



# RFA<sup>®</sup> • RFC<sup>®</sup> • Association Application

## Applicant Information (please print or type)

Please provide your name exactly as you want it to appear on your Certificate, excluding degrees or designations.

### Business Information

Prefix First Name M.I. Last Name Suffix Salutation

Business Name

Street Address Ste# City Province Postal Code

Business Phone Fax Cell Phone

Business Email Address Primary  Yes  No Website

### Home Information

Street Address Ste# City Province Postal Code

Home Phone Cell Phone

Home Email Address Birthdate MM/DD/YY

Please send all mail to my:  Business Address  Home Address

**Experience** Required: Association Member-none, RFA<sup>®</sup>-less than 3 years, RFC<sup>®</sup>-minimum of 3 years

How many years of experience do you have as a full time practitioner in the field of Financial Services? Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

### Education

Education criteria requires an applicant to assert and document achievement in any **ONE** of the these areas: **Licensing, Professional Designations, Education Background.**

**Professional Designations/Credentials:**  AAMS<sup>®</sup>  CFA  CFP<sup>®</sup>  ChFC<sup>®</sup>  CLU<sup>®</sup>  CPA  EA  LUTCF<sup>®</sup>  RRC  RFRA  MFA-P  TEP Other \_\_\_\_\_

### Licensing

Broker/Dealer/Distribution \_\_\_\_\_

Securities / MFDA IROC \_\_\_\_\_

Insurance Licenses:  Life

Other \_\_\_\_\_

Primary Insurance Company (if any) \_\_\_\_\_

### Educational Background

School, City, Province, Country	Graduated		Major	Degree
	Yes	No		

Evidence of licenses, diplomas, transcripts, or documents will be requested. You need not submit evidence with application.

### Code of Ethics (Applicants must subscribe and adhere to the IARFC Code of Ethics)

I will put my clients' interests above my own at all times within the scope of my abilities. I will maintain proficiency in my work through continuing education. When fee-based services are involved, I will charge a fair and reasonable fee based on the amount of time and skill required. I will abide by both the spirit and the letter of the laws and regulations applicable to financial planning services. I will give my clients the same service I would provide to myself in the same circumstances.

## Membership Type *Choose one*

**Registered Financial Associate (RFA<sup>®</sup>)**

Nonrefundable Application Fee: C\$100

Designation & Association Fee: C\$200

Total payment C\$300

Commence on anniversary of

RFA<sup>®</sup> Designation/Association Fee

**Registered Financial Consultant (RFC<sup>®</sup>)**

Nonrefundable Application Fee: C\$100

Designation & Association Fee: C\$450

Total payment C\$550

Commence on anniversary of

RFC<sup>®</sup> Designation/Association Fee

**Association**

Nonrefundable Application Fee: C\$100

Association Fee: C\$140

Total payment C\$240

Commence on anniversary of Association Fee

## Payment Options

1. Mail Application with payment to:

IARFC Canada  
5580 Explorer Drive, Suite 502  
Mississauga, ON L4W4Y1

2. Email Application to:

**info.canada@iarfc.org**

Check payable to: IARFC Canada

Credit Card: Visa, MC, Amex, or Discover

Credit Card#

Ex. Date.

Security Code

Signature

## Questions relating to business and ethical conduct

(If you check "Yes" to any of the following questions please attach a written explanation)

	Yes	No
Have you ever been refused a surety bond or other form of employment security?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been denied or enjoined from selling or dealing in securities or from functioning as an Investment / Insurance Advisor?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been arrested, indicted, or convicted for any felony or misdemeanor, except for minor traffic offenses?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been known personally by any other name, or have you ever conducted financial activities, conducted business or carried brokerage/bank accounts in any other name?	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been the subject of any order, judgement, decree, or other sanction of a foreign/domestic court, foreign exchange, or have you ever been the subject of any action by a foreign / domestic governmental or regulatory agency?	<input type="checkbox"/>	<input type="checkbox"/>

## Affirmations/Attestations (Applicants please read carefully)

- 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.
- I hereby apply for IARFC membership and, in consideration of my application, I submit myself to the jurisdiction of the IARFC and hereby verify that I agree to abide by all the provisions of the By-Laws and regulations of the IARFC as they are and may be amended. I agree to comply with all such requirements, subject to right of appeal as provided by law. I agree that any decision as to the result of any exam(s) that I may be required to pass or annual Continuing Education (CE) requirements will be accepted by me as final.
- I further agree that neither the IARFC nor its Trustees, Directors, Officers, or employees shall be liable to me for action taken or omitted in official capacity or in the scope of employment, except as stated in the IARFC By-Laws.
- I hereby certify that I have a sound record of business integrity with no suspension or revocation of any professional licenses, and I hereby adhere to the IARFC Code of Ethics, a copy of which I have read and understand.
- It is agreed and understood that any material misrepresentation of facts or information given in this application or subsequent renewals may be cause for immediate revocation of IARFC membership or designation and all its privileges, without refund of any dues or fees paid.
- I understand that failure to disclose any regulatory event, including suspensions or revocations, may disqualify me from initially obtaining the RFC® or RFA® designation or could result in revocation of the designation.
- I understand and agree that my RFC® or RFA® designation with the IARFC will not become effective until I have met all the eligibility requirements.
- I understand that all IARFC certificates of designation remain the property of the IARFC and must be destroyed or returned to the IARFC should my membership or designation be suspended or terminated.
- I understand that continuation of the RFC® or RFA® designation requires the successful awarding of thirty (30) hours of financial services focused CE credits every two years — of which 4 hours every two years must be related to Professional Ethics commencing the January of the year following initial acceptance.
- I authorize the Association 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.
- I further agree that my contact information contained in this application be divulged to interested parties as part of the member profile on the IARFC website for the benefit of members and the public.
- I understand that if I do not meet the required professional experience of 3 years for the RFC®, the IARFC will qualify and award me the RFA® designation. RFA® designation converts to the RFC® upon completion of three years of experience.
- I understand that except for my designation status, written authorization by me is required to release my information.

I attest that I have read and understand the above, that the information I have provided is complete and accurate to the best of my knowledge and belief, and I further understand that my IARFC membership and/or designation may be revoked if I provided any false or incomplete information.

Signature of Applicant (required)

Date

## Recommend a colleague.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Province, Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## How did you learn about the IARFC?

- LinkedIn  Facebook  Twitter
- Broker/Dealer \_\_\_\_\_
- Direct Mail  Email  Exhibit
- IARFC Website  Referral  Article
- Other \_\_\_\_\_

## Referred by (if applicable)

Full Name \_\_\_\_\_

City, Province \_\_\_\_\_



International Association of  
Registered Financial Consultants

IARFC Canada  
5580 Explorer Drive, Suite 502  
Mississauga, ON L4W4Y1

Phone: (877) 908-9386  
Email: [info.canada@iarfc.org](mailto:info.canada@iarfc.org)  
Website: [iarfc.org](http://iarfc.org)