



Financial Planning Building
 2507 North Verity Parkway
 Post Office Box 42506
 Middletown, OH 45042-0506

Fax: 513 424 5752
 Phone: 800 532 9060
 Website: www.IARFC.org
 E-mail: info@IARFC.org

Application for IARFC Membership

| | |
|------------------------------|--------------|
| Annual Membership: | \$150 |
| Application (one time): | \$45 |
| Total First Year Fee: | \$195 |

Please Print

Your Name _____
 (Exactly as you want it to appear on your full-sized 16" x 20" RFC Membership Certificate, excluding degrees or other designations)

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

First Name _____ Middle _____ Last _____

Check Enclosed \$ _____ Credit Card No. _____ Expires _____

Name of Business _____

Business Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Business E-Mail _____

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 |
|---------------------------------|----------|------------|----------|-----------------|-----------|--------|
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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 CEP 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: Financial Planning Process™ Course, held at _____ Date Completed _____

CFP Prep Course at _____ Other Courses _____

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 Portfolio Management Fees Insurance Products

Securities Mutual Funds Trust Services Other _____

Other Qualifications _____

Please see the questions and signature requirements on the reverse side.

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 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 the 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, 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 or employees shall be liable to me for action taken or omitted 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 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 continuing education in the field of financial planning and counseling — which can include subjects relating to practice management, delivery of professional services, portfolio management or financial product application and service.
9. As an applicant for registration, I understand and agree that my RFC designation 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 of Registration remain the property of the Association and must be destroyed or returned to the Association should my membership or the right to display the designation certificate be suspended or terminated.
11. I understand that continuation of the RFC designation requires 40 hours of CE per year, which commences January of the year following acceptance.

SIGNATURE OF THE APPLICANT

DATE

SIGNATURE OF A WITNESS

- How did you learn about the RFC?** Advertisement Article Association _____ Broker/Dealer _____
- Direct Mail E-mail Exhibit Forum Insurance Co. _____ Kaplan College Mailing Partnership
- Presentation by _____ Referral by _____ IARFC website RFC class
- Other _____

Please recommend associates or colleagues for the RFC designation — or the Financial Planning Process™ Course:

| | |
|----------------------|----------------------|
| Name _____ | Name _____ |
| Firm _____ | Firm _____ |
| Address _____ | Address _____ |
| City/State/Zip _____ | City/State/Zip _____ |

IMPORTANT: Evidence of license, diploma or similar documents may be requested. **However, you need not submit evidence with the application.** The Association is compensation neutral regarding plan or portfolio fees, insurance, securities or real estate commissions, salary or bonus.

Please Mail this Application — or Fax to: 513 424 5752

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