



PORTFOLIO MANAGEMENT ASSOCIATION OF CANADA

APPLICATION FOR MEMBERSHIP

SECTIONS:

A. FIRM CONTACT INFORMATION

B. TERMS AND CONDITIONS

C. FEES AND INVOICE

Please return completed application via:

- **Email:** info@pmac.org
- **Letter Mail:**
Portfolio Management Association of Canada
1 Toronto Street, Suite 905, Toronto, ON, M5C 2V6

Your privacy is important to us. PMAC collects, uses or discloses your personal information only in accordance with and for the purposes outlined in the [PMAC Privacy Policy](#).

Membership does not - and may not be used to - imply PMAC's endorsement of any firm, products, services, or personnel.

SECTION A – FIRM CONTACT INFORMATION

Firm Contact Information – PLEASE PRINT OR TYPE ALL RESPONSES

Firm Name			Acronym
Mailing Address	Suite Number	City, Province	Postal Code
Telephone Number	Toll-Free Phone Number	Firm Email	Website

Indicate topic areas of interest (Please check all that apply):

- ☐ Executive Management
 ☐ Government Relations
 ☐ Operations – HR / Finance / Technology
 ☐ Investment / Portfolio Management
 ☐ Legal / Regulatory / Compliance
 ☐ Marketing

Firm Information

1. Approximate date of registration as a Portfolio Manager: _____
2. Principal Regulator: _____
3. Jurisdictions in which your firm is located and registered:

Jurisdiction	Registration as Portfolio Manager	Physical Location	Other Categories of Registration Please list all that apply (e.g. IFM, EMD, International Adviser – Exemption, FSRA, SEC)
Alberta	<input type="checkbox"/>	<input type="checkbox"/>	
British Columbia	<input type="checkbox"/>	<input type="checkbox"/>	
Manitoba	<input type="checkbox"/>	<input type="checkbox"/>	
New Brunswick	<input type="checkbox"/>	<input type="checkbox"/>	
Newfoundland and Labrador	<input type="checkbox"/>	<input type="checkbox"/>	
Nova Scotia	<input type="checkbox"/>	<input type="checkbox"/>	
Ontario	<input type="checkbox"/>	<input type="checkbox"/>	
Prince Edward Island	<input type="checkbox"/>	<input type="checkbox"/>	
Quebec	<input type="checkbox"/>	<input type="checkbox"/>	
Saskatchewan	<input type="checkbox"/>	<input type="checkbox"/>	
Northwest Territories	<input type="checkbox"/>	<input type="checkbox"/>	
Nunavut	<input type="checkbox"/>	<input type="checkbox"/>	
Yukon	<input type="checkbox"/>	<input type="checkbox"/>	
United States	<input type="checkbox"/>	<input type="checkbox"/>	
International - Non-North American	<input type="checkbox"/>	<input type="checkbox"/>	

4. Firm's total Assets Under Management (AUM) in millions: _____ \$

5. Account Types (please check all that apply):

- ☐ Private Client
 ☐ Family Office
 ☐ Institutional – Pension Plan
 ☐ Institutional – Other
 ☐ Institutional – Foundations, Endowments, Non-Profit Organizations
 ☐ Institutional – First Nations

6. Client Minimums (if one is not applicable, please indicate "N/A"):

Private Client: \$ _____
 Institutional Client: \$ _____

SECTION A – FIRM CONTACT INFORMATION

7. Please Indicate below which professional liability insurance coverage applies to your firm:

☐ The firm maintains professional liability insurance (i.e. Errors & Omissions (E&O) insurance) **OR**

☐ The firm does not maintain E&O insurance, however, risks that may arise in terms of professional liability are self-insured through our parent company:

Name of Parent Company: _____ **OR**

☐ The firm does not currently maintain E&O insurance, but plans to have such insurance in place no later than (specify date): _____

☐ We are interested in receiving information about PMAC's insurance program for members.

8. Please Indicate which statement applies to your firm:

☐ The firm has adopted the CFA Institute Asset Manager Code of Professional Conduct™.

☐ The firm's code of ethics/conduct complies with the 6 principles of conduct of the CFA Institute Asset Manager Code of Professional Conduct™

11. How did you learn about PMAC? _____

12. Please indicate the name of any individual or firm that referred you to PMAC: _____

13. Please provide some high-level background information of your firm (i.e. business model, investment philosophy, etc.)

SECTION A – FIRM CONTACT INFORMATION

To ensure that we have the correct individuals for PMAC Committees and other PMAC communications, please identify the applicable individuals listed below for whom you wish to have involved with PMAC. Email addresses are needed to set up access to the PMAC Members-Only area of the website and to be added to distribution lists for PMAC e-Bulletins.

Please Note: by providing the following contact information, you are also consenting on behalf of each of these individuals to the receipt of any commercial electronic messages that PMAC may send from time to time.

