



Recognition Award For Team Leaders

2010 NATIONAL MANAGEMENT AWARD (NMA) Application*

Identifying Information

Applicant Name _____
First Initial Last name

Title _____ **Designations:** CFP® CLU® CH.F.C.

Company Name _____

Street Address _____

City _____ **Province** _____ **Postal Code** _____

Telephone _____ **Fax** _____

Email Address _____

Name Of Branch _____

Advocis ID Number _____

Sponsoring company or/ [] company to whom certification should be sent _____

Member and Company Status Information

Please check [✓] the following boxes where applicable:

- 1. I am a member in good standing with GAMA International Canada.
- 2. My office earned in 2009 a minimum of \$850,000 or (state actual amount \$ _____) comprised of MDRT first-year sales commissions as determined by my company from the sale of life insurance and related products as well as first-year commissions from the sale of mutual funds. (A minimum of 10% must come from representatives with less than five years with the company.)
- 3. My office had a minimum of 25 full-time representatives on December 31, 2009.

Additional Information

- If you have been a team leader in two different offices in 2009, the figures required in #2 and #3 above will be arrived at by adding the figures attained in the months at your former office to those attained in the months at your present office, the total representing 12 consecutive months to the end of 2009.
- If more than one company certification is required, this form should be photocopied and completed accordingly for each company showing the actual amount in #2. It is the applicant's responsibility to obtain the certification from each company. Please mail all completed and certified application forms at one time to the GAMA International Canada Awards Administrator.
- In cases of co-team leaders, each leader may apply separately, providing each receives credit only for the figures attributable to his/her own representatives. If this separation is not possible, then the minimum requirements are doubled.

Application Date _____ MM / DD / YYYY Applicant's Signature _____

Company Certification

I certify that the requirements for items #2 and #3 above as checked [✓] by the applicant are correct. If not, please complete the following information.

Date _____ MM / DD / YYYY **Certifier** _____

Company _____

Title _____

Certifier's Signature _____

Please Fax, Email or Mail Completed Application To

Mail: GAMA International Canada Awards Administrator
 Advocis, 390 Queens Quay West, Suite 209, Toronto ON M5V 3A2

Fax: 416.444.8031
Email: info@gamacanada.com

Completed application must be dated and submitted no later than **Monday, May 3, 2010.**