

Retirement Form



PERSONAL INFORMATION

CFA INSTITUTE IDENTIFICATION #	PREFIX: (CHECK ONE) <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof. <input type="checkbox"/> Rev. <input type="checkbox"/> Hon.	
APPLICANT NAME		
FIRST (GIVEN) NAME	MIDDLE NAME OR INITIAL	LAST NAME (SURNAME OR FAMILY NAME)

APPLY FOR RETIRED STATUS

To apply for retired status, please verify that you meet the requirements listed below, and sign the form:

- I am not currently engaged in professional activities which qualify as acceptable professional work experience (as described in the Work Experience Guidelines section of the CFA Institute website) to receive the CFA Charter or qualify for Regular membership in CFA Institute.
- I agree that I will promptly notify CFA Institute, in writing, if I resume professional activities in the investment decision-making process for compensation.
- I understand that, by executing this statement, I will be excused from my obligation under the CFA Institute Bylaws to file annually a Professional Conduct Statement (PCS).
- I acknowledge that, notwithstanding my retired status and exemption from filing the PCS, I remain obligated to comply with all other aspects of the CFA Institute Professional Conduct Program including compliance with the Bylaws, Code of Ethics and Standards of Professional Conduct, and Rules of Procedure Related to Professional Conduct, and that I remain subject to disciplinary action for a violation thereof.

- YES, I would like to apply for Retired Status in CFA Institute
- YES, I would like to apply for Retired Status in the following societies:

(Please note that society retirement criteria may vary. Contact your society leader for details.)

Select reason for retirement status:

- Retired Family, health, personal
- Change of profession Other
- Loss of employment

CONTACT INFORMATION

If your previous contact information is no longer applicable due to your retired status, please provide CFA Institute with updated contact information.

- Delete my previous contact information and replace it with the following information

ADDRESS LINE 1		ADDRESS LINE 2			
CITY	STATE/PROVINCE	COUNTRY	ZIP+4/POSTAL CODE		
TELEPHONE		FAX			
COUNTRY CODE	AREA/CITY CODE	LOCAL NUMBER	COUNTRY CODE	AREA/CITY CODE	LOCAL NUMBER

SIGNATURE

DATE (DAY/MONTH/YEAR)

Please return form to: **CFA Institute Membership, PO Box 3668, Charlottesville, VA 22903-0638**
Fax to +1 (434) 951-5290 or e-mail to cmservices@cfainstitute.org