

# 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 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 as described above.
- I acknowledge that I remain obligated to comply with all 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    Loss of employment    Other

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If your previous contact information is no longer applicable due to your retired status, please provide CFA Institute with updated contact information.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

SIGNATURE

DATE (DAY/MONTH/YEAR)

Please allow up to 3 business days for processing.