

MUTUAL FUND EXAM - SELF STUDY

REGISTRATION FORM - QUEBEC

(PLEASE USE THIS FORM IF APPLYING FOR A QUEBEC MUTUAL FUNDS LICENCE)

EXAM DATE: January 15, 2013 CITY: Montreal (QC)

STUDENT INFORMATION (please write legibly)

Name of the student: _____ Solution number: _____

Student e-mail address (required): _____

Telephone number where you can be reached: _____

AGF, IFSE and PFSL are committed to protecting your privacy. AGF have adopted practices to protect your personal information and maximize your service experience with us (*please refer to AGF.com for details*). In completing this registration form you have provided us with personal information about you. This information is required to register you, process payments and communicate directly with you before and after the course. We will only use this personal information for the purposes disclosed to you in this communiqué. The personal information contained in this registration application will be shared amongst IFSE, PFSL and AGF for the purposes of administering the licensing class, communicating exam results, other related registration matters and sending product information. Please read and sign to acknowledge the following statements on full participation and privacy disclosure.

I understand that in order to qualify for this program:

please initial

I cannot obtain a refund of the program fee once my registration is processed; _____

I must be in good standing with the Primerica companies and must have a solution number; _____

I must study the course material online (50 to 60 hours) prior to writing the exam; _____

I must write the exam on **January 15, 2013**; _____

There is no class offered – this program is strictly self-study _____

There are no free rewrites – rewrites are \$60 plus tax, maximum 2 rewrites. _____

If I choose the \$235 option (Option B – IBA covers the Mutual Funds licence fees), the company will not cover any fees relating to my life insurance licence.

please initial

The IBA – Option B form must accompany this registration form. _____

I consent to the collection, use and disclosure of my personal information, in accordance with AGF's standards for privacy and protection, and acknowledge that this information will be used only for the above stated purposes.

Student's signature: _____ Date: _____

Payment: \$595 or \$235 Please check one: Visa MasterCard Money Order*

(* Payable to: PFSL Investments Canada Ltd / * Please indicate your Solution #)

Credit Card #: _____ Expiration Date: ____ / ____

Cardholder's Name: _____

(As it appears on the credit card)

Cardholder's Signature: _____

YOU MUST SUBMIT YOUR REGISTRATION BEFORE THE DEADLINE!

fax : (905) 813-5399 or mail : Training & Development, head office