



Institute of Advanced Financial Planners

### Application Form for Affiliate 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).

<b>Part A: Personal Information</b>					
Given Name:	Last Name:	Middle Initial:	Preferred Name:	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	
<b>Business Address</b>					
Company Name:			Business Website:		
Street Address:					
City:		Province:		Postal Code:	
Phone:	Ext:	Fax:	Email Address:		
<b>Residential Address</b>					
Street Address:					
City:		Province:		Postal Code:	
Phone:	Ext:	Fax:	Home/Personal Email:		
Please send IAFP correspondence to my:					
<input type="checkbox"/> <b>BUSINESS</b> address					
<input type="checkbox"/> <b>RESIDENTIAL</b> address					
<b>Part B: Professional Information</b>					
Describe the business of the firm with which you are currently employed, and in some detail, your position with the firm:					
<b>List a maximum of four Areas of Specialization:</b> <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 _____			<b>Generally, which of the following categories best describes how your clients compensate you or your company for financial planning services?</b> <input type="checkbox"/> 100% COMMISSION <input type="checkbox"/> 100% FEE <input type="checkbox"/> COMBINATION OR NOT APPLICABLE (Explanation if N/A) _____		



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**Which of the following designations do you currently hold?**

- CFP (Certified Financial Planner)
- CFA (Chartered Financial Analyst)
- CIM (Chartered Investment Manager)
- CLU (Chartered Life Underwriter)
- CPA (Certified Professional Accountant)
- FCSI (Fellow of the Cdn. Securities Inst.)
- FDS (Financial Divorce Specialist)
- LLB/LLL (Law Degree)
- PFP (Personal Financial Planner)
- Pl. Fin. (Planificateur Financière)
- PRP (Professional Retirement Planner)
- TEP (Trust & Estate Practitioner)

Other(s) \_\_\_\_\_

**Are you registered as an:**

- Investment Counsel
- Portfolio Manager

**Do you have a provincial License or registration to sell:**

- Securities
- Mutual funds
- Insurance products

Specify province(s) \_\_\_\_\_

**List educational programs (e.g. degrees, diplomas) you have completed:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.

**Part C: Affirmations**

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

1. 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

2. 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

3. Have you ever been convicted of a criminal offence for which you have not received a pardon?

- Yes
- No

4. 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

**Note:** Affiliate Members may attend membership meetings (other than the AGM), 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 Affiliate Membership, and,
- All information provided in this Application for Affiliate 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## PAYMENT OF FEES

### Membership fee and payment methods

**Annual Fee:** The current annual fee for Affiliate Membership is \$350, 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.

Send completed application forms by email to [admin@iafp.ca](mailto:admin@iafp.ca) or by fax to 888-808-4198.