



APPLICATION

For the Registered Financial Consultant
RFC Designation
Annual Membership \$100 - Waived
Application Fee (one time) \$75 - Waived

The IARFC Annual Membership fee of \$100 will be due six months after the completion of the Certificate in Financial Planning and the RFC designation award

DOCUMENTS ENCLOSED

- N/A Registration Fee Payment
- N/A Evidence of Education
- License Questions Answered
- RIA Questions Answered
- N/A RFC Exam Fee: \$275
- Application Approved

SPECIAL APPLICATION FOR KAPLAN COLLEGE – CERTIFICATE IN FINANCIAL PLANNING

Name: _____ Date Of Graduation: _____
 (Exactly as you want it to appear on your 16 x 20 RFC Membership Certificate, excluding degrees or other designations)

Mr. Mrs. Ms. Other: _____ Your Preferred Salutation: _____

Check Enclosed Credit Card No. _____ Expires: _____

 (NAME OF BUSINESS)

 (STREET) (_____) (PHONE)

 (CITY) (STATE) (ZIP CODE) (_____) (FAX)

Residence Address: _____

 (CITY) (STATE) (ZIP CODE) (_____) (RESIDENCE PHONE)

Birth Date: _____ Social Security #: _____ Email: _____

IARFC Sponsor, if any: **Kaplan College Certificate in Financial Planning** Website: _____

EDUCATION BACKGROUND (Since High School)

NAME AND ADDRESS OF INSTITUTION	FROM MO/YR	TO MO/YR	COURSE OF MAJOR	GRADUATE?	DEGREE

NASD Member Firm:

Type of registration: Series 7 Series 6, 22, or 62 Series 24 Series 27 Series 65 Other: _____

Insurance Licenses Held: Life Health Variable Contracts Prop. & Casualty Other: _____

Affiliated with SEC Registered Investment Advisor (RIA)? _____ **Name of RIA:** _____

Designations: AAMS AEP CEP CFA CFP ChFC CLU CPA CPA/PFS EA JD/LLB LLM
 MBA MS MSFS MSFM Ph.D. RFP Other: _____

Financial Services Education: **Kaplan College – Certificate in Financial Planning – special IARFC program**

Financial Services Experience: Years you have been engaged as a **full-time** practitioner in the field of financial planning: _____

Non-Licensed: If you have never obtained insurance or securities licenses, please explain how you provide financial planning: _____

QUESTIONS RELATING TO BUSINESS AND ETHICAL CONDUCT

- Have you ever been refused a surety bond? Yes No
- Have you ever been enjoined permanently or temporarily from selling or dealing in securities or from functioning as an Investment Advisor? Yes No
- Have you ever been arrested, indicted, or convicted for any felony or misdemeanor, except for minor traffic offenses? Yes No
- Have you ever been known personally by any other name, or have you ever conducted business or carried brokerage or bank accounts in any other name? Yes No
- Have you ever become insolvent, failed in business or compromised with creditors? If "Yes" – please give date, name and location of court, disposition, liabilities, and assets. Yes No
- Have you ever had a license, permit, certificate, registration or membership denied, suspended, revoked or restricted, or had an application withdrawn for cause? Yes No
- Have you ever been the subject of any order, judgement, decree or other sanction of a foreign court, foreign exchange, or foreign or domestic governmental or regulatory agency? Yes No

IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS "YES", PLEASE ATTACH A WRITTEN EXPLANATION.

THE FOLLOWING SHOULD BE READ VERY CAREFULLY BY THE APPLICANT

1. 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.
2. I hereby apply for the registration with the IARFC and, in consideration of such organization receiving and considering my application, I submit myself to the jurisdiction of such organization and hereby verify that I agree to abide by, comply with, and adhere to all the provisions, conditions and covenants of the statutes, certificates of incorporation, bylaws and rules and regulations of the organization as they are and may be adopted, changed or amended from time to time, and I agree to comply with, be subject to and abide by all such requirements and all ruling, orders, directives and decision of, and penalties, prohibitions and limitations imposed by such organization, subject to right appeal as provided by law, and I agree that any decision of such organization as to the result of any examination(s) that I may be required to pass will be accepted by me as final.
3. I further agree that neither the organization nor its officers, employees, and others acting on its behalf, shall be liable to me for action taken or omitted to be taken in official capacity or in the scope of employment, except as otherwise provided in the statutes, constitutions, certificates or incorporation, bylaws, or the rules and regulations of such organization.
4. 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.
5. I further agree that any part of the information contained in this application and any subsequent documents in my IARFC registration file may be divulged to interested parties as part of the referral system maintained by the Association for the benefit of members and the public.
6. 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.
7. It is agreed and understood that any material misrepresentation of facts or information given in this or subsequent application or renewal will be cause for immediate revocation of membership and all its privileges, without refund of any dues or fees paid.
8. I agree to maintain proficiency in my work by completing a minimum of forty (40) units per year of continuing education in the field of financial planning and counseling – which can include subjects relating to practice management or financial product application.
9. As an applicant for registration, I understand and agree that my registration with the IARFC will not become effective until submission of all required documentation in proper order and upon written acceptance by the IARFC.
10. I understand that all IARFC certificates remain the property of the Association and must be destroyed or returned to the Association at my expense should my membership be suspended, revoked or terminated for any reason.

SIGNATURE OF THE APPLICANT

DATE

SIGNATURE OF A WITNESS (Notarization not required)

1. Applicant must successfully complete the Kaplan College Certificate in Financial Planning – an approved six-part curriculum.
2. Applicant must have met licensing requirements for securities and life and health insurance. **OR**
3. Applicants who are fee-only planners or advisors are not licensed must be associated with an RIA or bank/credit union.
4. Applicants who are financial educators or instructors, rather than practitioners, must clarify that role.

NOTE: Licensing requirements are solely to establish an applicant’s proficiency with areas in which financial advisors should be Knowledgeable. It is not required that an RFC sell a product or maintain such licenses or other professional designations.

Mail to: IARFC, Box 42506, Middletown, OH 45042-0506 - or Fax to: 513 424 5752