

Chartered Financial Consultant (CH.F.C.[®]) Reinstatement Application Form

Personal Information

Mr. Ms. Miss Mrs. Advocis ID no.

First Name _____ Initial _____ Last Name _____

Mailing Address

Company Name _____

Street Address _____ City _____ Province _____ Postal Code _____

Telephone _____ Fax _____ Email Address _____

CH.F.C. Designation Reinstatement Affirmation

- I hereby apply for reinstatement of authorization to use the CH.F.C. designation and have read the reinstatement policy (below).
- I understand that The Institute Trustees may reinstate a CH.F.C. practitioner's right to use the CH.F.C. designation either on a conditional or unconditional basis.
- I understand that only those practitioners reinstated and, therefore, authorized by The Institute, may hold themselves out as a CH.F.C. designation holder.
- I hereby attest that I have maintained Continuing Education (CE) during my absence from The Institute. I have enclosed written proof of all CE hours completed during this time and attest that the enclosed documents are accurate and true.
- I have read and agree to abide by The Institute's Code of Professional Conduct & Disciplinary Procedures.
- Signature _____ Date _____

CH.F.C. Designation Reinstatement Policy

Reinstatement Policy

For lapsed designation holders applying for reinstatement, continuing education must be completed during the period of a lapsed designation and proof of completed CE must be provided before reinstatement will occur.

If a lapsed designation holder applies for re-instatement after having left The Institute, the following applies:

- Proof of the required continuing education credits taken during that period must be submitted with the application for reinstatement.
- Those applying for reinstatement will be required to pay the appropriate administration fees.

2019 Annual maintenance of the CH.F.C. designation includes:

- an annual fee of \$95 plus applicable taxes
- adherence to The Institute Code of Professional Conduct & Disciplinary Procedures, and
- a minimum of 10 Continuing Education (CE) credits each calendar year. Each hour of CE credit must be approved by The Institute in order to qualify as a CE credit. Any deficiency in one year must be made up by the end of the next calendar year, in addition to the full year's necessary requirement of CE credits.

Reinstatement Application

All questions contained in this form must be answered in order for the CH.F.C. designation to be reinstated for the 2019 year. Failure to properly and fully complete this document, including the submission of payment for the required fees, will result in an incomplete submission. This will in turn delay the reinstatement of the CH.F.C. marks and usage rights.

The term for the CH.F.C. marks and usage rights are granted for a one-year basis and expires by the end of the day December 31 of each calendar cycle. A CH.F.C. designation holder who fails to meet all continuing obligation requirements risks having his or her designation revoked due to non-compliance.

CH.F.C. Designation Holder's Agreement for 2019

Bankruptcy, Disciplinary and Criminal Declarations

Have you, during the period of your designation being lapsed:

| | | |
|--|------------------------------|-----------------------------|
| been declared bankrupt or made a voluntary assignment into bankruptcy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| been convicted or found liable in a criminal or civil proceeding involving the misappropriation of funds, fraud or misrepresentation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| had any unresolved criminal charges or civil actions filed against you, involving the misappropriation of funds, fraud, or misrepresentation which may have been initiated during the 2018 calendar year or earlier? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| made an offer to settle or have settled a civil dispute during the 2018 calendar year involving the misappropriation of funds, fraud, or misrepresentation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| have been the subject of an investigation or disciplinary hearing conducted by an organization or self-regulatory body? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you have answered Yes to any of the above, please provide a supplementary written explanation with details and full disclosure regarding the matter(s) at hand. Please note that The Institute will review your submission and determine what impact, if any, there will be on the application for your CH.F.C. designation for 2019.

Continuing Education

| | | |
|--|------------------------------|-----------------------------|
| Have you completed the required 10 hours of CE credits for the 2018 calendar year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

If you have answered No, please provide a supplementary written explanation of why you were unable to meet the CE requirement for 2018. Please note that by answering no, there may be an impact on the renewal of your designation(s) for 2019.

2019 CH.F.C. Designation – Agreement and Terms

I hereby apply for the renewal of my CH.F.C. designation for the 2019 year with The Institute commencing the signed date of this application. I agree to fulfill the ongoing requirements of maintaining my status as a CH.F.C. designation holder in good standing with The Institute for 2019. I hereby confirm that I have maintained the necessary requirements to maintain my standing as a CH.F.C. designation holder with The Institute for the 2018 calendar year.

I understand that my submission of this renewal constitutes a 12-month agreement covering the period of January 1, 2019 to December 31, 2019, and that, as a result, I am hereby committed to the payment of all fees associated with the CH.F.C. designation and its marks as well as the usage rights for the entire 12-month period. I understand that my failure to remit any portion of my 2019 CH.F.C. fees at any time will impact my right to use the CH.F.C. marks and to hold myself out as a CH.F.C. designation holder. I understand that the enforcement of the CH.F.C. marks protects the reputation of the CH.F.C. designation and of CH.F.C. designation holders. I agree to provide 60 days advance written notice with The Institute if I wish to cancel my CH.F.C. Designation Holder's Agreement with The Institute for the 2020 calendar year.

I have read and agree to abide by The Institute's Code of Professional Conduct & Disciplinary Procedures, and understand that by entering into this CH.F.C. Designation Holder's Agreement for 2019, I am also subject to existing disciplinary procedures should a complaint involving allegations ever be filed against me with The Institute. I agree that The Institute has the right to enforce the Code of Professional Conduct against its designation holders. I also hereby understand that I am required to maintain the requisite hours of CE for the 2019 calendar year and may be selected by The Institute at random for a CE audit in 2020.

Printed Name _____ Advocis ID# _____

Signature _____ Date _____

Payment Information

TOTAL AMOUNT (including applicable taxes): \$.

PAY BY CREDIT CARD:

I authorize Advocis, on behalf of The Institute, to charge my credit card for the total fee:
 VISA MasterCard AMEX

Card No.

Expiry Date

Or

PAY BY CHEQUE:

I enclosed the following (Payable to The Institute) for the total fee
 Certified/Company Cheque Money Order

Signature _____

Date _____

Send Completed Form To:

Mail To: The Institute
10 Lower Spadina Avenue, Suite 600
Toronto, ON M5V 2Z2
416.444.5251 / 1.800.563.5822