



# Registered Financial Student 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.

### College Information

Prefix First Name M.I. Last Name Suffix Salutation

College Name

Street Address Ste# City State Zip

CollegePhone Fax Cell Phone

College Email Address Primary  Yes  No Website

### Personal Information

Street Address Ste# City State Zip

Personal Phone Cell Phone

Personal Email Address Birthdate MM/DD/YY

Please send all mail to my:  College Address  Personal Address

### Experience

Any student who is either enrolled in a financial services or insurance course at their undergraduate level institution; or in a vetted financial services / insurance curriculum (be it undergraduate or graduate level).

### Licensing

Insurance Licenses: Life  Health  Variable Contracts  Prop. & Casualty Other \_\_\_\_\_

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

Securities Licenses:  Series 6 and 63  Other \_\_\_\_\_

(Personal) FINRA CRD No. \_\_\_\_\_

### Education

| School, City, State | Expected Graduation Date | Major | Degree |
|---------------------|--------------------------|-------|--------|
|                     |                          |       |        |
|                     |                          |       |        |
|                     |                          |       |        |

Evidence of licenses, diplomas, transcripts, or documents may be requested.

## Membership Type

### Registered Financial Student (RFS)

Year Initial Joining \$20  
Yearly Renewal \$20

**Beta Student No Charge**

Upon 1 year after graduation, with a completed RFA application, the Student Membership status will convert to an RFA designation. (application fee waived).

## Payment Options

- Mail Application with payment to:  
IARFC  
P.O. Box 506, Middletown, OH 45042
- Fax Application to:  
(513) 345-9479 (credit card only)
- Email Application to: info@iarfc.org

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

Credit Card#

Ex. Date. Security Code

Signature



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.

**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 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 court, foreign exchange, or have you ever been the subject of any action by a foreign or 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 student 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 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 the IARFC Student Membership 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 Student Membership or could result in revocation of the Membership.
- I understand and agree that my Student Membership with the IARFC will not become effective until I have met all the eligibility requirements.
- I understand that all IARFC Student Member certificates remain the property of the IARFC and must be destroyed or returned to the IARFC should my membership be suspended or terminated.
- 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 upon 1 year after graduation, with a completed RFA application, my Student Membership status will convert to an RFA designation. (application fee waived)
- I understand that for except for my Student Membership status, written authorization by me is required to release my information.

**Recommend a fellow student.**

|            |  |           |  |
|------------|--|-----------|--|
| First Name |  | Last Name |  |
| Address    |  |           |  |
| City       |  |           |  |
| State, Zip |  |           |  |
| Phone      |  |           |  |
| Email      |  |           |  |

**Referred by (if applicable)**

|             |  |
|-------------|--|
| Full Name   |  |
| City, State |  |



International Association of  
Registered Financial Consultants  
P.O. Box 506  
Middletown, OH 45042-0506  
Phone: (800) 532-9060  
Fax: (513) 345-9479  
Email: info@iarfc.org  
Website: iarfc.org

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 Student Membership may be revoked if I provided any false or incomplete information.

Signature of Applicant (required) \_\_\_\_\_ Date \_\_\_\_\_