



International Association of Registered Financial Consultants

# MRFC Annual Recertification

## Renewal Information

(please print or type)

### Business Information

|                        |  |             |           |        |
|------------------------|--|-------------|-----------|--------|
| Prefix                 | First Name   | Middle Name | Last Name | Suffix |
| Business Name          |  |             |           |        |
| Street Address         | Ste.   | City        | State     | Zip    |
| Business Phone         | Fax  | Cell Phone  |           |        |
| Business Email Address | Primary <input type="checkbox"/> Yes <input type="checkbox"/> No |             |           |        |

### Home Information

|                    |  |                     |       |     |
|--------------------|--|---------------------|-------|-----|
| Street Address     | Ste#   | City                | State | Zip |
| Home Phone         | Cell Phone   |                     |       |     |
| Home Email Address | Primary <input type="checkbox"/> Yes <input type="checkbox"/> No | Birthdate: MM/DD/YY |       |     |

Please send all mail to my  Business Address  Home Address

### Professional Education and Conduct Certification for MRFC designees

- CE: I certify that I have completed the 40 units of professional continuing education, as are required of each designation, during the preceding calendar year (unless disabled or retired). I understand that evidence of this attendance may be requested by the IARFC at any time within two successive calendar years.
- Conduct: I certify that I have not had any professional license, certificate, registration or permit revoked or suspended or been the subject of any order, judgment, decree or sanction of a court, exchange or regulatory agency.

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

- I will at all times put my client's interest above my own. 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 give myself in the same circumstances.

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

Signature of Applicant (required)

Date

### Recommend a colleague for Membership

|           |            |
|-----------|------------|
| Full Name |            |
| Address   |            |
| City      | State, Zip |
| Phone     | Email      |

## Membership Type

Choose one

**MRFC • MRFC with General Membership**

**MRFC — Master Registered Financial Consultant**

MRFC Annual Recertification Fee: \$300  
Apply Late fee if 60 days after renewal date: \$25

Donate to the:  
National Financial Planning Competition:  
Silver \$50, Gold \$100,  
Platinum \$250, Diamond \$500 \_\_\_\_\_  
Total payment: \_\_\_\_\_

**MRFC with IARFC General Membership**

MRFC Annual Recertification Fee: \$200  
IARFC Annual Membership Fee: \$75  
Apply Late fee if 60 days after renewal date: \$25

Donate to the:  
National Financial Planning Competition:  
Silver \$50, Gold \$100,  
Platinum \$250, Diamond \$500 \_\_\_\_\_  
Total payment: \_\_\_\_\_

## Payment Options

1. Mail payment to: IARFC  
P.O. Box 506, Middletown, OH 45042
2. Fax to:  
513.345.9479 (credit card only)
3. Email to: info@iarfc.org

Check payable to: IARFC  
Credit Card: Visa, MC, Amex, or Discover

Credit Card#

Ex. Date. Security Code

Signature