Firm Staff Information

Primary Contact for official matters and notices

First Name	Last Name	Preferred Name
Title / Position		Email Address
Telephone Number	Address (if different from firm mailing address)	

Billing Contact for membership fees invoice ☐ Same as Primary

First Name	Last Name	Preferred Name
Title / Position		Email Address
Telephone Number	Address (if different from firm mailing address)	

Primary Compliance Contact for PMAC compliance matters ☐ Same as Primary

First Name	Last Name	Preferred Name
Title / Position		Email Address
Telephone Number	Address (if different from firm mailing address)	

Chief Compliance Officer (CCO) ☐ Same as Primary ☐ Same as

First Name	Last Name	Preferred Name
Title / Position		Email Address
Telephone Number	Address (if different from firm mailing address)	

Chief Executive Officer (CEO) ☐ Same as Primary ☐ Same as

First Name	Last Name	Preferred Name
Title / Position		Email Address
Telephone Number	Address (if different from firm mailing address)	

SECTION A – FIRM CONTACT INFORMATION

In-House Counsel (if applicable)	<input type="checkbox"/> Same as Primary	<input type="checkbox"/> Same as _____
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First Name	Last Name	Preferred Name
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Title / Position	Email Address
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Telephone Number	Address (if different from firm mailing address)
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Chief Investment Officer (CIO)	<input type="checkbox"/> Same as Primary	<input type="checkbox"/> Same as _____
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First Name	Last Name	Preferred Name
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Title / Position	Email Address
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Telephone Number	Address (if different from firm mailing address)
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Primary Operations Contact for PMAC operations networking group	<input type="checkbox"/> Same as Primary	<input type="checkbox"/> Same as _____
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First Name	Last Name	Preferred Name
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Title / Position	Email Address
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Telephone Number	Address (if different from firm mailing address)
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Public / Investor Contact for public listing on PMAC website	<input type="checkbox"/> Same as Primary	<input type="checkbox"/> Same as _____
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First Name	Last Name	Preferred Name
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Title / Position	Email Address
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Telephone Number	Address (if different from firm mailing address)
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Is your firm interested in receiving media calls?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Media Contact	<input type="checkbox"/> Same as Primary	<input type="checkbox"/> Same as _____
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First Name	Last Name	Preferred Name
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Title / Position	Email Address
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Telephone Number	Address (if different from firm mailing address)
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Please Note: There is no limit to the number of firm staff who may receive PMAC member benefits and be on the PMAC mailing list.

Please attach supplemental pages if you would like to add additional firm staff.

SECTION B – TERMS AND CONDITIONS

Affirmations

We affirm the following conditions of membership to be true:

Registration

Please select one of the following:

- ☐ Our firm is a portfolio manager registered with the provincial or territorial securities commissions in which we do business, **OR**
- ☐ Our firm is in the process of registering as a portfolio manager with the provincial or territorial securities commissions in which we do business, and anticipate having registration by (please specify): **OR**

Date: _____

- ☐ Our firm is registered as an International Adviser (exemption).

Terms & Conditions

Agree Disagree

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | We agree to notify PMAC if we become no longer registered with a provincial or territorial securities commission within 30 days of such an event occurring. |
| <input type="checkbox"/> | <input type="checkbox"/> | We agree to notify PMAC if we are subject to a proceeding or investigation by a securities regulator or any other regulatory authority for violation of Federal or Provincial securities or other laws or upon the imposition of material terms and conditions on our registration within 30 days of such an event occurring. |
| <input type="checkbox"/> | <input type="checkbox"/> | Neither the firm applying for membership, nor any individual associated with the firm has ever been subject to a proceeding or an investigation initiated by a securities regulator or any other regulatory authority for violation of Federal or Provincial securities or other laws. <i>If disagree, please provide details of the proceeding or investigation and to whom it relates/related in a separate sheet to be submitted with this application for membership.</i> |

Other

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | We consent to receiving electronic messages from PMAC in accordance with Canada's anti-spam legislation and existing privacy legislation. |
| <input type="checkbox"/> | <input type="checkbox"/> | We agree that the firm qualifies for and maintains insurance coverage as required under current Canadian securities legislation ¹ . |

In addition to the above, it is further understood that PMAC's board of directors may, in its sole discretion, remove a member firm from the PMAC public membership listing (including that member's firm profile on the PMAC website) or take any other action it deems appropriate with respect to that firm's membership in the event that, among other things, the member is or becomes subject to an investigation by a regulatory authority, has its registration suspended, or upon the imposition of material terms and conditions on the firm's registration.

I confirm that I have read and understood the terms & conditions of PMAC membership:

X

Name of Authorized Signing Officer

Signature of Authorized Signing Officer

Date

Membership Accepted by the Portfolio Management Association of Canada:

X

Signature of PMAC President

Date of Approval

¹ As set out in Sections 12.4 and 12.5 of National Instrument 31-103 – *Registrant Requirements, Exemptions and Ongoing Registrant Obligations* (NI 31-103).