

Application Form for Associate Membership

If you have any questions while filling out this application please call the IAFP at 1-888-298-3292, or 604-909-3841 (Vancouver).

Part A: Personal Information				
Given Name:	Last Name:	Middle Initial:	Preferred Name:	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.
Business Address				
Company Name:		Business Website:		
Street Address:				
City:		Province:	Postal Code:	
Phone:	Ext:	Fax:	Email Address:	
Residential Address				
Street Address:				
City:		Province:	Postal Code:	
Phone:	Ext:	Fax:	Home/Personal Email:	
Please send IAFP correspondence to my:				
<input type="checkbox"/> BUSINESS address				
<input type="checkbox"/> RESIDENTIAL address				
Part B: Professional Information				
Describe the business of the firm with which you are currently employed, and in some detail, your position with the firm:				

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<p>List a maximum of four Areas of Specialization:</p> <ul style="list-style-type: none"><input type="checkbox"/> Cash & Debt Strategies<input type="checkbox"/> Comprehensive Financial Plans<input type="checkbox"/> Insurance & Risk Investments<input type="checkbox"/> Managing/Directing Planners<input type="checkbox"/> Retirement Planning<input type="checkbox"/> Tax Planning<input type="checkbox"/> Wills & Estates<input type="checkbox"/> Other _____<input type="checkbox"/> Other _____<input type="checkbox"/> Other _____	<p>Generally, which of the following categories best describes how your clients compensate you or your company for financial planning services?</p> <ul style="list-style-type: none"><input type="checkbox"/> 100% COMMISSION<input type="checkbox"/> 100% FEE<input type="checkbox"/> COMBINATION OR NOT APPLICABLE <p>(Explanation if N/A)</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Which of the following designations do you currently hold?</p> <ul style="list-style-type: none"><input type="checkbox"/> CFA (Certified Financial Analyst)<input type="checkbox"/> CFP (Certified Financial Planner)<input type="checkbox"/> CIM (Chartered Investment Manager)<input type="checkbox"/> CLU (Chartered Life Underwriter)<input type="checkbox"/> CPA (Chartered Professional Accountant)<input type="checkbox"/> FCSI (Fellow of the Cdn. Securities Inst.)<input type="checkbox"/> FDS (Financial Divorce Specialist)<input type="checkbox"/> LLB/LLL (Law Degree)<input type="checkbox"/> PFP (Personal Financial Planner)<input type="checkbox"/> Pl. Fin. (Planificateur Financière)<input type="checkbox"/> PRP (Professional Retirement Planner)<input type="checkbox"/> TEP (Trust & Estate Practitioner)<input type="checkbox"/> Other _____<input type="checkbox"/> Other _____<input type="checkbox"/> Other _____	<p>Are you registered as an:</p> <ul style="list-style-type: none"><input type="checkbox"/> Investment Counsel<input type="checkbox"/> Portfolio Manager <p>Do you have a provincial License or registration to sell:</p> <ul style="list-style-type: none"><input type="checkbox"/> Securities<input type="checkbox"/> Mutual funds<input type="checkbox"/> Insurance products <p>Specify province(s) _____</p> <p>List educational programs (e.g. degrees, diplomas) you have completed:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>IMPORTANT NOTE: For all entries specified in the checklist above, please provide proof of your professional designation in the form of a photocopy of your license or certificate.</p>	

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Part C: Affirmations

Please affirm the following statements by answering yes or no where appropriate, and signing this form:

1. I attest that financial planning is my primary focus in client engagements. This means that regardless of whether the engagement is wide ranging or modular in nature, I pursue a comprehensive fact find to ensure that I consider all relevant information before offering solutions and ensure that I am acting in the client's best interest.
 Yes No If yes, please specify the year in which you started to practice on a continuing basis: _____
2. Do you expect to continue in this activity as your primary vocation for the next 12 months?
 Yes No
3. Do you agree to notify the IAFP immediately if and when you are no longer engaged in the practice of financial planning as your primary vocation?
 Yes No
4. Have you read and understood, and do you agree to abide by the IAFP Code of Professional Ethics and the Professional Standards of Practice for R.F.P.s?
 Yes No
5. I hereby authorize the IAFP to publish, or report to any applicable professional or regulatory body having jurisdiction, the facts and results of any disciplinary action which may be taken against me as a result of my failure to comply with the IAFP Code of Professional Ethics or Professional Standards of Practice for R.F.P.s.
 Yes No
6. Have you ever been the subject of a disciplinary hearing conducted by another professional organization to which you belong?
 Yes No
7. I agree to notify the IAFP immediately of any disciplinary proceeding or legal action initiated against me and of the disposition of such proceedings as soon as available.
 Yes No
8. Have you or any business of which you were a partner, officer, director or more than a 10% owner, ever declared bankruptcy or made a voluntary assignment in bankruptcy?
 Yes No
9. Have you ever been convicted of a criminal offence for which you have not received a pardon?
 Yes No
10. Have you ever been convicted or made an offer or settlement in a civil proceeding pertaining to the misappropriation of funds, fraud and/or misrepresentation?
 Yes No
11. Are you covered by at least \$1 million of Errors & Omissions Insurance?
 Yes No
12. Does your E&O insurance cover your financial planning activities?
 Yes No
13. I agree to maintain the specified minimum Continuing Education requirements of the IAFP, and as they may be changed from time to time. (Note: You should keep program information, CE Certificates, and reference CE numbers on file for at least three years.)
 Yes No
14. I acknowledge that I am in the process of working towards achieving the R.F.P. designation within the next eighteen months, by submitting a comprehensive plan for review and writing the required examinations.
 Yes No

