check each jurisdiction where you are seeking the change or surrender of individual categories of registration.				
	Alberta British Columbia Manitoba New Brunswick Newfoundland and Labrador Northwest Territories Nova Scotia Nunavut Ontario Prince Edward Island Québec Saskatchewan Yukon				
Item 3	Removing categories				
What ca	ategories are you seeking to remove?				

# Item 4 Adding categories 1. Categories What categories are you seeking to add? 2. Professional liability insurance (Québec mutual fund dealers and Québec scholarship plan dealers) If you are seeking registration as a representative of a mutual fund dealer or of a scholarship plan dealer in Québec, are you covered by your sponsoring firm's professional liability insurance? П Yes $\Box$ No If "No", state: The of insurer name your Your policy number 3. Relevant securities industry experience If you have not been registered in the last 36 months and you passed the required examination more than 36 months ago, do you consider that you have gained 12 months of relevant securities industry experience during the 36 month period? Yes If you are an individual applying for IIROC approval, select "Not Applicable" above. If "yes", complete Schedule A. Item 5 Reason for surrender If you are seeking to remove a category or permitted activity, state the reason for the surrender in the local jurisdiction.

#### Item 6 Notice of collection and use of personal information

The personal information required under this form is collected on behalf of, and used by, the securities regulatory authorities in the jurisdictions set out in Schedule A to administer and enforce certain provisions of their securities legislation or derivatives legislation or both.

The personal information required under this form is also collected by and used by the SROs set out in Schedule A to administer and enforce their respective by-laws, regulations, rules, rulings and policies.

By submitting this form, the individual consents to the collection by the securities regulatory authorities or applicable SRO of this personal information, and any police records, records from other government or non-governmental regulators or SROs, credit records and employment records about the individual that the securities regulatory authorities or applicable SRO may need to complete their review of the information submitted in this form relating to the individual's continued fitness for registration or approval, if applicable, in accordance with the legal authority of the securities regulatory authorities while the individual is registered with or approved by it. Securities regulatory authorities or SROs may contact government and private bodies or agencies, individuals, corporations and other organizations for information about the individual.

If you have any questions about the collection and use of this information, contact the securities regulatory authorities or applicable SRO in any jurisdiction in which the required information is submitted. See Schedule A for details. In Québec, you can also contact the Commission d'accès à l'information at 1-888-528-7741 or visit its website at www.cai.gouv.qc.ca.

#### Item 7 Warning

It is an offence under securities legislation and/or derivatives legislation, including commodity futures legislation to give false or misleading information on this form.

## Item 8 Certification

Date signed\_

(YYYY/MM/DD)

## Certification-NRD format:

Gertification-NAD format.						
I confirm I have discussed the questions in this form with an officer, branch manager or supervisor of my sponsoring firm. To the best of my knowledge and belief, the officer, branch manager or supervisor was satisfied that I fully understood the questions. I will limit my activities to those permitted by my category of registration.						
I am making this submission as agent for the individual identified in this form. By checking this box, I certify that the individual provided me with all of the information on this form.						
Certification-Format other than NRD format:						
By signing below:						
1. I certify to the regulator or, in Québec, the securities regulatory authority, in each jurisdiction where I am submitting this form, either directly or through the principal regulator, that:						
<ul> <li>I have read this form and understand the questions, and</li> <li>all of the information provided on this form is true, and complete.</li> </ul>						
I confirm I have discussed the questions in this form with an officer, branch manager or supervisor of my sponsoring firm. To the best of my knowledge and belief, the officer, branch manager or supervisor was satisfied that I fully understood the questions. I will limit my activities to those permitted by my category of registration.						
Signature of individual						
Date signed(YYYY/MM/DD)						
By signing below, I certify to the regulator or, in Québec, the securities regulatory authority, in each jurisdiction where I am submitting this form for the individual, either directly or through the principal regulator, that:						
1. the individual identified in this form will be engaged by the firm as a registered individual, or a non registered individual, and						
2. I have, or a branch manager or supervisor or another officer or partner has, discussed the questions set out in this form with the individual. To the best of my knowledge and belief, the individual fully understands the questions.						
Name of firm						
Name of authorized signing officer or partner						
Title of authorized signing officer or partner						
Signature of authorized signing officer or partner						

## <u>SCHEDULE A</u> <u>Relevant securities industry experience (Item 4)</u>

Describe your responsibilities in areas relating to the category you are applying for, including the title(s) you have held, as well
as start and end dates:
What is the percentage of your time devoted to these activities?
<u>%</u>
Indicate the continuing education activities which you have participated in during the last 36 months and which are relevant to
the category of registration you are applying for:
the category or registration you are applying for.

