



**MUTUELLE  
D'ASSURANCE  
EN ÉGLISE**

AGENCE EN ASSURANCE DE DOMMAGES

## **NOMINATION FORM**

**Document to be completed to apply  
for a board member position of the Mutuelle**

### **SUBMISSION OF APPLICATION**

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*(Write in block letters – attach an additional sheet if necessary)*

I, the undersigned, \_\_\_\_\_,  
hereby apply for the position of board member of the Mutuelle d'assurance en Église (hereinafter the  
"Mutuelle") as a:

(Check the appropriate box)

- Member representative for "Other institutions"
- Independent administrator

This nomination is valid for the 2025 election.

### **INSTRUCTIONS FOR THE NOMINATION FORM**

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All applicants must complete and sign this **Nomination Form** (hereinafter referred to as "**BMEC**"), the Self-Assessment Grid and the Letter of Interest, as well as any required documents. All of the above must be scanned into a single PDF file and submitted electronically via email to [secretaire@cmae.ca](mailto:secretaire@cmae.ca) **no later than 4:00 p.m. on February 19, 2025.**

An acknowledgement of receipt will be sent to the email address provided in the BMEC and the file will be forwarded to the Nominating Committee for review.

An application may be rejected if:

1. The application does not match the positions being voted on;
2. The documents were sent in a format other than that provided by the BMEC;
3. Documents related to the application are incomplete;
4. Review of the application reveals that the applicant is providing incomplete, false or misleading information;
5. The BMEC is not signed.

### **ELIGIBILITY AND QUALIFICATION CRITERIA**

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The candidate must be a natural person who complies with the requirements of the Act respecting insurers, the Business Corporations Act, the Civil Code of Quebec, the Mutuelle's By-Laws, as well as the Framework Policy for the Directors of the Mutuelle resulting from the AMF's guidelines on corporate governance and on the criteria of probity and competence.

The Mutuelle is required to validate the eligibility, independence, probity and competence of its directors and officers. Candidates are also evaluated against criteria specific to the expectations of regulatory bodies, and to the Mutuelle's policies and internal regulations. The evaluation is completed by a public records check (docket) and a credit check. Applicants must make themselves available for an interview during the file evaluation period.

In order to be eligible for election, any candidate for a member representative position must be nominated by a member in good standing of the region or group for which they are running.

**IDENTIFICATION AND PERSONAL INFORMATION**

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*(Write in block letters – attach an additional sheet if necessary)*

First and last name: \_\_\_\_\_

Address: \_\_\_\_\_  
                    Street Number                      Street                      City                      Postal code

Home Phone Number: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

Fax: \_\_\_\_\_

Birth Date (yyyy mm dd): \_\_\_\_\_

Profession or current occupation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer or current occupation (indicate name, address):

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

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

Professional College or Association of which you are a member:

\_\_\_\_\_ since \_\_\_\_\_

\_\_\_\_\_ since \_\_\_\_\_

Professional College or Association of which you were a member:

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Previous employers or occupations during the past five years (list name, address):

1) \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

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

2) \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

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

### CONFIRMATION OF DESIGNATION BY A MEMBER OF THE MUTUELLE

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I, the undersigned, \_\_\_\_\_ (name of person), representative of the Board of \_\_\_\_\_ (name of member), member of the Mutuelle d'assurance en Église (policy number \_\_\_\_\_), nominate and authorize on behalf of the member, \_\_\_\_\_ (name of candidate) to stand for election as a board member of the Mutuelle d'assurance en Église.

In virtue of which I have signed this \_\_\_\_\_ in \_\_\_\_\_.

\_\_\_\_\_

Name of representative in block letters

\_\_\_\_\_

Signature

### APPLICANT'S STATEMENT

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This statement is made within the framework set by the regulatory authority for probity and competence. It must be completed with care. You must answer each of the questions asked. If you answer any of the questions in the affirmative, you must attach to the declaration all relevant documents, including letters, decisions, complaints and judgments necessary to understand your declaration.

#### DEFINITIONS

**Criminal offence:** An offence punishable on summary conviction or indictment under the *Criminal Code*.

**Penal offence:** An offence under a provincial or federal statute such as the tax laws of Canada or a province, the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act*, the *Controlled Drugs and Substances Act*, the *Code of Criminal Procedure* or a financial sector statute.

**Sanction:** An order or decision made by a government department, agency or self-regulatory organization that has the effect of adversely affecting a company or individual through the imposition of conditions, a fine, suspension or debarment.

**Financial sector legislation:**

*Insurers Act, Bank Act, Financial Products and Services Act, Securities Act, Act Respecting Financial Services Cooperatives, Derivatives Act, Act Respecting Trust Companies and Savings Companies, Act Respecting Money Services Businesses, Act Respecting the Distribution of Financial Products and Services.*