Note: Associate Members may attend membership meetings, but do not vote.

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Part D: Certification and Acknowledgement

Any application containing a false statement may result in the refusal or cancellation of any Membership. Moreover, if at any time a Member of the Institute of Advanced Financial Planners (IAFP) is found to have made a false statement on the Application for Membership, that Member may be disciplined and/or dismissed from the IAFP.

I certify that:

- I am the applicant described in this Application for Associate Membership, and,
- All information provided in this Application for Associate Membership is true, accurate and complete to the best of my knowledge, and,
- I will notify the IAFP immediately of any material changes to the information contained herein as prescribed by any By-Law or rule of the Institute of Advanced Financial Planners.

I acknowledge that:

- Members who (or former Members of the IAFP who while a Member) violate the Code of Professional Ethics or Professional Standards of Practice for R.F.P.s may be subject to disciplinary action, and,
- Any approval granted pursuant to this application may be terminated or suspended at any time by the IAFP Board of Directors and the Committees thereof, in accordance with the applicable By-Laws, rulings, rules and regulations, Code of Professional Ethics, Professional Standards of Practice for R.F.P.s and other tenets of the IAFP. In the event of such revocation or termination, I agree to forthwith return any IAFP Certificate of Membership and cease to refer to myself as an IAFP Member, an R.F.P. or a Registered Financial Planner.
- By signing below, I certify that I have read, acknowledged, understood and agreed to the terms and conditions outlined above.

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Signature

Date

PAYMENT OF FEES

Membership fee and payment methods

Annual Fee: The current annual fee for Associate Membership is \$350.00, **plus** applicable GST or HST. *This rate will be pro-rated to the first of the calendar month in which your application is received and the difference credited towards the first year of membership renewal.*

Payment may be made by cheque, money order, VISA or MasterCard. Cheque should be payable to: IAFP, or Institute of Advanced Financial Planners. (Registration number: 85225 1735 RT0001)

If paying by credit card, complete the following: VISA MASTERCARD

ACCOUNT NUMBER

EXPIRY DATE

C V V

PRINT FULL NAME ON CREDIT CARD

I authorize the IAFP to charge my account for \$_____

SIGNATURE _____

Note: Only fully completed applications will be processed for approval. To be considered complete your application must include this completed Application Form, supporting documentation, and full payment of applicable fees.

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Reference Form for IAFP Professional Membership Candidates

For Professional Membership: The applicant must have three (3) references, at least one (1) of whom is a Professional Member of IAFP, plus (2) other individuals, both of whom are employed in the financial services industry.

Only one (1) reference may be related to the applicant by employment and no two (2) references may share the same place of employment.

I have known the applicant _____ for the past _____ years
(please print name of applicant) (years applicant known)

in his/her capacity as _____
(capacity in which applicant is known)

Reference Category (Please check appropriate box)

- As a reference employed in the financial services industry**, I attest to the character and personal or ethical conduct of the applicant.
- As a reference who is a Professional Member of IAFP**, and mindful of my obligations under the Code of Ethics as posted at www.iafp.ca, I attest to the practice, competencies, character, and ethical conduct of the applicant.

Additional Comments:

Reference's Name: (please print)

Reference's Professional Designations and Degrees

Business Name and Address

Reference's Signature

Date

Business telephone number

Send completed forms to:

Institute of Advanced Financial Planners, 1275 West 6th Ave, Suite #300, Vancouver, B.C. V6H 1A6

Tel: 604-909-3841 or 1.888.298.3292 Fax: 1.888.808.4198 Email: admin@iafp.ca