ALBERTA INSURANCE COUNCIL

Clear Form

FORM 4

STATUS OR CHANGE FORM

Name: Last | First | Middle

File #

Date: January 9, 2004

REQUEST FOR :

CERTIFICATE OF STATUS Select Province or other

(A fee of $25.00 applies to each Jurisdiction)

DUPLICATE CERTIFICATE: Life ☐ General ☐ Accident and Sickness ☐ Other ☐

(Which Class of License)

A Fee of $25.00 is required for each certificate

MISCELLANEOUS

(NSF, Additional Fees, Etc.)

CHANGE OF ADDRESS: Please check one Business ☐ or Residence ☐

New address : Street

City Province PC

Telephone: Fax

Email:

TEXT:

Office Use (Do Not write)

COMPLETED BY : _____

(Signature of person making request)