

## Notice of Termination of Agent Sponsorship

To be used when notifying the Superintendent of Insurance of the termination of an insurance agent's sponsorship

Name of Agent	Effective date of termination
Licence Number	
<b>Type of licence to be terminated (check only box per notice):</b> <input type="checkbox"/> Life Level I (including accident and sickness) <input type="checkbox"/> Accident and Sickness <input type="checkbox"/> General	
Name of insurer terminating sponsorship	
Date	
Signatory Official	

**Life Level II Agents:** Level II agents are not sponsored. Please do not submit a termination when a Level II agent's contract has been cancelled.

**Termination Date:** The Superintendent must be notified within 30 days of termination of sponsorship. Insurance Act, Section 393(7).

**Notice to Agent:** Please provide a copy of this Notice form to any agent whose sponsorship is being terminated.