



Welcome to the National Association of Certified Financial Fiduciaries® (NACFF®) certification program and thank you for your interest in applying for certification. This application has been created to collect the necessary information to determine your eligibility for the Certified Financial Fiduciaries® Certification. This application must be completed in its entirety, and all fields require an answer. Incomplete applications cannot be submitted. All information will be kept confidential and reviewed by the NACFF® staff solely for determining your eligibility for certification. All inquiries should be directed to [apply@nationalcfffassociation.org](mailto:apply@nationalcfffassociation.org).

### **Requirements for Certification**

Prior to being awarded the Certified Financial Fiduciary® designation, applicants must:

1. Meet one of the following prerequisites: a. Possess a professional financial certification/designation or b. Professional financial license (securities, insurance, accounting, etc.), or c. A combination of education and experience deemed satisfactory by the NACFF® Advisory Council.
2. Successfully complete the NACFF one day in-person training, complete the NACFF online training course or a training program for financial fiduciary practice approved as equivalent.
3. Agree to uphold the Certified Financial Fiduciary® code of conduct; and comply with all certification requirements including use of the Certified Financial Fiduciary® certification marks.
4. Complete the certification application and have the application approved to proceed to the exam.
5. Agree to the exam terms, including confidentiality of the exam content.
6. Pass the certification exam.
7. Pass a full background check and be in good standing with all state and federal license requirements.

Upon receipt of an application for certification, NACFF staff shall promptly review the application for completeness and payment of fees. Individuals submitting an incomplete application, or the wrong fees, will immediately be notified of such.

Complete applications shall be processed in accordance with NACFF policies and procedures. Approved applicants will be provided information on how to complete the application steps including taking the certification exam and compliance with ethical policies.

Certification shall not be granted before all requirements have been successfully completed by the applicant. For more information about the NACFF® Certification program, please review the NACFF® website.



**Part A - Applicant Profile**

Note: Your name must appear as it does on a government issued ID, such as a driver’s license or passport. This same form of identification is required for the mandatory background check and to take the Certified Financial Fiduciary® certification examination. The name on your application and ID must be identical to sit for the examination.

D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: Cell: \_\_\_\_\_ Office: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

**Mailing Address (If different than above)**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



**Professional Information**

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

Business Address: \_\_\_\_\_

Other professional designations held:

CFP®  CFA®  ChFC®  CLU®  CPA  AIF®  Other: \_\_\_\_\_

**Licensing:**

Securities  Life  Health  Variable Contracts  Property & Casualty

Broker Dealer or RIA: \_\_\_\_\_

IMO/FMO: \_\_\_\_\_

**Education Background:**

<u>School, City, State ( Since High School)</u>	<u>Graduated? Y or N</u>	<u>Major</u>	<u>Degree</u>

**PART C – Payment Information (Note: If you have already paid, or you received training from one of our approved training institutions, you may skip this section. These fees may not be applicable for special offers)**

The certification fee is \$1895.00(or \$1695.00 for the online course) which includes a non-refundable application fee of \$495.00. Should your application not be approved for certification, the course fee may be refunded. The application fee of \$495.00 is non-refundable.

Please choose your method of payment:

- Check:** Enclosed is my payment by check (Make check payable to NACFF®)
- Debit/Credit**

Card Number:	
Exp. Date:	CVV Code:
Billing Address:	
City, State:	Zip:
Card Holder's Name:	

**I hereby authorize the National Association of Certified Financial Fiduciaries® (NACFF®) to charge my credit card as per details above**

**Signature:**



**Cancellations/Refunds: Refunds will be granted at the discretion of the NACFF® certification staff.**

**As part of your application for Certified Financial Fiduciary® certification, you must complete the following disclosure questionnaire.**

You must attach a detailed **written explanation for any “yes” answers for questions 1-6**. Note that Certified Financial Fiduciary® Certification staff performs background checks. Additional information may be required upon review of your application.

YES	NO	
		1. Have you ever been accused or convicted of a felony?
		2. Within the last 10 years, have you been a defendant or respondent in any criminal action relating to your professional or business conduct, or are you currently named as a party in any such action?
		3. Within the last 10 years, have you been a defendant or respondent in a civil action, which includes, but is not limited to, a lawsuit, arbitration, or mediation relating to your professional or business conduct, or are you currently named as a party in any such action?
		4. Within the last 10 years, have you had a license, permit, certificate, registration or membership denied, suspended, revoked or restricted by any governmental, regulatory, or administrative body, or has any such body censured, fined, restricted or reprimanded you?
		5. Within the last 10 years, have you been named as the subject of an investigation or complaint by any governmental, regulatory or administrative body?
		6. Within the last 10 years, have you been censured, fined reprimanded or otherwise disciplined by any professional credentialing organization to which you did or do belong or has such organization named you as a subject of an investigation or complaint?
		7. Are you licensed to sell insurance?
		8. Are you licensed to sell securities?
		9. Do you have 1 or more years of relevant work experience in your field?
		10. If your answer to number 9 is NO, do you have a professional certification / designation or professional financial license?



