



# CSI Capstone Course for CFP® Certification Enrolment Form

Please complete and fax or mail form to CSI:

Fax: 1 (866) 866-2660 (Canada & USA) or 416-359-0486

Address: 200 Wellington Street West, 15th Floor  
Toronto, ON, M5V 3C7

You may also apply online at [www.csi.ca](http://www.csi.ca)

Online applications will calculate the appropriate taxes and / or discounts where applicable.

**PERSONAL INFORMATION \*\*\*Mandatory Information\*\*\*** (Please use CAPITAL letters.)

Student Number : \_\_\_\_\_ Identity Verification: Birthdate (yyyy/mm/dd): \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Note: Please indicate your name (including any initials used) exactly as it appears on your government-issued photo ID.**

Gender:  Male  Female

Language preference for communication:  English  French

Have you been previously enrolled with CSI or ICB?  Yes  No If yes, what course (most recently)? \_\_\_\_\_

Your email address is required to provide confirmation and access to CSI tools and resources.

Preferred Email Address: \_\_\_\_\_ Alternate Email Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Which address would you like us to send your course material (if applicable) to:  Business Address  Home Address

IMPORTANT: You (or a person authorized by you) may be required to be at this address during normal business hours to receive and sign for some packages. Additional shipping and handling charges will apply if CSI has to re-ship materials because of incorrect instructions or because the courier is unable to obtain an authorized signature. CSI cannot redirect course materials after your enrolment has been processed. In some areas, packages may be redirected to a local collection depot if no one is available to sign for the delivery.

**Business Address**

Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_ Suite/Floor: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Home Address**

Street Address: \_\_\_\_\_ Suite/Apt.: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**CAREER INFORMATION**

**Our Industry – (Mandatory Information) – Select one (1) item only**

Please indicate the type of industry that best describes your employer:

- |                                              |                                                |                                    |                                                   |
|----------------------------------------------|------------------------------------------------|------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Bank / Credit Union | <input type="checkbox"/> Securities            | <input type="checkbox"/> Insurance | <input type="checkbox"/> Mutual Fund Distribution |
| <input type="checkbox"/> Trust               | <input type="checkbox"/> Investment Management | <input type="checkbox"/> Education | <input type="checkbox"/> Other                    |

**My Responsibility – (Mandatory Information) – Select one (1) item only**

Please select only one item by putting a check mark in the box next to the function that best describes your main responsibility

- |                                                                                   |                                                       |
|-----------------------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Audit                                                    | <input type="checkbox"/> Discretionary Manager        |
| <input type="checkbox"/> Branch Management                                        | <input type="checkbox"/> Education – Faculty          |
| <input type="checkbox"/> Call Center                                              | <input type="checkbox"/> Education – Staff            |
| <input type="checkbox"/> Claims Agent                                             | <input type="checkbox"/> Education – Student          |
| <input type="checkbox"/> Client Facing Portfolio Manager                          | <input type="checkbox"/> Equity Sales & Trading       |
| <input type="checkbox"/> Commercial Lending                                       | <input type="checkbox"/> Equity Trading               |
| <input type="checkbox"/> Compliance                                               | <input type="checkbox"/> Estate / Trust / Tax Officer |
| <input type="checkbox"/> Consumer Credit & Lending                                | <input type="checkbox"/> Financial Advisor / Planner  |
| <input type="checkbox"/> Corporate Services (HR, IT, Marketing, Operations, etc.) | <input type="checkbox"/> Fixed Income Sales & Trading |
| <input type="checkbox"/> Corporate / Government Finance                           | <input type="checkbox"/> Fixed Income Trading         |
| <input type="checkbox"/> Customer Service Representative                          | <input type="checkbox"/> Insurance Agent              |
| <input type="checkbox"/> Derivatives Sales & Trading                              | <input type="checkbox"/> Investment Advisor           |

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**CAREER INFORMATION (continued)**

**My Responsibility – (Mandatory Information) – Select one (1) item only  
(Continued from Page 1)**

Please select only one item by putting a check mark in the box next to the function that best describes your main responsibility

- Investment Representative
- Mutual Fund Representative
- Mutual Fund Wholesaler
- New Financial Product Planning, Management, Design & Launch
- Portfolio Manager
- Research Analyst
- Risk Management
- Small Business Credit & Lending
- Trust / Estate / Tax Administration
- Trust / Tax Management
- Will / Estate Planning

Please indicate Non-CSI Designations you have been granted: \_\_\_\_\_

Please specify CSI Designations / Certificates you would like to pursue: \_\_\_\_\_

If your employer has instructed you to provide them, please enter your Employee Number or Invoice Code: \_\_\_\_\_

If your employer has instructed you to provide them, please enter your Branch Transit Number or Division Code: \_\_\_\_\_

Note: This information is available through your training or HR department. Not all employers require this information.

I authorize CSI to release my CSI course enrolment history in response to prospective employer written requests including information about my enrolments and course completions and to notify me of career opportunities.  YES  NO

**COURSE ENROLMENT INFORMATION**

IMPORTANT: If you are enrolling through, or being funded by your employer, you may be eligible for preferred pricing. Please contact your Training or HR department.

CSI Capstone Course for CFP® Certification	Language	Fee
CSI Capstone Course for CFP® Certification, Online version	English	

**REQUIREMENTS**

To be eligible for the CSI Capstone Course for CFP® Certification you must have successfully completed:

1. IFC and FPI
- or
2. CSC® and FPI
- or
3. WME and CSC®

**If you do not meet the above pre-requisites, you must agree to the terms and conditions of the FPSC Agreement (see below).**

\* Please refer to: [https://www.csi.ca/student/en\\_ca/student/policies/fees.xhtml](https://www.csi.ca/student/en_ca/student/policies/fees.xhtml) - Tax Information

**Total Fee(s):** \_\_\_\_\_

Applicable Taxes\* : \_\_\_\_\_

**Total Payable:** \_\_\_\_\_

**Note:** Where incorrect fees are listed or calculation errors are made, CSI will automatically charge your account with the proper amount.

