

APPLICATION FOR PRACTITIONER MEMBERSHIP 2016 - 2017

Application for Practitioner membership can be made by those advisers who are currently practising, and have attained Level 5 (National Certificate in Financial Services or equivalent) or AFA status.

Please indicate which Branch of the Institute you select to belong to (✓ appropriate box); this is generally the closest to your location.

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> AUCKLAND / NORTHLAND | <input type="checkbox"/> HAWKE'S BAY / POVERTY BAY | <input type="checkbox"/> TASMAN |
| <input type="checkbox"/> BAY OF PLENTY | <input type="checkbox"/> OTAGO | <input type="checkbox"/> WAIKATO |
| <input type="checkbox"/> CANTERBURY | <input type="checkbox"/> SOUTHLAND | <input type="checkbox"/> WELLINGTON |
| <input type="checkbox"/> CENTRAL REGION | <input type="checkbox"/> TARANAKI | |

PERSONAL DETAILS (Please print details clearly)

SURNAME _____ TITLE _____

FIRST NAME/S _____ KNOWN AS _____

COMPANY/ BUSINESS NAME _____

POSITION _____ GROUP AFFILIATION _____

POSTAL ADDRESS (PO BOX) _____

_____ POST CODE _____

BUS TELEPHONE _____ FAX _____

MOBILE _____ PRIVATE TELEPHONE (optional) _____

EMAIL _____ WEBSITE _____

Date of Birth _____ FSPR Number _____ Authorisation Status (e.g. AFA) _____

☐ Please tick if you DO NOT wish to receive email correspondence from the Institute of Financial Advisers.

SIGNATURES REQUIRED (your membership application must be supported by references from one member of the Institute and one external referee). *Please note we will contact at least one of your referees.*

Member Referee _____ Signed _____

Relationship to applicant _____ Daytime Telephone Number _____

Independent Referee _____ Signed _____

Relationship to applicant _____ Daytime Telephone Number _____

Please indicate which area or areas of advice you are competent to provide advice in:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Budgeting | <input type="checkbox"/> Estate Planning | <input type="checkbox"/> Direct Investments | <input type="checkbox"/> Business Risk |
| <input type="checkbox"/> Business Insurance | <input type="checkbox"/> Financial Planning | <input type="checkbox"/> Mortgages | <input type="checkbox"/> Insurance- Fire & General |
| <input type="checkbox"/> Cash Management | <input type="checkbox"/> Home Equity Release | <input type="checkbox"/> Tax Advice | <input type="checkbox"/> Insurance- Personal Risk |
| <input type="checkbox"/> Debt Management | <input type="checkbox"/> Investments | <input type="checkbox"/> UK Pensions | <input type="checkbox"/> Managed Funds |
| <input type="checkbox"/> KiwiSaver & Retirement Savings | | | |

SPECIFIC QUESTIONS (Please answer all questions)

- Have you ever been denied, or had suspended or revoked, or is there pending any proceeding to deny, suspend or revoke any license or registration to practice any profession, occupation or vocation Yes ☐ No ☐
- Have you ever been refused professional or other indemnity insurance Yes ☐ No ☐
- Have you ever been disciplined or dismissed by a professional organisation or employer on ethical or legal grounds Yes ☐ No ☐
- Have you, or any firm with which you were associated ever been subject to legal action, reparation or arbitration proceedings relative to performance or lack of performance of duties of a financial nature, dishonesty or fraud Yes ☐ No ☐
 - ☐ If you answered **YES** to the previous question, and it was a firm with which you were associated, were you an Officer, Director, Shareholder, Owner, Partner or registered principal of the firm Yes ☐ No ☐
- Have you ever been convicted of, or pleaded guilty to any criminal convictions, other than minor traffic violations Yes ☐ No ☐
- Are you now, or have you ever been bankrupt, whether declared or not Yes ☐ No ☐
- Have you ever been a Director, Owner or Manager of a business that has been insolvent Yes ☐ No ☐
- Have you ever been an Officer of a company ordered wound up by the Court Yes ☐ No ☐
- Are you aware of any matters that may impact upon the Institute's consideration of your application Yes ☐ No ☐
- Have you or any firm you have been associated with, ever been refused an agency agreement or had an agency agreement revoked Yes ☐ No ☐
- Have you previously been declined entry to a professional association/organisation in New Zealand or overseas (including the IFA and its forerunner bodies) Yes ☐ No ☐
- Are you ordinarily resident in New Zealand for at least nine months of every year Yes ☐ No ☐
- Have you had a complaint upheld against you to the following bodies:
 - ☐ The Financial Markets Authority (FMA) Yes ☐ No ☐
 - ☐ Dispute Resolution Scheme Yes ☐ No ☐
 - ☐ New Zealand professional body or association (including the IFA and its forerunners) Yes ☐ No ☐
 - ☐ Overseas professional body or association Yes ☐ No ☐
 - ☐ Other Yes ☐ No ☐
- Are you aware of any enquiry, notice, investigation, or any pending enquiry, notice, investigation or legal action where you may be a party, by the following bodies?
 - ☐ The Financial Markets Authority (FMA) Yes ☐ No ☐
 - ☐ Dispute Resolution Scheme Yes ☐ No ☐
 - ☐ New Zealand professional body or association (including the IFA and its forerunners) Yes ☐ No ☐
 - ☐ Overseas professional body or association Yes ☐ No ☐
 - ☐ Other Yes ☐ No ☐

