LICENSING JOURNEY CHECKLIST

Invictus Leadership Group – World Financial Group

Associate Name: _____

Start Date: _____

☐ **STAGE 1 — ENROLLMENT**

Oliver's HLLQP Flex Pass

☐ Register for Oliver's HLLQP Flex Pass

☐ Complete payment ($79.85 + tax)

☐ Save login credentials

Date Completed: _____

WFG Launch

☐ Register for WFG Launch

☐ Confirm account access

Date Completed: _____

☐ **STAGE 2 — CERTIFICATIONS**

Required Certifications

☐ CDN Ethics Certification

Date Completed: _____

☐ Ethics Certification

Date Completed: _____

☐ Accident & Sickness (A&S) Certification

Date Completed: _____

☐ Life Insurance Certification

Date Completed: _____

☐ Segregated Funds Certification

Date Completed: _____

☐ **STAGE 3 — PROVINCIAL LICENSING**

Provincial Requirements

☐ Provincial Ethics Requirement

Exam Date: _____

☐ Provincial Accident & Sickness (A&S) Requirement

Exam Date: _____

☐ Provincial Life Insurance Requirement

Exam Date: _____

☐ Provincial Segregated Funds Requirement

Exam Date: _____

☐ **STAGE 4 — ACTIVATION**

Compliance & Contracting

☐ Obtain Police Clearance ($28)

Date Submitted: _____

Date Received: _____

☐ Complete WFG Agent Agreement ($42)

Date Completed: _____

☐ Cancel Speedpass (if applicable)

Date Completed: _____

☐ Transition from WFG Launch to MyWFG

Date Completed: _____

☐ Complete Ivari E-Contracting

Date Completed: _____

☐ Receive E&O Certificate

Date Received: _____

☐ Receive Letter of Authorization

Date Received: _____

Licensing

☐ Submit Alberta License Application ($155)

Submission Date: _____

☐ Alberta License Approved

Approval Date: _____

☐ Send License Certificate to Ivari

Date Sent: _____

☐ Send License Certificate to WFG Licensing

Date Sent: _____

Office Setup & Provider Registration

☐ WFG Email Setup

☐ MyWFG Platform Access

☐ IA Registration

☐ Manulife Registration

☐ Equitable Registration

☐ Ivari Registration

☐ CPP Registration

☐ Other Provider Registrations

Completed By: _____

Final Onboarding

☐ Order Name Tag

Date Ordered: _____

☐ Confirm Full Transition to MyWFG

☐ Confirm All Licensing Requirements Complete

☐ Confirm All Contracting Complete

☐ Confirm Provider Registrations Complete

☐ Confirm System Access Complete

☐ Agent Fully Operational

Final Approval Date: _____

Approved By: _____