	No	Yes
1) Are you covered by a protection plan or deprived in whole or in part of the right to exercise your civil rights?		
2) Are you an insurance representative or adjuster dealing with the Mutuelle?		
3) Are you a board member or officer of a corporation that employs an insurance representative or adjuster who deals with the Mutuelle?		
4) Have you or any of the companies in which you are or have been a board member or officer been convicted of any <b>criminal</b> or <b>penal offence</b> ?		
5) Have you or any of the companies in which you are or have been a board member or officer been subject to any <b>sanctions</b> under <b>financial sector legislation</b> or are or have been the subject of any proceedings that may lead to such a sanction?		
6) Are you or any of the companies in which you are or have been a board member or officer the subject of any civil action or allegations in connection with any <b>financial industry legislation</b> ?		
7) Have you ever been sanctioned, suspended or struck off the roll of a professional order or self-regulatory organization of which you were a member, or are you or have you ever been the subject of a proceeding likely to lead to such a sanction?		
8) Have any proceedings been commenced against you or any company of which you are or have been a board member or officer in connection with any of the above matters for which a final judgment has not yet been rendered?		
9) Have you ever been deregistered, or been a partner in an independent partnership or a board member or officer of a firm that has ever had a deregistration in any of the following disciplines: life and health insurance, group life and health insurance, property and casualty insurance, claims adjusting, financial planning, or in a securities category?		
10) Have you ever had a certificate issued by the Conseil des assurances de personnes, the Chambre de l'assurance de dommages, the Autorité des marchés financiers or the Office of the Superintendent of Financial Institutions cancelled or suspended by virtue of any legislation under their authority, or by the Association des courtiers et agents immobiliers du Québec, or struck off by the Commission des valeurs mobilières du Québec?		
11) Have you ever been convicted by a Canadian or foreign court (including a disciplinary committee), by a final judgment of an offence related to the distribution of financial products and services?		
12) In the past 10 years, have you ever been convicted by a Canadian or foreign court (including a disciplinary committee) by a final judgment of an offence or criminal act other than those mentioned in the preceding paragraph?		
13) During the past 10 years, has any corporation or company of which you were a board member or officer or in which you owned more than 10% of the voting shares made an assignment for the benefit of creditors, been subject to a petition in bankruptcy or a receiving order under the Bankruptcy and Insolvency Act (R.S.C. 1985, c. B-3), or taken the benefit of any legislation relating to insolvency?		
14) Do you have a guardian, curator or advisor?		
15) Have you been or are you being sued in connection with the distribution of financial products and services?		
16) Are you the subject of a court order prohibiting you from acting as a board member of a corporation?		

	No	Yes
17) In the past five (5) years, have you been removed as a board member or officer for contravening the conflict of interest provisions of the <b>Insurers Act</b> or resigned after contravening these sections?		
18) Have you ever been declared incompetent or unfit by a regulatory authority to perform a function similar to that which is the subject of this declaration?		
19) Do you provide advice or support to any organization in any capacity, including as a volunteer?		

### **BOARDS OF DIRECTORS AND OTHER ORGANIZATIONS**

List the companies, entities, groups or organizations in which you are or have been a board member, officer or manager during the past five (5) years.

*(Write in block letters – attach an additional sheet if necessary)*

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### **STATEMENTS REQUIRED BY THE CODE OF ETHICS**

**Please complete and attach Appendix A** (Affirmation of Loyalty and Discretion) of the Code of Ethics and Professional Conduct.

**Please also complete and attach Appendix B** (Declaration of Interest) of the Code of Ethics and Professional Conduct.

The Code d'éthique et de déontologie, including its forms, is provided to you with the documents.

### **MOTIVATION TEXT**

For evaluation by the Nominating Committee, **please attach** to your BMEC a 200-300 word statement explaining why you are interested in serving as a board member of the Mutuelle and your understanding of the role of a board member and the mission of the Mutuelle.

Your essay must be typed. **Handwritten submissions will not be accepted.**

**Please note that this motivation text will be sent to members if your application is accepted.**

## OTHER RELEVANT INFORMATION

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Please list below any other items that you feel are relevant to the assessment of your eligibility:

*(Write in block letters – attach an additional sheet if necessary)*

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## AUTHORIZATION

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The Mutuelle is required to validate the eligibility, independence, integrity and competence of its board members and officers. This verification is carried out by studying the compliance of the candidate's file with the normative framework to which it is subject. This framework includes the various laws governing the company, the directives of the regulatory authorities and the internal policies and regulations in force, including the Statutes and the rules adopted by the Ethics Committee. The Nominating Committee's review of the file is supplemented by a public records check and a credit investigation. The candidate may be invited to an interview.

As a result of the above, I, the undersigned, \_\_\_\_\_, consent that the **Mutuelle d'assurance en Église** conducts any legitimate verification or investigation of me, including a criminal record and credit check. I consent to the collection, retention and use of my personal information for the above purposes and authorize any person who has personal information about me to disclose it to the Mutuelle for the same purposes.

I hereby sign to confirm this authorization.

\_\_\_\_\_  
Signature

## DOCUMENTS TO BE ATTACHED

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The following documents must be attached and are part of the Application Form:

- Nomination form (pages 1-7)**
- Additional sheet(s), if needed**
- Motivational text**
- Annexes A and B of the Code of Ethics**

## PROTECTION OF PERSONAL INFORMATION

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Once your **Nomination Form** has been completed and forwarded to Mutuelle d'assurance en Église, all information contained therein as well as all attachments will be handled in accordance with the Mutuelle's Privacy Policy.

## DECLARATION

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1. I, the undersigned, \_\_\_\_\_, affirm that the information provided in this **Nomination Form**, as well as all **attached documents**, is complete and true, and I undertake to communicate without delay to the Secretary of the Mutuelle d'assurance en Église any change in my situation in relation to the information and documents transmitted in this declaration.
2. I UNDERSTAND that any incomplete, false or misleading statement may result in the rejection of my candidacy, or if applicable, would render my election invalid.
3. I AGREE, if elected, and under penalty of law, to comply with all laws, codes, regulations and policies that constitute the normative environment of the Mutuelle d'assurance en Église.

**IN WITNESS WHEREOF, I have signed:**

in \_\_\_\_\_ this \_\_\_\_\_ 2025.

**Signature of applicant:** \_\_\_\_\_