

MRFC

Master Registered Financial Consultant

MRFC Certification Application

Applicant Information

(please print or type)

Please provide your name only on the line above as you want it to appear on your Certificate.

Business Information

Prefix First Name Middle Initial Last Name Suffix

Business Name Preferred Salutation

Street Address Ste#/Apt City State Zip

Business Phone Fax Cell Phone

Business Email Address Primary Yes No Website

Home Information

Street Address Ste#/Apt City State Zip

Home Phone Cell Phone

Home Email Address Birthdate MM/DD/YY

Please send all mail to my Business Address Home Address

Experience

Must have a minimum of four years of experience as a full-time practitioner in the field of financial planning or financial services: Full-time _____ Part time _____

Education (Education criteria requires an applicant to assert and document achievement in any one of the areas)

Education, Professional Designations or Licensing

Educational Background

School, City, State (Since High School)	Graduated		Major	Degree
	Yes	No		

(Evidence of license, diploma or documents may be requested. You need not submit evidence with the application.)

Professional Designations: AAMS CFA CFP ChFC CLU CPA EA LUTCF
 RFC Other _____

Licensing

Broker/Dealer _____ (Personal) FINRA CRD No. _____

Securities Licenses: Series 6 and 63 Series 7 and 63 Series 6 and 66 Series 7 and 66

Series 65 Other _____

Insurance Licenses: Life Health Variable Contracts Prop. & Casualty

Other _____

Primary Insurance Company (if any) _____

Affiliated with an SEC Registered Investment Advisor (RIA)? Yes No

Name of RIA _____

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.

Exam

The Certification staff will review all candidate applications submitted to determine if the candidate is eligible to sit for the MRFC credential and for completeness and payment of fees.

Candidates will be notified of their eligibility to sit for the MRFC Exam. The candidate will have 90 days, after notice of application approval.

MRFC Fee Schedule *Must Choose One*

Nonrefundable Application Fee:	\$100
Examination/Certification Fee:	\$300
<input type="checkbox"/> IARFC Membership (Elect to join IARFC)	\$75
<input type="checkbox"/> Current RFC (Elect to continue IARFC membership)	\$0
Total amount due:	_____

Annual Recertification Fee

Commence on anniversary of passing MRFC Exam

MRFC (Certification Only)	\$300
MRFC (with IARFC membership)	\$275

Payment Options

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

Check payable to: IARFC
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 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 or 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"/>

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 the MRFC credential and in consideration of my application, I submit myself to the jurisdiction of the Association and hereby verify that I agree to abide by all the provisions of the By-Laws and regulations of the Association 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 Association nor its officers or employees shall be liable to me for action taken or omitted in official capacity or in the scope of employment, except as otherwise provided in the statutes, Bylaws, or the Association's regulations.
- I hereby certify that I have a sound record of business integrity with no suspension or revocation of any professional licenses, and I hereby subscribe 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 or subsequent application or renewal may be cause for immediate revocation of the MRFC credential 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 MRFC credential or could result in revocation of the credential.
- As an applicant for registration, I understand and agree that my MRFC credential will not become effective until I have met all the eligibility requirements and had successfully passed the MRFC exam.
- I understand that the MRFC credential remains the property of the Master Certification Board, (MCB) and must be destroyed or returned to the MCB should my right to display the credential be suspended or terminated.
- I understand that the continuation of the MRFC credential requires the successful awarding of forty (40) hours of financial services focused CE credits — of which four (4) hours every two years must be related to Professional Ethics commencing the January of the year following initial acceptance.
- I understand this application is valid for sixty (60) days from the date of receipt by MCB's home office and I have ninety (90) days upon application approval to schedule the MRFC exam.
- I authorize the organization 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 except for my certification 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 complete and accurate to the best of my knowledge and belief, and I further understand that my MRFC certification may be revoked if I provided any false or incomplete information.

Signature of Applicant (required)

Date

Recommend a colleague for the MRFC

Full Name
Address
City
State, Zip
Phone
Email

How did you learn about the MRFC?

Advertisement
 Article
 Association
 Broker/Dealer _____
 Direct Mail
 Email
 Exhibit
 IARFC Website
 Insurance Co.
 Referral
 Other _____

Referred by (if applicable)

Full Name
City, State



International Association of
Registered Financial Consultants
1046 Summit Drive, P.O. Box 506
Middletown, OH 45042-0506
P: 800.532.9060
F: 513.345.9479
E: mrfc@IARFC.org
W: IARFC.org

