REINSTATEMENT FORM
US Members

Please print or type the following information
*** indicates required field**

Membership Number (if known)

First Name *

Last Name *

☐ * I have completed 20 hours of continuing education within the financial services sector in the last 3 years, 2 of which were awarded for completion of professional ethics. Please attach proof of CEU's.

☐ * There are no current or past cases of revocation, suspension, or rulings against any license, permit or professional body certificate against me by any agency (local, state, and federal) including, but not limited to regulatory agencies or court rulings.

I agree to abide to by the Registered Financial Planners Code of Ethics as stated at http://www.rfpi.com/code-of-ethics.

Designation: RFP® - Registered Financial Planner

Fees: $200 ($150.00 one-year membership fee plus a one-time $50.00 processing fee).

Payment Options

1.) Check, made out to "Registered Financial Planners Institute" in the amount of $200.

2.) Credit Card (Visa or Mastercard)

Card Number:

Name (as it appears on card)

Expiration Date (mm/yyyy)

Mail this form and payment to:
Registered Financial Planners Institute
P.O. Box 4
Amherst, OH 44001

Payment by credit card can be faxed to 888-254-5314

Home Information

Home Address *

Unit/Apt #

Home City *

Home State *

Home Zip *

Home Phone (numbers only)

Home Cellular (numbers only)

Personal Email

Business Information

Business Name *

Business Website

Business Email *

Business Addresss *

Business Suite#

Business City *

Business State *

Business Zip *

Business Phone * (numbers only)

Fax (numbers only)

Business Cellphone (numbers only)

RFPI member names are disclosed on our website (www.rfpi.com), by means of a member search. To request that your name and information does **not** appear in our member search, please check the box below. This can be changed anytime by contacting the institute.

☐ I do **not** wish for my name to be appear on the RFPI website

☐ Send all mail to my home address. **By default, all mail is sent to your business address unless this checkbox is marked**.

I attest that the above information is accurate and further understand that any falsification could result in revocation of my RFP credentials. I also understand that I am applying for reinstatement to the Registered Financial Planners Institute for the purpose to reobtain a previously held Registered Financial Planner (RFP) designation.

Signature *

Date * (mm/dd/yyyy)

CLEAR PRINT