

ature of Applicant:

ASSOCIATE APPLICATION FORM

Organization Name: OneMain Solutions Canada - American Health and Life Insurance Company and Triton Insurance Company		
Representative's Name and Title: Henryka Anderson - Chief Agent		
Address: 1420 - 380 Wellington Street		
City: London	Province: Ontario	Postal Code: N6A 5B5
Phone - Main: 844-621-8014	Direct: 817-820-8014	
Fax: 866-897-8985	Email: henryka.anderson@onemainfinancial.com	
Website:		
Parent Company: OneMain Financial		
Description & Fees:		
I. Associates 🔀 \$4,800		
Organizations that are business partners of CAFII members or otherwise support the Association's goals are eligible to apply for Associate status. Associates receive periodic CAFII communications and invitations to CAFII events. Associates pay \$4,800 per annum in one instalment.		
Associate Status is valid from January 1 to December 31 each year.		
Wind Dlan	T.	bruary 1, 2018

As a signing authority, I hereby acknowledge that as an applicant for Associate status in CAFII, my organization supports the Association's mission, objectives, and policy positions. For more information visit www.cafii.com.

Date: