

# Payment Application Form IA2.0

CLU® | CHS™ | PFA™

3 Pages

Thank you for your interest in an Institute designation. If you are applying for a new designation, then this form must be submitted with your Designation Application – Form IA1.0. If you are renewing, please indicate for which designation and complete sections 1 through 4 as appropriate. **Note: For renewals, Form IA1.0 is not required.**

## This Application is for a:

New designation or renewal.

---OR---

This is for a reinstatement (Additional terms may apply, please contact the Institute for details).

## Designation(s) Requested:

I'm applying for the **CLU** designation.

I'm applying for the **PFA** designation or renewal.

I'm applying for the **CHS** designation.

I'm applying for the **CH.F.C.** designation

### INTERNAL USE:

iMIS CODE \_\_\_\_\_

iMIS CODE \_\_\_\_\_

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## SECTION 1 – General Pricing

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All designation fees are now covered within the Advocis annual membership fee except for provincial regulator fees, as applicable. Membership fees do not include any provincial regulator mandated fees as per Section 3.

**Please indicate your preference**

I want my designation fees covered through an Advocis Annual membership;

**\$1099.00**    \$ \_\_\_\_\_ (Line 1)

## SECTION 2 – Provincial Regulator Fees

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**Note:** The price shown for the regulator fees covers all Institute designations held for the calendar year and is collected by the Institute on behalf of the regulator(s).

I live and or work in Ontario:            FSRA Fee applies

**\$60.00**    \$ \_\_\_\_\_

**Section 3 subtotal**    \$ \_\_\_\_\_ (Line 2)

## SECTION 3 – Payment Information and Terms

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**Payment Type**

I authorize Advocis, on behalf of The Institute, to charge my credit card for the monthly amount, which will be billed on the 1st day of each month. Please review the Monthly Payment Disclaimer.

---OR---

I authorize Advocis, on behalf of The Institute, to charge my credit card for the total fee.

<b>Fees Payable</b>	\$ _____	<b>General Pricing from line 1</b>
	\$ _____	<b>Fees from line 2</b> (can be \$0 if there are no applicable Regulator fees)
<b>Total for Current year</b>	\$ _____	<b>(line 4, please add from Lines 1 and 2 above)</b>

**Please check each box below to acknowledge acceptance**

I understand that the submission of this application constitutes an agreement covering the period January 1 to December 31 for the current year, and as a result, I am hereby committed to the payment of the fees associated with the designation and its marks and their usage rights for the entire 12-month period. I understand that my failure to remit any portion of my full fees (Line 4) at any time will result in the immediate impact on my rights to use the designation(s) and mark(s) and to hold myself out as an Institute designation holder. I understand that the enforcement of the designation(s) and mark(s) protects the reputation of the Institute’s designations and the associated designation holders. I agree to provide 60 days’ advance written notice to The Institute if I wish to cancel my designations for the current calendar year.

**MONTHLY PAYMENT OPTION DISCLAIMER:** 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](http://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

## SECTION 4 – Payment and Sign-off

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I the undersigned, do hereby agree to be bound to the terms outlined within this form and authorize the payment of funds, as calculated in Section 4, Line 4, to the Advocis/ The Institute

Printed Full Name	Advocis ID
_____	_____
Name on Card	Credit Card Type
_____	VISA    MC    AMERICAN EXPRESS
Credit Card Number	Expiry (as shown on card)
_____	_____/_____
Signature	Date
_____	_____