

Reference:
(PFS use only)

Please refer to the Notes & Fees for Membership leaflet that accompanies this form.



PFS Membership application form

Section A – Personal details

(Please complete all fields – it is essential we have your email address as this is our main channel of contact with you)

Please give your CII/PFS permanent identity number (PIN) if known

PIN

Mr/Mrs/Miss/Ms/Other Surname

Forenames

Gender ☐ Male ☐ Female (Please tick) Date of birth

Employer's name

Tel Ext Mobile

email*

Work address

Postcode Country

Home address

Postcode Country

* Please take care when providing your email address as most correspondence will be sent electronically.

Tick address to be used for postal correspondence ☐ Home ☐ Work

Please tick one box per category

Type of organisation

- | | | | | |
|--|---|---|--|--|
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Appointed representative – Network | <input type="checkbox"/> Appointed representative – Other | <input type="checkbox"/> Bank/Building society | <input type="checkbox"/> Directly authorised advice firm |
| <input type="checkbox"/> Mortgage broker | <input type="checkbox"/> Product provider/Fund manager/Service provider | <input type="checkbox"/> Other | | |

Area of work

- | | | | | |
|------------------------------------|--|---|---|--|
| <input type="checkbox"/> Actuarial | <input type="checkbox"/> Administration/Processing | <input type="checkbox"/> Advising clients | <input type="checkbox"/> Business development | <input type="checkbox"/> Compliance/Regulation |
| <input type="checkbox"/> Finance | <input type="checkbox"/> HR/Training | <input type="checkbox"/> Marketing | <input type="checkbox"/> Paraplanning | <input type="checkbox"/> Technical |
| <input type="checkbox"/> Other | | | | |

Job category

- | | | | | |
|---|--|---|---|---|
| <input type="checkbox"/> Trainee | <input type="checkbox"/> Technician/Co-ordinator | <input type="checkbox"/> Supervisory/Controller | <input type="checkbox"/> Middle management (Branch, Office, Dept) | <input type="checkbox"/> Senior management (General, Head of) |
| <input type="checkbox"/> Board member (CEO, Director) | <input type="checkbox"/> Business owner | <input type="checkbox"/> Other | | |

Area of specialism

- | | | | | |
|--|--|--|--|---|
| <input type="checkbox"/> Discretionary investment management | <input type="checkbox"/> Employee benefits | <input type="checkbox"/> Equity release | <input type="checkbox"/> Estate planning | <input type="checkbox"/> Ethical investments |
| <input type="checkbox"/> General insurance | <input type="checkbox"/> Life planning | <input type="checkbox"/> Long term care | <input type="checkbox"/> Mortgages | <input type="checkbox"/> Offshore investments |
| <input type="checkbox"/> Pensions | <input type="checkbox"/> Personal protection | <input type="checkbox"/> Retirement planning | <input type="checkbox"/> Savings and investments | <input type="checkbox"/> Stockbroking |
| <input type="checkbox"/> Tax planning | <input type="checkbox"/> Other | | | |

You will be allocated to a local institute of your choice. Please give your preference below (see the Notes & Fees for Membership leaflet). You will be allocated to a PFS region relevant to your institute preference.

[illegible]

Your PFS membership level will be allocated based on your qualification history with the CII. Please tick the relevant box below.

- ☐ **Student** – I do not currently hold a CII qualification in Financial Planning.

☐ **CertPFS** – I have completed the Certificate in Financial Planning, FPC or equivalent.

☐ **CertPFS (Paraplanning)** – I have completed the Certificate in Paraplanning and my primary area of work is Paraplanning.

☐ **CertPFS (DM)** – I have completed the Certificate in Discretionary Investment Management.

☐ **DipPFS** – I have completed the Diploma in Financial Planning, Diploma in Regulated Financial Planning or equivalent.

☐ **APFS** – I have completed the Advanced Diploma in Financial Planning or equivalent.