#### Schedule B

## Contact information for Notice of collection and use of personal information

## Alberta

Alberta Securities Commission,

4th Floor, 300 - Suite 600, 250-5th Avenue St. SW

Calgary, AB T2P 3C0R4 Attention: Information Officer Telephone: (403) 355-4151

#### **British Columbia**

**British Columbia Securities Commission** P.O. Box 10142. Pacific Centre 701 West Georgia Street Vancouver, BC V7Y 1L2

Attention: Freedom of Information Officer

Telephone: (604) 899-6500 or (800) 373-6393 (in BC)

#### Manitoba

The Manitoba Securities Commission 500 - 400 St. Mary Avenue Winnipeg, MB R3C 4K5 Attention: Director of Registrations

Telephone (204) 945-2548

Fax (204) 945-0330

#### **New Brunswick**

New Brunswick Securities Commission Suite 300, 85 Charlotte Street Saint John, NB E2L 2J2

Attention: Director, Regulatory Affairs

Telephone: (506) 658-3060

## **Newfoundland and Labrador**

Securities NL

Financial Services Regulation Division Department of Government Services P.O. Box 8700, 2nd Floor, West Block Confederation Building

St. John's, NL A1B 4J6

Attention: Manager of Registrations

Tel: (709) 729-5661

## **Nova Scotia**

Nova Scotia Securities Commission 2nd Floor, Joseph Howe Building 1690 Hollis Street P.O. Box 458 Halifax, NS B3J 2P8

Attention: Deputy Director, Capital Markets

Telephone: (902) 424-7768

#### **Northwest Territories**

Government of the Northwest Territories P.O. Box 1320

Yellowknife, NWT X1A 2L9

Attention: Deputy Superintendent of Securities

Telephone: (867) 920-8984

#### Nunavut

Legal Registries Division Department of Justice Government of Nunavut P.O. Box 1000 Station 570 Igaluit, NU X0A 0H0

Attention: Deputy Registrar of Securities

Telephone: (867) 975-6590

#### Ontario

Ontario Securities Commission Suite 1903, Box 55 20 Queen Street West Toronto, ON M5H 3S8

Attention: FOI Coordinator Compliance and Registrant

Regulation

Telephone: (416) 593-8314 e-mail: registration@osc.gov.on.ca

#### **Prince Edward Island**

Securities Registry

Office of the Attorney General B Consumer, Corporate and

Insurance Services Division

P.O. Box 2000

Charlottetown, PE C1A 7N8

Attention: Deputy Registrar of Securities

Telephone: (902) 368-6288

## Québec

Autorité des marchés financiers 800, square Victoria, 22e étage C.P. 246, tour de la Bourse Montréal (Québec) H4Z 1G3

Attention: Responsable de l'accès à l'information

Telephone: (514) 395-0337 or (877) 525-0337 (in Québec)

#### Saskatchewan

Saskatchewan Financial Services Commission Suite 601, 1919 Saskatchewan Drive

Regina, SK S4P 4H2 Attention: Director Telephone: (306) 787-5842

#### Yukon

Yukon Securities Office Department of Community Services P.O. Box 2703 C-6

Whitehorse, YT Y1A 2C6 Attention: Superintendent of Securities

Telephone: (867) 667-5225

# Self-regulatory organization

Investment Industry Regulatory Organization of Canada 121 King Street West, Suite 1600

Toronto, Ontario M5H 3T9 Attention: Privacy Officer Telephone: (416) 364-6133

E-mail: PrivacyOfficer@iiroc.ca