

### LIFE ASSOCIATE APPLICATION

To become a **Life Associate** or **Life Associate with LIT status** of the Canadian Association of Insolvency and Restructuring Professionals (CAIRP), please complete this form, attach any additional documents required under the conditions applicable to admission, and return it by e-mail, mail or courier. A confirmation of your status will be sent to you by e-mail upon completion of all the requirements for admission and upon approval by the CAIRP Board of Directors.

#### APPLICANT INFORMATION

|                  |           |                |
|------------------|-----------|----------------|
| Name:            |           | Date of birth: |
| Current address: |           |                |
| City:            | Province: | Postal Code:   |
| Phone:           | E-mail:   |                |

#### DECLARATION

Choose one of the following:

- I am applying for Life Associate status and hereby declare that I will not renew my license with the OSB within the next twelve months (unless in an inactive status) and that I will earn no income in the insolvency and restructuring profession. I understand that I am not required to fulfill the Mandatory Professional Development and that I will pay an annual fee of \$50.00 + taxes for my Associate dues.
- I am applying for Life Associate with LIT status and hereby declare that I will renew my license with the OSB within the next twelve months and that I will earn an annual income of less than \$30,000.00 in the insolvency and restructuring profession. I understand that I am required to fulfill 10 hours of Mandatory Professional Development and that I will pay an annual fee of \$300.00 + taxes for my Associate dues.

Please note that members who earn an annual income of \$30,000.00 or more in the insolvency and restructuring profession do not qualify for either Associate status above.

|   |  |                             |
|---|--|-----------------------------|
| I am actively administering files.  | <input type="checkbox"/> Yes (In what capacity?)               | <input type="checkbox"/> No |
| I am taking on new files.   | <input type="checkbox"/> Yes                                   | <input type="checkbox"/> No |
| Existing files will continue to have the necessary administration and supervision that is required of an associate in good standing of the Association to expeditiously wind up or transfer existing files. | <input type="checkbox"/> Yes                                   | <input type="checkbox"/> No |
| A succession plan is in place for all existing files and was sent to the OSB.   | <input type="checkbox"/> Yes (Please provide date mm/dd/yyyy): | <input type="checkbox"/> No |

There are disciplinary proceedings or investigations in progress against me by the Superintendent of Bankruptcy or any other professional bodies or associations to which I belong, or with respect to any matter in which I am engaged.

- Yes (Please provide a brief description.)
- No

|   |  |                             |
|---|--|-----------------------------|
| I have retained my LIT license.   | <input type="checkbox"/> Yes (In what capacity?)                             | <input type="checkbox"/> No |
| I have attained the age of 55 years or older.   | <input type="checkbox"/> Yes   | <input type="checkbox"/> No |
| I have spent at least 20 years in the profession.   | <input type="checkbox"/> Yes   | <input type="checkbox"/> No |
| At the time of this application, I have been a member in good standing of the Association for at least 10 years.  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No |
| At the time of this application, I have complied with the minimum Mandatory Professional Development requirements.  | <input type="checkbox"/> Yes (Please provide last completed year) Year: yyyy | <input type="checkbox"/> No |
| <b>HISTORY</b>  |  |                             |
| Please provide a brief summary of your past and present membership in CAIRP and your Provincial Association:  |  |                             |
|   |  |                             |
| Most recent firm:   |  |                             |
| <b>SIGNATURE</b>  |  |                             |
| I solemnly declare that I have complied with and will continue to comply with CAIRP's Bylaws, Rules of Professional Conduct and Standards of Professional Practice, and that I continue to be eligible for Life Associate status, pursuant to CAIRP's Bylaws. |  | Date:                       |
| Signature of applicant: _____   |  |                             |