IARFC
INTERNATIONAL ASSOCIATION OF REGISTERED FINANCIAL CONSULTANTS

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Middletown, OH 45042-0506

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Phone: 800.532.9060
Website: www.IARFC.org
E-mail: info@IARFC.org

Application for RFA Membership

Annual Membership Dues:	**$150**
Nonrefundable Application Fee (one time):	**$75**
Total First Year:	**$75**

Please Print

Your Name_____

(Exactly as you want it to appear on your Membership Certificate, excluding degrees or other designations)

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other_____ Your Preferred Salutation/Nickname (i.e., "Bill")_____

First Name_____ Middle_____ Last_____

☐ **Check** ☐ **Credit Card#**_____ Expiration Date_____ Security Code_____

Name of Business_____

Business Address_____ Ste #_____ City_____ State____ Zip_____

Phone_____ Fax_____ Business Email_____

Business Website URL_____

Residence Address_____ City_____ State_____ Zip_____

Phone_____ Birthdate_____ IARFC Sponsor, if any_____

Your Educational Background (Since High School)

Name and Address of Institution	Location	From Mo/Yr	To Mo/Yr	Course or Major	Graduate?	Degree

FINRA Member Firm (if any)_____ FINRA CRD No._____

Securities Licenses: ☐ Series 7 ☐ Series 6, 22 or 62 ☐ Series 24 ☐ Series 27 ☐ Series 65 ☐ Other_____

Insurance Licenses: ☐ Life ☐ Health ☐ Variable Contracts ☐ Prop. & Casualty ☐ Other_____

Primary Insurance Company (if any)_____

Affiliated with an SEC Registered Investment Advisor (RIA)? ☐ Yes ☐ No Name of RIA_____

Designations: ☐ AAMS ☐ AEP ☐ CFA ☐ CFP ☐ ChFC ☐ CIMA ☐ CLU ☐ CPA ☐ CPA/PFS ☐ CRSA ☐ CSA ☐ EA ☐ FSS ☐ JD/LLB ☐ LLM ☐ LUTCF ☐ MBA ☐ MS ☐ MSFS ☐ MSFM ☐ Ph.D. ☐ RFP ☐ Other_____

Financial Services Education course(s): _____

_____

Financial Services Experience: Number of years as a practitioner in the field of financial planning: ☐ Full time_____ ☐ Part time____

Current Practice Mode *(check those which apply)*: ☐ Charge Plan Fees ☐ Hourly or Modular Plan Fees ☐ Portfolio Management Fees ☐ Insurance Products ☐ Securities ☐ Mutual Funds ☐ Trust Services ☐ Other_____

Other Qualifications_____

QUESTIONS RELATING TO BUSINESS AND ETHICAL CONDUCT

Have you ever been refused a surety bond or other form of employment security? ..... Yes ☐ No ☐
Have you ever been denied or enjoined from selling or dealing in securities or from functioning as an Investment Advisor? ..... Yes ☐ No ☐
Have you ever been arrested, indicted, or convicted for any felony or misdemeanor, except for minor traffic offenses? ..... Yes ☐ No ☐
Have you ever been known personally by any other name, or have you ever conducted financial activities, conducted business or carried brokerage or bank accounts in any other name? ..... Yes ☐ No ☐
Have you ever become insolvent, failed in business or compromised with creditors? If "Yes" – please provide the date, name and location of court, disposition, liabilities, and assets. ..... Yes ☐ No ☐
Have you ever had a license, permit, certificate, registration or membership denied, suspended, revoked or restricted, or have you had an application of such type ever withdrawn for cause? ..... Yes ☐ No ☐
Have you ever been the subject of any order, judgement, decree or other sanction of a foreign court, foreign exchange, or have you ever been the subject of any action by a foreign or domestic governmental or regulatory agency? ..... Yes ☐ No ☐

IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS "YES", PLEASE ATTACH A WRITTEN EXPLANATION.

THE FOLLOWING SHOULD BE READ VERY CAREFULLY BY THE APPLICANT

1. I hereby certify that I have read and understand the foregoing statements and that my responses are true and complete to the best of my knowledge.
2. I hereby apply for IARFC registration and, in consideration of my application, I submit myself to the jurisdiction of such organization and hereby verify that I agree to abide by all the provisions of the bylaws and regulations of the organization as they are and may be amended; and I agree to comply with all such requirements and penalties and limitations, subject to right of appeal as provided by law, and I agree that any decision as to the result of any examination(s) that I may be required to pass or annual CE requirements will be accepted by me as final.
3. I further agree that neither the association nor its officers, employees, and others acting on its behalf, shall be liable to me for action taken or omitted to be taken in official capacity or in the scope of employment, except as otherwise provided in the statutes, bylaws, or the association's rules and regulations.
4. I authorize the organization to make available to any federal, state or municipal agency, or any securities or commodities industry self-regulatory organization, any information they may have concerning me or to request confirmation of my status, and I release those organizations, employees and agents, from any and all liability of whatever nature by reason of furnishing such information.
5. I further agree that any part of the information contained in this application and any subsequent documents in my IARFC registration file may be divulged to interested parties as part of the referral system maintained by the Association for the benefit of members and the public.
6. I hereby certify that I have a sound record of business integrity with no suspension or revocation of any professional licenses, and I hereby subscribe to the IARFC Code of Ethics, a copy of which I have read and understand.
7. It is agreed and understood that any material misrepresentation of facts or information given in this or subsequent application or renewal will be cause for immediate revocation of membership and all its privileges, without refund of any dues or fees paid.
8. I agree to maintain proficiency in my work by completing a minimum of forty (40) units per year of continuing education in the field of financial planning and counseling - which can include subjects relating to practice management or financial product application.
9. As an applicant for registration, I understand and agree that my registration with the IARFC will not become effective until submission of all required documentation in proper order and upon written acceptance by the IARFC.
10. I understand that all IARFC certificates remain the property of the Association and must be destroyed or returned to the Association at my expense should my membership or the right to display the designation and certificate be suspended, revoked or terminated for any reason.
11. I understand the RFA designation converts to the RFC upon completion of four years of experience and/or completion of an approved RFC course.

_____	_____	_____
SIGNATURE OF THE APPLICANT	**DATE**	**SIGNATURE OF A WITNESS**

VERIFICATION OF EDUCATIONAL COMPLETION

☐ I have completed my financial services coursework and provided evidence of completion/graduation as may be appropriate.

OR VERIFICATION OF STUDENT ENROLLMENT

☐ I am still enrolled and contemplate completion/graduation on or about: _____

FACULTY VERIFICATION: As a faculty member or administrative officer of _____

I can certify that the above applicant is a student in good standing and is scheduled to complete the financial services/planning course work on the date indicated above, or has already completed the requirements for graduation.

Name: _____ Title: _____

School: _____ Date: _____

Please Mail this Application - or fax to: 513.345.9479

Reset Form