

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.					
FIRST (GIVEN) NAME	MIDDLE NAME OR INITIAL	LAST NAME (SURNAME OR FAMILY NAME)				

Apply for Retired Status

- I am not currently engaged in professional activities which qualify as acceptable work experience for regular membership as described in the Work Experience Guidelines section of the CFA Institute website
- I have been a member for five or more years
- I agree that I will promptly notify CFA Institute 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 for Professional Conduct and that I remain subject to disciplinary action for a violation thereof

Select the reason for retired status:

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

By signing, you verify that you meet the requirements listed above.

SIGNATURE

DATE (DAY/MONTH/YEAR)

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

Submit this form by email, fax, or postal mail. Allow up to 3 business days for processing.

EMAIL: membership@cfainstitute.org

FAX: +1 (434) 951 5262

MAIL: CFA Institute Membership Services
915 East High Street
Charlottesville, VA 22902
USA

Update your Contact Information

Has your contact information changed? Please provide your current contact information.

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

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