**This attestation statement is by and between the National Association of Certified Financial Fiduciaries® herein referred to as (“NACFF®”) and the applicant desiring to use the Certified Financial Fiduciary® designation mark.**

I affirm that:

a) Permission to use the mark Certified Financial Fiduciary® and related marks is valid provided I renew my membership eligibility annually and that I remain in good standing with the NACFF® and use the certification and marks in an authorized manner. The NACFF® may publish on its website names of certain individuals who have used the certification in an unauthorized manner. **Annual renewal fee = \$250.00**

b) The NACFF® has the absolute and unrestricted right to revoke my Certified Financial Fiduciary® certification, including any rights I may have to use Certified Financial Fiduciary® marks, if it finds that I have failed to comply with the Certified Financial Fiduciary® Code of Conduct, NACFF® rules, qualifications and/or regulations. The NACFF® has the authority to publish on its website names of certain individuals for whom the right to carry the Certified Financial Fiduciary® certification has been revoked.

c) In consideration of the certification granted, the NACFF®, and others acting on its behalf, shall not be liable to me for any actions taken or omitted to be taken in any official capacity or in the scope of employment, except to the extent that such actions or omissions constitute willful misconduct or gross negligence; I hereby release the NACFF®, and its agents from any liability for such actions or omissions.

d) I will fulfill recertification requirements to maintain Certified Financial Fiduciary® certification.

e) I will comply with all policies and requirements of the NACFF®. If certified as a part of the National Association of Certified Financial Fiduciaries®, I will comply with all standards and requirements that the NACFF® may issue from time to time, including usage standards for Certified Financial Fiduciary® certification and all other proprietary mark(s). I acknowledge that NACFF® is not responsible for any usage standards put in place by outside entities.

f) I understand that NACFF<sup>™</sup> has the authority to perform background checks. I agree to cooperate with any actions and further understand that providing false information, or having others do so, is a violation of the Certified Financial Fiduciary® Code of Conduct and NACFF® Policies and may result in sanctions.

g) I agree to immediately inform the Certified Financial Fiduciary® Certification Staff of all changes to the information included in this application while I am an applicant, and for as long as I am certified by the NACFF®, and to immediately inform the NACFF® of any matters that may affect my capability to continue to fulfill certification requirements.

h) I understand that if successful I will be listed in the online certification directory; however, if in the future should I not want to continue to be listed in the online directory, I will contact the NACFF® to request removal from the list. I understand that even if my credentials are not listed in the online directory, the NACFF® will continue to verify credentials upon request. Further, I understand that should I fail to renew my membership, or if



my certification is revoked I agree that NACFF® has the right to list my name as Inactive in the Certified Financial Fiduciary® directory and can also list the reason (ie. Disciplinary, or Did Not Renew).

i) I agree to give NACFF®, it's agents and staff permission to contact me by U.S mail, Electronic mail, facsimile, or through other media on matters that NACFF® believes may be of importance to me. Should I wish to be taken off the mailing list, I will send an e-mail request stating such to [remove@nationalcffassociation.org](mailto:remove@nationalcffassociation.org)

j) I understand and acknowledge that the NACFF® certification handbook contains the policies applicable to applicants and certificates. To review and print a copy of the NACFF® certification handbook visit our website at <http://www.nationalcffassoication.org>

k) I agree to abide and adhere to the Rules and Standards as specified in the Certified Financial Fiduciary® Code of Conduct. To review and print a copy of the Certified Financial Fiduciary® Code of Conduct visit our website at <https://nationalcffassociation.org/code-of-conduct>

l) I understand that I have the right to appeal a decision to deny me initial certification or should my certification be revoked or suspended. The appeal will be directed to the Chairperson of the Certified Financial Fiduciary® Certification Committee for his or her consideration. If the chairperson determines that the appeal has merit, a Certification Appeals Committee consisting of three (3) NACFF certificant shall be formed at the discretion of the Certification Committee Chairperson to determine if the designation should be denied, suspended or revoked. Individuals seeking an appeal of a certification decision will be provided with the policy and procedures for handling appeals when they submit the appeal. Any interested party may request a copy of the appeals policies and procedures at any time. During the appeals process, the individual making the request will be kept informed as to the progress of the appeal throughout the time the appeal is under consideration. During the appeals process, the individual requesting the appeal will not be denied any other NACFF services and will not be treated in a discriminatory manner.

m) During the examination process I agree to NOT engage in fraudulent test-taking practices such as: receiving aid from another person, using unauthorized aids during the exam, disclosing exam questions to anyone for any reason, receiving exam questions from anyone prior to taking the exam, or any other behavior during the exam that could be considered as “cheating.” I further agree to personally take the exam and NOT allow any other person to take the exam on my behalf.

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Signature

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Print Name

Date



**How did you learn about the Certified Financial Fiduciary® designation?**

Advertisement       Article       Broker/Dealer       Email

Referral       Conference       Google

**Referred by ( If applicable)** \_\_\_\_\_