



RFA® • RFC® • Association Renewal

Renewal Information

(please print or type)

Business Information

Prefix First Name M.I. Last Name Suffix Nickname

Business Name

Street Address Ste. City State Zip

Business Phone Fax Cell Phone

Business Email Address Primary Yes No Website

Street Address Ste# City Stat Zip

Home Phone Cell Phone

Home Email Address Birthdate: MM/DD/YY

Please send all mail to my: Business Address Home Address

Professional Education and Conduct Certification for RFA® and RFC® designees

- CE: I certify that I abide by the IARFC professional continuing education requirement of 40 units every two years for the RFA® and/or RFC® designations, 4 units related to ethical practices (CE) every two years, (unless 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 IARFC membership and/or designation may be revoked if I provided any false or incomplete information.

Signature of Applicant (required) Date

Membership Type Choose one

RFA® • RFC® • Association

- RFA® — Registered Financial Associate**
- Designation/Association Fee: \$150
Apply late fee if 60 days after renewal date \$25
- Total payment _____

- RFC® — Registered Financial Consultant**
- Designation/Association Fee: \$500
Apply late fee if 60 days after renewal date \$25
- Total payment _____

- Association**
- Association Fee \$100
Apply late fee if 60 days after renewal date \$25
- Total payment _____

- RFC® Retired**
- Designation/Association Fee \$150
Apply late fee if 60 days after renewal date \$25
- Total payment _____

RFC® Retired designees must no longer be practicing in the financial services industry and seeking out new clients, nor provide services to former clients. The word "Retired" must be added to the designation when it is used in a public manner. CE requirements are waived as long as retired status is maintained.

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 _____

Recommend a colleague for Membership

Full Name

Address

City State, Zip

Phone Email