



DIRECTOR NOMINATION FORM

Instructions

- 1. Fill in this nomination form completely.
2. In the space provided, include the names and signatures of two (2) fellow IFB members who support your nomination as a Board member.
3. In the space provided, list one (1) reference who knows you well enough to comment on your suitability for this position.
4. Attached a current CV.
5. Read, and if you agree, indicate your consent to a background check to be carried out in the course of the Nomination process.
6. Date and sign this form; and
7. Forward this form before April 25, 2015 to:

Independent Financial Brokers (Nominating Committee)
740- 30 Eglinton Ave. West
Mississauga ON L5R 3E7
Fax: 905-276-7295 Email: allan@ifbc.ca

a) Nominee Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_
\_\_\_\_\_

Tel: Bus \_\_\_\_\_ Res \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

b) Licenses/Registrations Held (check all that apply):

- Life/A&S Insurance Mutual Funds Securities EMDR P&C



j). Consent to background check:

As part of the screening process for candidates to the Board, a third-party provider is contracted to conduct a Background Check of potential Board Members. In order to facilitate this process, we require that you provide the following information:

1. \_\_\_\_\_  
Date of Birth

2. \_\_\_\_\_  
Social Insurance Number

Check here to indicate your consent to a background screening.

I, the undersigned, am a member in good standing of the Corporation and I declare that I am not: less than 18 years of age; a dependent adult or the subject of a certificate of incapacity; of unsound mind; a person who has the status of bankrupt; or a person who have been found guilty of a criminal act by a court of competent jurisdiction.

If elected, the undersigned consents to act as a Director of Independent Financial Brokers in accordance with its constitution, by-laws and Code of Ethics.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2015.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name