

If possible, all terminations should be completed using the Commission's Self-Serve

Portal. If using this form scan a copy to insurance.licensing@fcnb.ca

## Phone: 866-933-2222

A separate form is required for each agent Ibroker.

A		questions	must		be	answ	reed	•
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			nsorship) of an agent/broker, the insurer must forthwith			
Name of Agent/Broker:		Licence Number:	Termination Date:			
Contact Person:		Phone Number:	Email:			
Type of Licence:						
	Life Agent	Life, Accident & Sickness Agent	Accident & Sickness Agent			
	Other-than-life Agent	Other-than-life Broker	Travel Insurance Agent			
Reason for Terminati						
Coercion	No Yes	Misappropriation of Client Funds	No Yes			
Conflict of Interest	No Yes	Misrepresentation	No Yes			
Forgery	No Yes	Money Laundering	No Yes			
Fraud	No Yes	Poor Product – Client Suitability	No Yes			
Lack of Competence	No Yes	Untrustworthiness	No Yes			
Licensing Violation	No Yes	Other	No Yes			
Please provide spec	ific details regarding the termin	nation including whether or not				
	es or concerns pertaining to the					
Official or Representativ	e Capacity:	Name of Sponsoring Insurer:				
•						
Authorized Signature:		Date:				
Print Name:		Phone number:	Email:			
Under subsection 352(7) of the <i>Insurance Act</i> , "an insurer who fails to notify the Superintendent within thirty days of the termination of an agency appointment as required by subsection (6) is guilty of an offence".						
If you have any further inf	ormation to add after submitting this fo	orm, please contact us.				
	NOTICE - COLL	ECTION AND USE OF PERSONAL INFORM	IATION			
Brunswick (Commission) u	submitted in this form is collected by the nder the authority granted under the In	he Superintendent of Insurance on behalf of the asurance Act, and the Financial and Consumer Serv	Financial and Consumer Services Commission of New vices Commission Act (collectively the "Acts") for the d in the Financial and Consumer Services Commission Act.			
This information is submitt	ted in confidence and will be securely m	aintained by the Commission. It will not be disse	minated to third parties or the public, other than as may he Commission may take steps to verify the information			

be required by the *Right to Information and Protection of Privacy Act* or as otherwise permitted by applicable law. The Commission may take steps to verify the information contained in this form, or may share the information contained in this form with regulating authorities and law enforcement agencies in other jurisdictions, and such information may be used in determining the individual's status in other jurisdictions where they are licensed or are applying for license.

If you have any questions regarding the Commission's collection of personal information please contact the Financial and Consumer Services Commission of New Brunswick, by mail at 85 Charlotte Street, Saint John, NB E2L 2J2 or by telephone at 1-866-933-2222.