



## CA Members – Membership Resignation Form

ICAO No.

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To resign, a member must be in good standing. Members subject to any proceedings by the Institute's disciplinary, standards or practice inspection areas will not have their request to resign considered until the matter is resolved. Please review the considerations outlined on page 2 before completing this form.

### 1. REQUEST TO RESIGN

A member's original membership certificate must be returned to the Institute as part of the resignation process. A member is entitled to hold the certificate only as long as he or she remains a member. This certificate is an important document which is the property of the Institute and must be returned if membership is lost due to resignation. If the membership certificate is lost, stolen, or destroyed, section 2 must be completed. This declaration contains an undertaking that you will return the certificate to the Institute if it should be found at any time in the future.

- |                                                                                                  |                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> I wish to resign                                                        | <input type="checkbox"/> I do not wish to resign and wish to maintain my membership in good standing with the Institute                                                                               |
| <input type="checkbox"/> membership certificate enclosed                                         | <input type="checkbox"/> membership certificate already forwarded to the Institute. (If you decide not to resign we will return your certificate to you.)                                             |
| <input type="checkbox"/> Public Accounting Licence (if applicable) enclosed                      | <input type="checkbox"/> Public Accounting Licence (if applicable) already forwarded to the Institute.                                                                                                |
| <input type="checkbox"/> membership certificate destroyed or location unknown                    | <input type="checkbox"/> I am a shareholder in a registered professional corporation and I have completed the process for discontinuing the professional corporation registration with the Institute. |
| <input type="checkbox"/> Public Accounting Licence (if applicable) destroyed or location unknown |                                                                                                                                                                                                       |

X

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)

### 2. ACKNOWLEDGEMENT, DECLARATION, AND UNDERTAKING

You must sign the Acknowledgement, Declaration, and Undertaking if your membership certificate has been destroyed or its whereabouts is unknown.

**In the Matter** of my request to The Institute of Chartered Accountants of Ontario to resign from membership

**I Acknowledge that**, pursuant to Bylaw 4.15, my membership certificate is the property of the Institute;

**I Declare** that my membership certificate has been destroyed or that its location is unknown to me;

**I Undertake** that if my membership certificate is ever recovered, I will forward it forthwith to The Institute of Chartered Accountants of Ontario.

If you have returned your membership certificate to us it will be kept for a period of five years, after which, if you have not been readmitted to membership, it will be destroyed. The Institute is not responsible for certificates that are damaged in shipping.

X

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)

### 3. Please indicate in the space below the reason for your resignation request

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### Information for Members Considering Resignation from Institute Membership

The following are important considerations to take into account prior to submitting a request to resign:

- under *The Chartered Accountants Act, 2010*, one must be a member of the Institute to use the designation 'Chartered Accountant' and the initials 'CA' or 'FCA' in Ontario;
- membership status is also required for continuation in the various members' insurance plans, to vote on Institute bylaws and rules of professional conduct and in Council elections, and to participate in professional and social activities of the Institute;
- exemptions from the annual membership fee and special assessments are provided by the Institute's bylaws for a number of member circumstances. An important criterion common to most of the exemptions is continuous membership for a prescribed number of years. Bylaw 333 outlines the provisions to be considered for future eligibility for fees exemption.

### Members residing outside Canada

Many CAs retain their Ontario Institute membership while residing outside Canada. The annual membership fee is reduced for these members.

### Members residing in another province

Many CAs retain their Ontario Institute membership while residing in another province. The annual membership fee is reduced for members who maintain membership with more than one provincial institute.

### Affiliation to another provincial institute

In order to become a member with another provincial institute, you must remain a member in good standing with your current institute. If you wish to retain only one provincial membership, you must ensure that you obtain membership with the other provincial institute prior to resigning from Ontario.

### Readmission of members who resigned

A former member of the Institute who resigned while in good standing, other than pursuant to an order of the discipline or appeal committee, may apply to be readmitted to membership in the Institute. Readmission requirements are subject to the readmission provisions of the bylaws in effect at the date of application. The current provisions are set out in Bylaw 351.

Currently, applicants for readmission to membership who previously resigned in good standing but who have not held membership in the Institute, another provincial institute or a recognized accounting body outside Canada within five years of the date of applying for readmission will be required to pass an examination prior to qualifying for readmission



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All members who wish to resign must complete this section. If you did not have a practice registered with the Institute, complete the exemption declaration section 4B and section 5.

## 4A. DISCOVERY POLICY DECLARATION

If you no longer practice public accounting in Ontario for reward on or after October 1, 1996, please be advised that Bylaw 4.12 requires a discovery policy be maintained for six years from the date the practice ceased.

Name of Insurance Company: \_\_\_\_\_

Discovery Policy Number: \_\_\_\_\_

Effective Date (mm/dd/yy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiry/Renewal Date (mm/dd/yy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**OR**

I am covered under the professional liability insurance policy of the following public accounting practice for which I perform engagements for reward.

Name of firm: \_\_\_\_\_

Address: \_\_\_\_\_

## 4B. MANDATORY PROFESSIONAL LIABILITY COVERAGE EXEMPTION DECLARATION

(Effective October 1, 1996 under the Mandatory Professional Liability Insurance Regulation adopted by Council Pursuant to Bylaw 4.12)

- A. I declare that I do not /did not perform any public accounting services in Ontario in the prior six years; or
- B. I declare that I restrict my performance of public accounting services in Ontario to those for which I receive no fee or any other type of reward and therefore claim exemption from the requirement to obtain the coverage prescribed by the Mandatory Professional Liability Insurance Regulation pursuant to Bylaw 4.12.

## 5. DECLARATION

I declare that the information on this form is true and complete. I authorize the above-named insurance company to confirm coverage and any cancellation or expiry of such coverage.

**X**  
\_\_\_\_\_  
Signature (of Partner/Practitioner/Member)

\_\_\_\_\_  
Date (MM/DD/YYYY)