

CFA INSTITUTE MEMBER 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 have been a member for five or more years
- 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 submission of an annual Professional Conduct Statement, 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.

Note: A retirement request will also be sent on your behalf to all member societies of CFA Institute to which you are an active member. Society retirement criteria may vary and retired status in CFA Institute does not guarantee retired status in your society.

Select reason for retirement status:

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

SIGNATURE _____ DATE (DAY/MONTH/YEAR) _____

Please allow up to 3 business days for processing.

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If your previous contact information is no longer applicable due to your retired status, please provide CFA Institute with updated contact information.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

To update your email address, log in at www.cfainstitute.org.