If you answered YES to any of the above, please provide details: _____

Please advise us if you have already completed any of the following educational qualifications:

(Please attach copies of certificates)

Course	Completed Yes/ No	Part Completed Details	Date of Completion
National Certificate in Financial Services (Level 5)			
Massey University Diploma in Business Studies endorsed in Financial Planning			
Massey University Diploma in Business Studies endorsed in Personal Risk Management			
Waikato University Postgraduate Diploma in Personal Financial Planning			

Please note: For the Institute to record your qualification/pass result, please provide a copy of the certificate(s) or correspondence from the education provider. For partially completed qualifications provide name of course/s and date of completion.

BUSINESS DECLARATIONS

TRUST ACCOUNT (✓ appropriate box)

- ☐ I personally handle client monies and I personally operate a trust account, OR I am associated with a Company that handles client monies, and that Company operates a trust account.
- ☐ If above ticked, I confirm that the trust account is operated in accordance with the Institute's Rules of Conduct (Rule 35).

OR

- ☐ I do not personally handle client monies AND I am not associated with a Company that handles client monies.

NOMINEE AND CUSTODIAN ARRANGEMENTS (✓ one option only)

- ☐ I personally provide custodial and/or nominee services to clients and fulfil the requirements set out in the Institute's Rules of Conduct (Rules 34 & 35) for provision of such service; **OR**
- ☐ I am associated with a Company that provides custodial and/or nominee services to clients and fulfil the requirements set out in the Institute's Rules of Conduct (Rules 34 & 35) for provision of such service; **OR**
- ☐ I do not provide nominee and/or custodial services to clients.

CREDIT REPORT

Applicants applying for Practitioner Membership are required to provide a credit report from Veda Advantage (formally Baycorp) as part of their membership application. The report must not be older than three months at the time of receipt by the Institute.

This can be obtained by calling Veda Advantage on 0800 692 733 or by going online to <http://mycreditfile.co.nz/my-credit-file-standard> and click on 'Order Now'.

- [The My Credit File – Free of Charge](#) service will dispatch your report within 20 days and requires proof of identity (driver's license or passport).
- The [My Credit File Express](#) service will dispatch your report within 5 working days at a cost of \$9.95; this service also requires proof of identity (driver's license or passport).

GENERAL DECLARATION

- I hereby declare that the statements made in this application and any attachments are true and complete.
- I authorise the investigation of all statements contained herein, and release all parties from all liability or claims for damages with respect to furnishing such information.
- I authorise the Institute to make my name known to Institute members as an applicant for membership.
- I agree to be bound by the Constitution and Bylaws of the Institute, and to advise the Institute in writing if I wish to resign my membership.
- I hereby undertake to comply with the Institute's Code of Ethics, Practice Standards & Rules of Conduct.
- In applying for membership of the Institute I acknowledge that under the terms of the Privacy Act 1993 the information provided in this application will be retained for the Institute's purposes. It is understood that this information may be printed in the Institute's authorised publications and I hereby authorise its use for such purposes. I also accept that my contact details will be available on the Institute's website www.ifa.org.nz.

Signature of Applicant _____

Declared at _____ this _____ day of _____ 2016/2017

APPLICATION PROCESS

Your application for membership will be considered for approval and you will be advised in writing of the outcome. If your application is approved a GST invoice will be issued for the annual membership subscription, payment due on the 20th of the following month. Please note that your membership will take effect from the date of approval.

FEES

Annual Membership subscription (Practitioner) \$975 incl GST *Fees are pro-rated on a monthly basis*

This application form is valid until 30 June 2017

Should your application not proceed before 30 June 2017 your application will fall under the policy as at 1 July 2017.

CHECKLIST

PLEASE ENSURE YOU HAVE ATTACHED THE FOLLOWING:

- ☐ Credit Report from Veda Advantage
- ☐ Copy of relevant education certificates
- ☐ Any other relevant documents