

Ethics Approved Appeal Form

Your Name	
Street Address	
City, State, Zip	
Phone/Email	
with as much deta consider. Member may request addit investigated vigoro	must be submitted within 30 days of the receipt of the Ethics Approved decision <u>til as possible</u> . Attach any supporting documentation for the Ethics Committee to will be notified by phone within 5 business days of receipt. The Ethics Committee ional information during the review process. Be assured the Appeal will be ously and impartially. The entire process could take 45 – 60 days after the receipt out any supporting documentation.
Appeal Details: (a	ttach any supporting documentation)



Important Information on Back of Form

I understand that:

- Once the Appeal Form is received by the Ethics Committee Liaison, I can expect a written response in approximately 45-60 days.
- The Appeal must include a \$50 non-refundable fee and any documentation that I feel will assist the Ethics Committee in their review.
- Upon receipt of the material, the Ethics Committee Liaison will forward all documentation to the Ethics Committee.
- Decisions by the Ethics Committee are final and are not subject to further appellate review.

Signature of person making the Appeal	Date	Date		
Remit Payment \$50 Fee via:				
Check: Payable to the International Association of Re	gistered Financial Consultants (IARF	C®)		
Credit Card:				
Card Number	Expiration Date	Security Code		

Fax, email or mail the competed Appeal Form and any supporting documentation to:

Fax: (513) 345-9479
Email: ethics@iarfc.org

Mail: IARFC

Attention: Ethics Committee Liaison

P.O. Box 506

Middletown, OH 45042-0506