**FPSC AGREEMENT**

The Financial Planning Standards Council of Canada (FPSC) requires that individuals taking an FPSC Approved Capstone course for the purposes of eligibility to write the FPE2™ examination, must have completed pre-requisite courses that cover the basic knowledge and competencies in the six financial planning component areas outlined in the CFP® Professional Competency Profile: financial management, asset management, risk management, tax planning, retirement planning and estate planning. The minimum course combinations within the current approved CSI educational routes to the CFP® that meet this pre-requisite requirement are CSC® and FP I or IFC and FP I or WME and CSC®. Please ensure that you have met these pre-requisites prior to registering for the CSI Capstone Course for CFP® Certification. **If you complete the Capstone Course and have not met these pre-requisites, the FPSC will not accept your completion for eligibility to write the FPEII certification examination.** If you have taken pre-requisite courses from another provider, please check with the provider or the FPSC to determine if you have met this pre-requisite requirement before applying for the CSI Capstone Course for CFP® Certification.

**It is your responsibility to ensure you have met these pre-requisite requirements.** If you are taking the CSI Capstone Course for CFP® Certification for continuing education or as a refresher course, the pre-requisite courses are recommended, but not required.

**If you still wish to register for the CSI Capstone Course for CFP® Certification please check the agreement box below and your order will be processed.**

I have read the above and agree

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**PAYMENT METHOD**

All fees are in Canadian funds and can be paid by money order, certified or corporate cheque, Visa, MasterCard or Amex. Please make money orders, certified or corporate cheques payable to CSI Global Education. CSI cannot process forms received without payment information or proper payment.

I am paying with a:  Money Order  Certified Cheque  Corporate Cheque, in the amount of: \_\_\_\_\_ \$ \_\_\_\_\_

Please charge my:  Corporate Customer Account Number (Only if payer is employer)  No: \_\_\_\_\_ \$ \_\_\_\_\_

I am paying with a credit card:  Visa  MasterCard  Amex \_\_\_\_\_ \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry Date (Month/Year): \_\_\_\_\_

Name of card holder: \_\_\_\_\_ Signature: \_\_\_\_\_

Check if you are faxing this form. If you are faxing this form, you must pay by credit card. Do not mail this form to CSI if you are faxing it.  
*Doing so may result in you being charged twice.*

**IMPORTANT: As required by Payment Card Industry (PCI), CSI is unable to accept forms (with payment) received by email.  
Forms with payment information will be deleted immediately. Please fax or mail in your form to avoid delay.**

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**PRIVACY POLICY**

I have read CSI's *Policies and Guidelines* including the *Refund Policy*, *Privacy Policy* and *Student Code of Conduct* described on the website at [www.csi.ca](http://www.csi.ca) and agree to abide by the rules and regulations outlined in it.

**CSI's privacy policy** is designed to protect your personal information. This policy describes the personal information that CSI requires, how it will be used and under what circumstances it may be distributed to third parties. Very briefly, CSI needs to obtain certain information about you to enrol you in a course and to match your results to your academic file. Without it, we cannot accept you as a student as we wouldn't be able to create a student record for you. We will ask for information such as your name, address and credit card number. We will only ask for the information we need, we will keep it safe and we will not sell or distribute it to anyone else. We may share it with our suppliers to better serve you, to compile records or to report to the regulators. We will not give any information to your employer unless you complete the information release consent form, or breach CSI's *Student Code of Conduct*.

*By signing below, I confirm that I understand and consent to the collection, use and disclosure of my personal information by CSI and I agree to abide by the CSI Student Code of Conduct.*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you choose not to allow CSI to collect, use and disclose your personal information you will not be able to enrol in a course but may still have options open to you. Please call 1 (866) 866-2601 (Canada & USA) or 416-364-9130.

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**INFORMATION RELEASE CONSENT** (Release of your information to employers or educational institute)

In addition to CSI's Privacy Policy above, I hereby consent to CSI disclosing to my current or future employer or educational institute my personal information as to: (i) my status with CSI and (ii) my performance in CSI courses. I acknowledge I may be eligible for preferred pricing rates negotiated between CSI and my employer and I understand that I must accept this agreement to receive such pricing. I further understand that CSI may contact my employer about my eligibility for discounted pricing rates. Further, I consent that from time to time I may be contacted by my employer or CSI for the purpose of (i) providing personal information to CSI to allow it to consolidate and calculate my compliance with regulators' education requirements of me, and (ii) disclosing such information to my employer to facilitate management of its compliance requirements with regulators. The consent provided herein may be revoked, in whole or in part, by me by providing CSI with ten (10) business days prior written notice delivered to 625, René-Lévesque Blvd West, Suite 400, Montreal (Quebec) H3B 1R2, CANADA, attention: *Customer Support*. By doing so, I acknowledge that I may continue to enrol in and subscribe for CSI's academic services but that (i) CSI's academic services will not be made available to me at a discount, and (ii) I will be responsible for paying the incremental fees applicable to private students.

*By signing below I confirm that I have read and consent to the terms and conditions of this Information Release Consent.*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer: \_\_\_\_\_ Manager's Name: \_\_\_\_\_ Manager's Telephone: \_\_\_\_\_