

Recertification

Recertification Information

(please print or type)

Business Information

Prefix	First Name	Middle Name	Last Name	Suffix
Business Name			Preferred Salutation	
Street Address	Ste#/Apt	City	State	Zip
Business Phone	Fax	Cell Phone		
Business Email Address	Primary	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Website

Home Information

Street Address	Ste#/Apt	City	State	Zip
Home Phone	Cell Phone			
Home Email Address	Birth date MM/DD/YY			

Please send all mail to my: Business Address Home Address

Professional Education and Conduct Certification for MRFC® Credential Holders

- CE: I certify that the continuation of the MRFC credential requires the successful awarding of forty (40) units of financial services focused CE credits — of which two (2) units every year must be related to Professional Ethics commencing the January of the year following initial acceptance.
- 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 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. I will disclose all facts about fees, commissions, and any other sources of compensation received for services provided to clients.

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 credential 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 Association Membership

MRFC®
Master Registered Financial Consultant

MRFC Recertification Fee: \$600
Apply Late fee if 60 days after renewal date: \$25

Sponsor to the:

National Financial Plan Competition:
Silver \$50, Gold \$100,
Platinum \$250, Diamond \$500

Total payment: _____

MRFC® with Association Membership

MRFC Recertification Fee: \$600
Association Fee: \$100
Apply Late fee if 60 days after recertification date: \$25

Donate to the:

National Financial Plan 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 _____