



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

Personal Information					
☐ Mr. ☐ Ms. ☐ Miss	☐ Mrs.	Advocis ID n	0.		
First Name		_ Initial	Last Name _		
Mailing Address					_
Company Name					
Street Address		City _		Province	Postal Code
Telephone	Fax			_ Email Address	
CH.F.C. Designation Reinst I hereby apply for reinsta (below).			use the CH.F.C. de	esignation and have reac	d the reinstatement policy
☐ I understand that The Ins a conditional or uncondit		es may reinstat	te a CH.F.C. practi	tioner's right to use the	CH.F.C. designation either on
☐ I understand that only th as a CH.F.C. designation		ners reinstated	I and, therefore, a	uthorized by The Institut	te, may hold themselves out
☐ I hereby attest that I have written proof of all CE have				_	e Institute. I have enclosed nts are accurate and true.
\square I have read and agree to	abide by The	Institute's Coo	de 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.

2021 Annual maintenance of the CH.F.C. designation includes:

- an annual fee of \$99 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 2022 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.

MKG 0997

CH.F.C. Designation Holder's Agreement for 2022 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? ☐ Yes ☐ No been convicted or found liable in a criminal or civil proceeding involving the ☐ Yes ☐ No misappropriation of funds, fraud or misrepresentation? had any unresolved criminal charges or civil actions filed against you, involving the misappropriation of funds, fraud, or misrepresentation which may have been initiated ☐ Yes ☐ No during the 2021 calendar year or earlier? made an offer to settle or have settled a civil dispute during the 2021 calendar year ☐ Yes □No involving the misappropriation of funds, fraud, or misrepresentation? have been the subject of an investigation or disciplinary hearing conducted by an □ Yes ΠNo organization or self-regulatory body? 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 2022. **Continuing Education** Have you completed the required 10 hours of CE credits for the 2021 calendar year? ☐ Yes ☐ No If you have answered No, please provide a supplementary written explanation of why you were unable to meet the CE requirement for 2021. Please note that by answering no, there may be an impact on the renewal of your designation(s) for 2022. 2022 CH.F.C. Designation — Agreement and Terms I hereby apply for the renewal of my CH.F.C. designation for the 2022 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 2022. 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 2021 calendar year. I understand that my submission of this renewal constitutes a 12-month agreement covering the period of January 1, 2022 to December 31, 2022, 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 2022 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 2022 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 2022, 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 2022 calendar year and may be selected by The Institute at random for a CE audit in 2023. Printed Name Advocis ID# Signature **Payment Information** Or PAY BY CHEQUE: TOTAL AMOUNT (including applicable taxes): \$ ☐ I enclosed the following (Payable to The Institute) for the total fee PAY BY CREDIT CARD: ☐ Certified/Company Cheque ☐ Money Order □ I authorize Advocis, on behalf of The Institute, to charge my credit card for the total fee: □ VISA □ MasterCard □ AMEX Card No. **Expiry Date**

| lauthorize Advocis, on behalf of The Institute, to charge my credit card for the total fee: | VISA | MasterCard | AMEX | Card No. | Expiry Date | Signature | Date | | ONE-TIME PAYMENT: | lauthorize Advocis, on behalf of The Institute, to charge my credit card for the total fee | lenclosed the following Certified/Company Cheque or Money Order (Payable to The Institute) for the total fee

MONTHLY PAP

 \square I authorize Advocis, on behalf of The Institute, to charge my credit card for

the monthly amount

Payment day options: \Box 1st of the month \Box 15th of the month

MONTHLY PAYMENT OPTION DISCLAIMER: By signing above, I acknowledge that I have read and agree with the terms of The Financial Advisors Association of Canada's (TFAAC) pre-authorized payment agreement and I authorize TFAAC, on behalf of Advocis and/or The Institute for Advanced Financial Education (The Institute) and/or GAMA International Canada, to debit my credit card monthly for the amount of 1/12th of the full annual renewal fees plus the monthly administration fee (currently \$3) plus applicable GST/HST. I understand that this amount may change and that TFAAC will attempt to provide reasonable notice, and I waive my right to such notice. All fees are non-refundable. A monthly payment that is returned as NSF will result in a \$25 NSF charge. In the case of joint account holders, I agree that notice to one account holder constitutes notice to the other account holder.

Please visit www.iafe.ca for further details about Institute designation fees, or call 1.877.773.6765.

Fees do not include \$3/month PAP fee or applicable taxes.

Fees qualify under Section 18(1)(a) of the Income Tax Act, as a business expense in the year of payment.

Send Completed Form To

Payments can be submitted using this address or fax number:

The Institute 10 Lower Spadina Avenue, Suite 600 Toronto, ON M5V 2Z2 Fax: 416.444.8031