

Designation Application Form IA1.0

CLU® | CHS™ | PFA™

4 Pages

Thank you for your interest in acquiring an Institute designation. With this form you are applying for the CLU, CHS, and/or PFA designations.

Please note that the designation(s) must be renewed annually with The Institute for Advanced Financial Education (hereafter, "The Institute"). this form is for first time application only, yearly renewals must be completed through the [Advocis Member Portal](#).

Instructions:

For those applying for a CLU please complete Section 1, 4 and 5, For PFA complete Section 2 and 5, and for CHS please complete Section 3 and 5. For more information on CE, Code of Conduct and Disciplinary Procedures visit [IAFE.ca](#)

SECTION 1 – for CLU

I'm applying for the CLU designation and agree to the terms as per Section 5

Experience Requirements:

At the time of application all CLU designation applicants require **at least 4 years of industry experience** within, or related to, the financial-service industry. The experience requirement is inclusive of management, staff, academics, writers, students and volunteers engaged directly or indirectly within the financial-services industry, as well as financial advisors.

I have the required industry experience, have attached my resume (or other supporting documents) that validate this experience and included employment references in Section 4.

SECTION 2 – for PFA

I am applying for the PFA designation and agree to the terms as per Section 5.

SECTION 3 – CHS

I am applying for the CHS designation and agree to the terms as per Section 5.

SECTION 4 – Employment References for CLU

Company _____ Years employed _____

Supervisor email _____

Company _____ Years employed _____

Supervisor email _____

Company _____ Years employed _____

Supervisor email _____

Company _____ Years employed _____

Supervisor email _____

SECTION 5 – Approval and Sign-off

Please check each box to acknowledge acceptance and then fill in the sign-off information:

I hereby apply for the CLU/CHS/PFA designation for the current calendar year with The Institute commencing the signed date of this application. I agree to fulfill the ongoing requirements of maintaining my status as a designation holder in good standing with The Institute:

I have read and agree to abide by The Institute’s Code of Professional Conduct & Disciplinary Procedures and understand that by entering into this Agreement, 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 and impose sanctions as appropriate up to and including the permanent removal of a designation(s).

I agree to complete my yearly attestations, as recorded digitally on the [Member Portal](#) Manage Profile/Attestations page.

Note: Attestations can be found in the Manage Profile | Attestations section of the portal.

This application will not be processed if the attestation for the current year is not completed.

I agree to keep my contact information up to date as made available in the [Member Portal](#) Manage Profile section.

Note: This application will not be processed if the attestation for the current year is not completed.

I agree to disclose my designation to clients in a clear and timely manner, and upon cancellation or suspension of the designation – the removal of any reference to the designation(s) on an and all public-facing materials, websites and social media.

I understand that my submission of this application constitutes a 12-month agreement covering the period January 1, to December 31, of the current year, and that, as a result, I am hereby committed to the payment of all fees associated with the designation and its marks as well as their usage rights for the entire 12-month period. I understand that my failure to remit any portion of my full fees at any time will impact my right to use the designation marks and to hold myself out as a designation holder. I understand that the enforcement of the designation marks protects the reputations of the designation and of designation holders.

I agree to provide 60 days advance written notice to The Institute if I wish to cancel my Designation with The Institute for the current calendar year.

Sign-off Information

I the undersigned, do hereby agree to be bound to the terms outlined within this agreement and the information provided in Sections 1 to 5 is truthful and complete as of the date of signing.

Printed Full Name

Advocis ID

Address

Prov

Postal Code

Signature

Date

Submission Checklist

This completed application (Form IA1.0)

Completed digital attestation and contact information on the [Member Portal](#)

Resume or supporting documents (for CLU applications only)

Completed payment authorization (Form IA2.0)

IMPORTANT

Please ensure that the [Designation Payment form IA2.0](#) is completed and submitted with this application.