☐ **FPFS** – I have completed the Fellowship requirements and hold a minimum of 350 financial services credits.

☐ **Affiliate** – I am professionally qualified with another organisation and do not intend to pursue a financial planning qualification.

(Please see fees section in the Notes and Fees for Membership leaflet for the fees appropriate to your level)

☐ Admission fee *(payable by all new and reinstating members excluding Student members)*

☐ Subscription fee

☐ Insurance Institute of London fee *(if applicable)*

£3.00

If the Insurance Institute of London is your local institute you will continue to pay an additional £3 a year, which will be spread monthly.



To: The Manager	(Bank/Building Society)
Address	
Postcode	

Originator's identification no.

9	9	6	6	4	5
---	---	---	---	---	---

[illegible]

--	--	--	--	--	--	--

--	--	--	--	--

Date _____

The Direct Debit Guarantee: The Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society. If the amounts to be paid or the payment dates change The Chartered Insurance Institute will notify you 10 working days in advance of your account being debited or as otherwise agreed. If an error is made by The Chartered Insurance Institute or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid. You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to The Chartered Insurance Institute.

Option 2 – Annual methods of payment

If the Insurance Institute of London is your local institute you will continue to pay an additional £3 a year

- Type of card (please tick) ☐ VISA ☐ MASTERCARD ☐ DELTA ☐ MAESTRO

Card number*

[illegible]

Cardholder's signature	Date
------------------------	------

Important note: In the interests of data security we do not recommend you send credit or debit card details by email.

By becoming a member of the PFS, you agree to be bound by the PFS Articles of Association and Bye-laws. PFS members automatically become members of the Chartered Insurance Institute (CII). You therefore also agree to be bound by the CII's Charter, Code of Ethics, rules, regulations and requirements of membership. You also agree to be bound by the constitution and Bye-laws of any local institute of which you become a member. Full details of these obligations of membership can be found online at www.thepfs.org/memberobligations

– Been made bankrupt or been subject to an individual voluntary arrangement (or similar procedure) or any judgement debt. ☐ Yes ☐ No

– Been convicted for (or been charged but not yet tried with) any offence other than a monetary fixed penalty for a motoring offence. Please note, if the conviction is considered spent under the Rehabilitation of Offenders Act you should select ‘No’.

☐ Yes ☐ No

If you have answered 'yes' to any of these questions, please also provide any relevant details on a separate sheet of paper.

Please note that, as a member of the PFS, you are required to let us know if and when, at any point in the future, your circumstances are such that you would have to answer 'yes' to any of the above.

The CII/PFS will ensure that your personal data is processed in line with Data Protection legislation and the CII Data Protection and Privacy Statement (available on the CII's website). To process this application, I am deemed to have consented to the CII processing my data.

The CII will, upon request, provide your employer with details of your examination record and accreditation, including all attempts and future entries, along with your CII Personal Identification Number, unless you tick the following box. ☐

The CII Group will never sell your data to third parties for commercial gain. We may, however, share your data with third parties who provide products and services that complement those offered by the CII. The CII will assume that you consent to us using your data in this way, unless you tick the following box. ☐

The CII/PFS and, where relevant, your Local Institute (LI) may from time to time wish to draw your attention to other CII/PFS or LI products and services electronically which are likely to be of interest to you. The CII/PFS and your LI will assume you consent to us using your data in this way unless you tick the following box. ☐

In accordance with The Consumer Contracts (Information, Cancellation and Additional Charges) Regulations 2013 ("the Regulations"), you have a right of cancellation in respect of your membership. This right (subject to the Regulations) expires 14 calendar days from the day on which your membership application is accepted or where written confirmation of your membership is received by you (please note that no refunds will be provided for cancellations made after these specified dates). Reimbursement for any monies paid by you which relate to the cancellation will be sent to you within 14 calendar days of receiving the notice of cancellation. Should you wish to cancel, notice should be sent to PFS Customer Service at customer.serv@thepfs.org

Signed	
--------	--

Date	
------	--

