



Request for investigation

Of a **member** of the Chambre de la sécurité financière

This form is addressed to the Business Conduct and Ethics Department of the Chambre de la sécurité financière to notify it that a Chamber member may have breached the Act respecting the distribution of financial products and services (R.S.Q., c. D-9.2), the Securities Act (R.S.Q., c. V-1.1) or their regulations, and request an investigation.

IDENTIFICATION OF COMPLAINANT

Miss/Ms/Mrs. Mr.

Last name _____ First name _____

Date of birth _____

Address _____

City _____ Province _____ Postal code _____

Home telephone (____) ____ - _____ Office telephone (____) ____ - _____

Cell telephone (____) ____ - _____ Email _____

If you are a representative, please provide the following information:

Certificate no. _____ NRD no. _____

IDENTIFICATION OF JOINT COMPLAINANT (IF APPLICABLE)

Miss/Ms/Mrs. Mr.

Last name _____ First name _____

Date of birth _____

Address _____

City _____ Province _____ Postal code _____

Home telephone (____) ____ - _____ Office telephone (____) ____ - _____

Cell telephone (____) ____ - _____ Email _____

If you are a representative, please provide the following information:

Certificate no. _____ NRD no. _____

Return the duly completed and signed form to the address below:

Chambre de la sécurité financière
Business Conduct and Ethics Department
300 Léo-Pariseau Street, 26th floor, Montréal (Québec) H2X 4B8
Telephone: 514 282-5777 or toll free 1 800 361-9989
Fax: 514 282-2225



REQUEST FOR INVESTIGATION

Of a **member** of the Chambre de la sécurité financière

IDENTIFICATION OF THE PROFESSIONAL INVOLVED

Miss/Ms/Mrs. Mr.

Last name _____ First name _____

Financial institution or insurance company _____

Business address _____

City _____ Province _____ Postal code _____

Office telephone (_____) _____ - _____ Cell telephone (_____) _____ - _____

Please provide the following information, if you have it:

Member's certificate no. _____ Member's NRD no. _____

OTHER PARTY INVOLVED OR WITNESS

Miss/Ms/Mrs. Mr.

Last name _____ First name _____

Address _____

City _____ Province _____ Postal code _____

Home telephone (_____) _____ - _____ Office telephone (_____) _____ - _____

Cell telephone (_____) _____ - _____ Email _____

Connection with the complainant or representative: _____

If a representative, please provide the following information:

Certificate no. _____ NRD no. _____

* If other parties are involved or witnessed the facts, please attach their contact information.

SUBJECT OF THE INVESTIGATION REQUEST

Briefly state the subject of your investigation request. Please state: the date of the alleged facts, the place where the incident occurred, the damage caused, a description of the events and the reasons you believe an infraction occurred. Attach an additional sheet if the space below is insufficient.

In order to accelerate the investigation process, please provide a copy of all the documents in support of your investigation request (such as contracts, insurance proposals, contracts of loan, cheques, investment statements and bank statements). Please make sure to keep the original of these documents.

IDENTIFICATION OF FINANCIAL PRODUCTS INVOLVED

Issuing financial institution or concerned company _____

| | | | |
|-----------------|--|---|--|
| Type of product | <input type="checkbox"/> RRSPs | <input type="checkbox"/> Segregated funds | <input type="checkbox"/> Life insurance |
| | <input type="checkbox"/> RESPs | <input type="checkbox"/> Mutual funds | <input type="checkbox"/> Group insurance |
| | <input type="checkbox"/> Leveraged loans | <input type="checkbox"/> Financial planning | <input type="checkbox"/> Other _____ |

Contract no. _____

Date of issue _____

Contract owner
(if not the complainant) _____

In the event of an incomplete or incorrect prior notice regarding the replacement of an insurance contract or in the event of a replacement that is not in the interests of the client, please fill out the following appendix.

APPENDIX

To be completed in the event of a prior notice regarding the replacement of an insurance contract where the notice is incomplete, incorrect or not in the interests of the client.

INFORMATION ON THE CONTRACT(S) INVOLVED

First replaced contract

Name of insured _____

Date of birth _____

Insurer or insurance company _____

Policy or application number _____

Date of issue or application _____
Year - Month - Day

Type of contract Perm. Term Univ.

Amount of coverage \$ _____

Current premium \$ _____

Guaranteed premium Yes No

Other guarantees _____

Proposed contract

_____ Year - Month - Day

Perm. Term Univ.

\$ _____

\$ _____

Yes No

For what reason is the prior notice of replacement incomplete, incorrect or not in the interests of the client?

Second replaced contract

Name of insured _____

Date of birth _____

Insurer or insurance company _____

Policy or application number _____

Date of issue or application _____
Year - Month - Day

Type of contract Perm. Term Univ.

Amount of coverage \$ _____

Current premium \$ _____

Guaranteed premium Yes No

Other guarantees _____

Proposed contract

_____ Year - Month - Day

Perm. Term Univ.

\$ _____

\$ _____

Yes No

For what reason is the prior notice of replacement incomplete, incorrect or not in the interests of the client?

WHAT STEPS WERE TAKEN TO RESOLVE YOUR PROBLEM?

Have you contacted the representative? Yes No

Have you contacted the financial institution or company involved? Yes No

Have you contacted the Autorité des marchés financiers? Yes No

Have you taken steps with the Fonds d'indemnisation des services financiers? Yes No

Have you instituted legal proceedings against the professional contemplated in your inquiry request? Yes No

Did another representative suggest you file a request for investigation? Yes No

If yes, Name _____

Address _____

Describe the steps you took:
