



# DESIGNATION APPLICATION PERSONAL FINANCIAL PLANNER (PFP®)

Please complete and upload or mail form to CSI:

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):

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

First Name:

Last Name:

Gender:  Female  Male  Non-Binary

Language preference for communication:  English  French

Preferred Email Address:

Alternate Email Address:

Home Telephone:

Business Telephone:

**BUSINESS ADDRESS** (If applicable: Branch Transit Number:  Employee Number: )

Job Title:

Employer:

Street Address:  Suite/Floor:

City:  Province:  Country:  Postal Code:

**HOME ADDRESS**

Street Address:  Suite/App:

City:  Province:  Country:  Postal Code:

Which address would you like us to send your Certificate to:  Business Address  Home Address

Which address would you like listed in our PFP® directory?  Business Address  Home Address  I do not wish to have my address listed

**NOTE:** Please be sure to fill out your profile online once your application for certification has been accepted.

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## PFP® DECLARATION AND SIGNATURE OF APPLICANT

I declare that I have completed this application as completely as I am able and I hereby apply for the PFP® Designation.

I confirm that:

### WORK EXPERIENCE REQUIREMENTS

I declare that I have three (3) years' experience in the area of financial advice (as defined in the experience assessment tool) and that this experience has been achieved within the last seven (7) years. I understand that this declaration will be verified by CSI and that CSI will contact the person I have identified (for verification purposes only).

### Work Experience – Verifier Information

Language preference:  English  French

Please specify the person who will be able to confirm that you have at least three (3) years experience (as defined in the experience assessment tool described on the CSI website). You must have fulfilled a financial advice role for 3 of the last 7 years. **To verify this experience CSI will contact the following individual:**

Name: \_\_\_\_\_ Company: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

### CONTINUING EDUCATION REQUIREMENTS

I understand, and agree to comply with the PFP® Continuing Education (CE) requirements as described on the website.

*You are not required to submit your CE documentation on an annual basis, however from time to time some members may be subject to random audits.*

### FIT AND PROPER REQUIREMENT

Have you ever been accused of professional misconduct, disciplined or reprimanded by, or had a licence suspended or revoked by, an employer, professional association or administrative or regulatory authority (i.e. securities commission, law society, real estate association, IIROC, MFDA, Insurance Regulator, FINRA, etc.)?  Yes  No

Are you currently bankrupt or have you at any time in the past 5 years been adjudged bankrupt?  Yes  No

Have you ever been convicted of a criminal offence\* in any jurisdiction for which a record suspension or a pardon has not been granted?  Yes  No

Have you ever been convicted of an offense under any financial services or consumer protection legislation in any jurisdiction (i.e., laws regulating the sale of securities, insurance, real estate, mortgages, etc.)?  Yes  No

If you have answered "Yes" to any of the questions above, please attach all relevant paperwork, including details of any punishment or disciplinary action taken. Any information you provide will be collected, stored and used in accordance with applicable law and our privacy policy and will be shared with the Designation Ethics Committee to determine your suitability for the designation.

\* "Criminal offence" excludes an offence (i) under a provincial regulatory statute, such as the Highway Traffic Act, unless the provincial statute is specifically listed above and unless the provincial conviction involved an offence of dishonesty or theft, such as perjury or subornation of perjury, false statement, fraud, embezzlement, or false pretense, or any other offense the commission of which involves some element of deceit or untruthfulness, and (ii) an offence punishable by summary conviction only that is not an offence of dishonesty or theft.

### CODE OF ETHICS

As a PFP® designation holder and throughout my annual designation period, I agree that:

I will continue to uphold the PFP® Code of Ethics and abide by the Ethical Misconduct Process.

### CERTIFICATION MARK LICENSE AGREEMENT

I understand that CSI grants me license to use the PFP® Certification Mark for a one-year term and that if I do not renew my PFP® designation, CSI will terminate my license to use the PFP® Certification Mark. I also agree to notify CSI, without delay, of any circumstances that may affect my ability to continue to fulfill the certification requirements.

Signature of applicant: \_\_\_\_\_ Date of application: \_\_\_\_\_

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## PAYMENT METHOD

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

**Please include:** Application Fee \$275.00 Plus Applicable Taxes\* (This fee is non-refundable.)

\* **NOTE:** 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

**If you hold 2 or more of these CSI Designations (FCSI®, CIWM, PFP®, CIM® or MTI®) in good standing, you may be entitled to a discount:**

Number of CSI Designations you hold in good standing	1	2	3	4
Discount per designation	\$0	\$50	\$100	\$150
<b>COST PER DESIGNATION <i>after</i> the discount</b>	<b>\$275</b>	<b>\$225</b>	<b>\$175</b>	<b>\$125</b>

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 have submitted my payment online

I am aware that I must upload this form and supporting documentation (if applicable). I understand that my request must be approved before my fees will be processed.

**IMPORTANT: As required by Payment Card Industry (PCI), CSI is unable to accept forms (with payment) received by email.  
Forms received with credit card information via email will be deleted immediately.**

## PFP® CERTIFICATION MARK LICENSE AGREEMENT

As a holder of the PFP® designation, you are licensed to use the PFP® certification mark (the "Certification Mark").

1. Licensee acknowledges that CSI owns the entire right, title and interest to the Certification Mark.
2. CSI hereby grants the Licensee a non-exclusive license to use the Certification Mark in association with the provision of financial services to the public for a one-year term, commencing on the date the Licensee is granted the PFP® designation. Licensee hereby explicitly acknowledges that Licensee is not entitled, by virtue of having earned this designation, to its use other than under the terms of this license. This Agreement and the license granted hereunder will be renewed automatically every year for another one-year term upon payment of an annual renewal fee and provided the Licensee is otherwise in compliance with all of the requirements associated with the PFP® designation and conveyed to Licensee by CSI.
3. In order to maintain the right to continue to use the Certification Mark, Licensee agrees to maintain any and all standards for the character and quality of the services to be provided in association with the Certification Mark. CSI shall convey such standards to Licensee from time to time. Such standards shall include but not be limited to the PFP® Code of Ethics. Licensee also agrees to earn any continuing education credits required by CSI.
4. Licensee agrees that CSI may monitor the provision of services provided by Licensee in association with the Certification Mark and that, in the event CSI determines that the quality of those services do not meet the standards set by CSI, CSI may terminate the license upon 60 days notice. Licensee agrees that the final determination with respect to the termination of this license shall be made by the Designation Ethics Committee. Upon termination of this license, Licensee shall immediately cease to use or display the Certification Mark and/or PFP® Trademark for any purpose whatsoever.
5. Licensee shall at all times display the Certification Mark in accordance with the Certification Mark guidelines:

As a Licensee of the Certification Mark:

- You can use the Certification Mark as a distinctive visual symbol of the PFP® designation that can be easily recognized by employers, colleagues, and clients. In essence, as a designation holder, you can use this mark as a seal of quality and integrity.
  - The Certification Mark may not be altered or modified in any way.
  - To ensure that the Certification Mark appears properly, all reproduction of the Certification Mark must be made from camera-ready artwork provided by CSI.
  - The Certification Mark can be used to identify a group of individuals; however, each individual listed must be current PFP® designation holders.
  - The Certification Mark must not be used as part of a company name.
  - The Certification Mark should be placed in close proximity to the Licensee's name. However, the Certification Mark should have enough clear space that it is not connected or a part of the Licensee's personalization or degree. The Certification Mark shall not be confused with a company logo or placed in such close proximity to a company name or logo so as to give the reader the idea that the Certification Mark certifies the company.
6. Licensee agrees to notify CSI, without delay, of any circumstances that may affect the licensee's ability to continue to fulfill the certification requirements.