

Personal Information

Advocis ID no.

Mr. Ms. Miss Mrs.

First Name Initial Last Name

Mailing Address

Preferred Mailing Address:

City Province Postal Code

Business Telephone Fax

Payment Information

Please choose payment option 1 or 2. Note that membership fees are non-refundable.

1 – MONTHLY PRE-AUTHORIZED PAYMENT PLAN METHODS:

See www.advocis.ca under Membership – Membership Fees for monthly fee options.

Please debit my bank account monthly.

Payment day options: 14th of the month

7th of the month 21st of the month 28th of the month

Enter information below and attach a “Void” cheque.

BANK No. TRANSIT No.

ACCOUNT No.

OR Please charge my credit card for the monthly amount

VISA MasterCard AMEX

CARD NO. EXPIRY DATE

Signature _____

2 – ONE-TIME ANNUAL PAYMENT OPTIONS:

Cheque enclosed for the total fee

OR

Charge my credit card for the total fee

VISA MasterCard AMEX

CARD NO.

EXPIRY DATE

Signature _____

MONTHLY PAYMENT OPTION DISCLAIMER: By signing above, I acknowledge that I have read and agreed with the terms of The Financial Advisors Association of Canada’s (TFAAC) pre-authorized payment agreement (www.cluinstitute.ca or www.advocis.ca), and I authorize TFAAC, on behalf of the CLU Institute and/or Advocis, to debit my bank account or credit card monthly for the amount of 1/12th of the full annual dues plus GST/HST plus the monthly administration fee (currently \$2). I understand that this amount may change and that TFAAC, on behalf of the CLU Institute and/or Advocis, will attempt to provide reasonable notice, and I waive my right to such notice. Membership 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. A reinstatement fee applies.

Privacy Statement

Your privacy is important to us. Advocis collects, uses or discloses your personal information for the purposes identified in the Advocis Privacy Policy. Unless you instruct us otherwise, your personal information including email address and your telephone or fax number may be used for marketing, 1) Advocis and TFAAC Group entity products and services and 2) third party products and services that may be of interest to you. If you do not wish to receive any communications related to the marketing of Advocis and third party products and services, please complete the web page in the members’ web site indicating your opting out choices. To view the Advocis Privacy Policy, visit www.advocis.ca.

Authorization

1. In this Authorization, "I," "me" and "my" refer to each account holder who signs below. "PAP" refers to a Pre-Authorized Payment Plan. "Account" refers to the account in my name held by my financial institution.
2. I acknowledge that this Authorization is provided for the benefit of The Financial Advisors Association of Canada carrying on business as Advocis and my financial institution. It is provided in consideration of my financial institution agreeing to process payments against my Account in accordance with the Rules of the Canadian Payments Association.
3. I warrant and guarantee that each person whose signature is required to sign on my Account has signed this Authorization below.
4. I hereby authorize The Financial Advisors Association of Canada carrying on business as Advocis to draw on my Account for any of the following purposes: membership fees and associated service charges, including taxes.
5. I authorize The Financial Advisors Association of Canada carrying on business as Advocis to draw on my Account twenty-five dollars for service charges for each item returned by my financial institution, i.e. NSF, refusal to pay etc.
6. I understand that for fixed withdrawals, The Financial Advisors Association of Canada carrying on business as Advocis will make its best efforts to notify me of the amount to be paid and the withdrawal date(s) of the payment before the due date of the first withdrawal. Such notice shall be sent every time there is a change in the amount or payment date(s).
7. I understand that for non fixed withdrawals, in response to my direct action (such as, but not limited to, a telephone instruction, an email) requesting The Financial Advisors Association of Canada carrying on business as Advocis to issue a withdrawal in full or partial payment of a billing I have received or will receive for a payment of an obligation under section 4, the notice is waived. Notice is considered received at the time of the transaction.
8. I may cancel this Authorization at any time by delivering written notice of cancellation to The Financial Advisors Association of Canada carrying on business as Advocis at least 60 days prior to the next withdrawal date.
9. This Authorization applies only to the method of payment, and does not otherwise have any bearing on the contract for goods or services exchanged. I agree that cancellation of this Authorization does not terminate any contract for goods or services that exists between The Financial Advisors Association of Canada carrying on business as Advocis and me.
10. I acknowledge that provision and delivery of this Authorization to The Financial Advisors Association of Canada carrying on business as Advocis constitutes delivery by me to my financial institution. I agree The Financial Advisors Association of Canada carrying on business as Advocis may deliver this Authorization to its financial institution. I agree to the disclosure of any personal information, which may be contained in this Authorization to such financial institution.
11. The financial institution I have indicated above is the financial institution that The Financial Advisors Association of Canada carrying on business as Advocis is authorized to draw upon under the PAP.
12. I certify that all information provided with respect to my Account is accurate. I agree to notify The Financial Advisors Association of Canada carrying on business as Advocis, in writing of any change in the Account information provided in this Authorization at least sixty (60) business days prior to the next due date of a withdrawal. In the event of any such change, this Authorization shall continue in respect of my new Account.
13. I acknowledge that my financial institution is not required to verify that a withdrawal has been issued in accordance with this Authorization including, but not limited to, the amount.
14. I acknowledge that my financial institution is not required to verify that any purpose of payment for which a withdrawal was issued has been fulfilled by me as a condition to honoring a withdrawal issued or caused to be issued by The Financial Advisors Association of Canada carrying on business as Advocis on my Account.
15. I may dispute a withdrawal by providing a signed declaration to my financial institution only under the following conditions:
 - i. The withdrawal was not drawn in accordance with my Authorization; or
 - ii. My Authorization was revoked.
16. I acknowledge that in order to obtain reimbursement from my financial institution for the amount of a disputed withdrawal, I must sign a declaration to the effect that either 12(i) or 12(ii) took place. I must present the declaration to my financial institution no later than ten (10) business days after the date on which the withdrawal in dispute was posted to The Financial Advisors Association of Canada carrying on business as Advocis account.

I have read and agree to the terms and conditions of this Authorization.

Please retain a copy of this Authorization for your records.

Name of account holder. Please print. _____

Name of secondary account holder Please print. _____

Signature _____

Date MM / DD / YYYY

Signature _____

Date MM / DD / YYYY

The information provided is used to administer memberships in the Association or for registration purposes. The information we collect is used to evaluate applications for membership with Advocis and the CLU Institute™ or to register you for courses, seminars, etc. Advocis does not divulge personal information to any third parties unless it is necessary to provide you with the services you have requested. If you have questions about the application, or need additional information about our privacy policy please go to www.advocis.ca.

Additional Information

How did you hear about Advocis?

- | | | | | |
|---|--|---|---|-----------------------------------|
| <input type="checkbox"/> Advocis Representative | <input type="checkbox"/> Advocis Website | <input type="checkbox"/> Another Advisor/Referral | <input type="checkbox"/> Blog | <input type="checkbox"/> Chapter |
| <input type="checkbox"/> Conference | <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Email Ad From Advocis | <input type="checkbox"/> Email From Advocis | <input type="checkbox"/> Magazine |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Telephone Ad | <input type="checkbox"/> Search Engine | <input type="checkbox"/> Other _____ | |

Send Completed Form To:

Fax To: (416)444-8031

OR

Mail To: **Advocis - Membership**
390 Queens Quay West, Suite 209
Toronto, ON
M5V 3A2