

# INITIATIVE APPOINTMENT OF ASSISTANT FINANCIAL AGENT

PLEASE PRINT IN BLOCK LETTERS AND SIGN WHERE REQUIRED  
SEE REVERSE SIDE FOR INSTRUCTIONS

<b>PART A</b>	<input type="checkbox"/> NEW APPOINTMENT	<input type="checkbox"/> NOTICE OF CHANGE
TITLE OF INITIATIVE		
FULL NAME OF AUTHORIZED PARTICIPANT		<input type="checkbox"/> OPPONENT <input type="checkbox"/> PROPONENT

<b>PART B</b>			
<b>ASSISTANT FINANCIAL AGENT</b>			
LAST NAME	FIRST NAME	MIDDLE NAME	PHONE
MAILING ADDRESS			ALTERNATE PHONE
CITY/TOWN	PROVINCE	POSTAL CODE	FAX
EMAIL			
<b>EFFECTIVE DATE OF APPOINTMENT:</b> (YYYY/MM/DD)		<ul style="list-style-type: none"> <li>I consent to my appointment as assistant financial agent.</li> <li>I am aware of the obligations and responsibilities of this position under the <i>Recall and Initiative Act</i>.</li> </ul>	
SIGNATURE OF ASSISTANT FINANCIAL AGENT		DATE: (YYYY/MM/DD)	
<b>WARNING:</b> Signing a false statement is a serious offence and is subject to significant penalties.			

<b>PART C</b>	
I hereby authorize the above-named individual to act as assistant financial agent:	
SIGNATURE OF FINANCIAL AGENT	DATE: (YYYY/MM/DD)

<b>CHIEF ELECTORAL OFFICE USE ONLY</b>	
DATE RECEIVED: (YYYY/MM/DD)	INITIATIVE NUMBER

# INITIATIVE APPOINTMENT OF ASSISTANT FINANCIAL AGENT – FORM 950 INSTRUCTIONS

As soon as possible after the appointment is made, a copy of this appointment form must be delivered to the Chief Electoral Officer [*Recall and Initiative Act*, sections 35 and 64].

The financial agent may appoint as many assistant financial agents as is necessary. A separate appointment form must be used for each appointment.

## PART A

1. **Title of Initiative:** Enter the title of the initiative.
2. **Full Name of Authorized Participant:** Enter the full name of the opponent or proponent for whom the assistant financial agent is being appointed.

## PART B

3. **Assistant financial agent name and address:** Enter the assistant financial agent's name, mailing address, phone numbers and fax number.
4. **Effective date of appointment:** Enter the date on which the individual assumed the position of assistant financial agent.
5. **Signature of assistant financial agent:** The individual being appointed must sign and date this declaration.  
Note: An assistant financial agent may accept contributions and incur initiative expenses on behalf of the financial agent. The assistant financial agent has the same responsibilities in relation to these duties as the financial agent.

## PART C

6. **Signature of financial agent:** The financial agent must sign and date this declaration.

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**For more information**  
**Phone toll-free 1-800-661-8683/TTY 1-888-456-5448**

or contact  
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