

Exemption Request Form

Identifying Information

Mr. Ms. Miss Mrs. Advocis ID

First Name _____ Initial _____ Last Name _____

Mailing Address

 This address is: Business Home

Company Name _____

Street Address _____

City _____ Province _____ Postal Code _____

Telephone _____ Fax _____ Cell _____

Email Address _____

Required Supporting Documentation

Designation Holders:

Select the designation(s) for which you are attaching the required supporting documentation with your exemption request.

- CFP® QAFP™ CFA® CPA PFP® plus CSI's Lending, Retirement & Insurance Supplement (LRIS) Course
 Pl. Fin. AVA (QC) TEP

Program Completed: Select if you are attaching a Transcript for the following with your exemption request.

- FP Canada Approved Core Curriculum Program

Send Completed Form To: educontent@advocis.ca

Once your Exemption Request and supporting documentation have been reviewed by Advocis, you will be notified of the results within 10 business days.

Electronic Communications Consent

- I consent to receive commercial electronic messages from Advocis, The Financial Advisors Association of Canada, together with its subsidiaries and affiliates, including but not limited to The Institute for Advanced Financial Education, GAMA International Canada, Advocis Protective Association, and Advocis Broker Services. I understand that I can opt-out or update my email preferences at any time by contacting Advocis at the address or email provided on this form.

For more information visit www.advocis.ca, or email: info@advocis.ca or call 416.444.4449 or 1.877.773.6765