

## REFERRAL FORM

\* Mandatory fields.

\* I Have informed my client of the Promutuel referral program, who has authorized me, in date of  (YYYY/MM/DD) to transmit the information to the Groupe Promutuel and be informed of the eventual outcome.

### CLIENT INFORMATION

Mr.  Mrs.

Name \*  First name \*

Address (Number, street, apt.)

City  Postal code \*

Telephone Home \*  Work  Extension

Ex: (000) 000-0000

Langage spoken  French  English

### THE CLIENT CURRENTLY HAS AN INSURANCE POLICY

	Maturity date (YYYY/MM/DD)	Current insurer
<input type="checkbox"/> Auto	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Home	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Business	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Farm	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
Description <input type="text"/>		

### THE CLIENT PREFERS TO BE REACHED

<p><b>Day *</b></p> <p><input type="checkbox"/> Monday</p> <p><input type="checkbox"/> Tuesday</p> <p><input type="checkbox"/> Wednesday</p> <p><input type="checkbox"/> Thursday</p> <p><input type="checkbox"/> Friday</p> <p><input type="checkbox"/> No preference</p>	<p><b>Time *</b></p> <p><input type="checkbox"/> 8 a.m to 11 a.m.</p> <p><input type="checkbox"/> 11 a.m to 13 p.m.</p> <p><input type="checkbox"/> 13 p.m to 17 p.m.</p> <p><input type="checkbox"/> 5 p.m. to 8 p.m. (from Monday to Thursday inclusively)</p> <p><input type="checkbox"/> No preference</p>
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E-mail (optional)

### MUTUAL FUND REPRESENTATIVE INFORMATION

Name \*  First name \*

Representative number \* 7655 -

Representative's comments