



**Certified Financial Fiduciary<sup>®</sup> Certification Annual Renewal Form**

This form must be completed in its entirety, and all fields require an answer. Incomplete renewal forms cannot be submitted. All information will be kept confidential and reviewed by the NACFF<sup>®</sup> staff solely for determining your eligibility for recertification. All inquiries should be directed to [apply@nationalcffassociation.org](mailto:apply@nationalcffassociation.org).

**Areas marked with a red \* are required.**

**Requirements for Recertification**

1. Certificants are required to submit proof that they met the minimum continuing education hour requirement by submitting documentation from courses completed. This submission can be done by mailing/emailing the documents.
2. Staff will review each certificant's continuing education submission to determine if the minimum number of hours has been met.
3. Staff will review each certificant's submission to determine if the courses taken are relevant to the certification and that the subject matter of the courses is aligned to the exam specification.
4. Where the staff is unable to link the CE course submitted to the exam specification, the course in question will be submitted to the Certification for their approval or denial. A majority vote of the members of the Committee will determine approval or denial.
5. In the case of a denial staff will notify the certificant that his or her submission was not approved and allow the certificant 30 days to submit additional, acceptable documentation of meeting the continuing education requirement.
6. Certificants are required to complete an online survey of firm practices to ensure ongoing compliance with financial fiduciary best practices.
7. Staff will review each certificant's best practices survey to determine if the certificant's business practices comply with the requirements for certification. If staff has any questions about the satisfactory compliance with requirements, the Certification Committee will review the certificant's responses and may approve, deny or ask for additional information.
8. Certificants must attest to uphold the Certified Financial Fiduciary<sup>®</sup> Code of Conduct, all NACFF<sup>®</sup> policies and procedures and rules for use of the Certified Financial Fiduciary<sup>®</sup> Marks. The attestation may be submitted by paper or electronic means.
9. Individuals who complete all recertification requirements will be issued a new certification status document that shows the current start and end dates of certification. This status document should be displayed near the wall certificate issued upon initial certification to show continued certification by NACFF<sup>®</sup>.
10. Staff will issue a renewal letter via email to the certificant and update the certificant's certification expiration date on the public registry.

Upon receipt of the recertification form, NACFF<sup>®</sup> 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.



For more information about the NACFF® Certification program, please review the NACFF® website.

**Part A - Certificant Profile – Check here if all your information is the same.** ☐

Note: Your name must appear as it does on government issued ID, such as a driver’s license or passport.

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: \_\_\_\_\_



**\*In order to maintain your 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 NACFF® 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. Since the date you were issued Certified Financial Fiduciary® Certification, 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. Since the date you were issued Certified Financial Fiduciary® Certification, 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. Since the date you were issued Certified Financial Fiduciary® Certification, 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. Since the date you were issued Certified Financial Fiduciary® Certification, have you been named as the subject of an investigation or complaint by any governmental, regulatory or administrative body?
		6. Since the date you were issued Certified Financial Fiduciary® Certification, 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?

**\*This attestation statement is by and between the National Association of Certified Financial Fiduciaries® herein referred to as (“NACFF®”) and the certificant using 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) NACFF<sup>®</sup> has the absolute and unrestricted right to revoke my Certified Financial Fiduciary<sup>®</sup> certification, including any rights I may have to use Certified Financial Fiduciary<sup>®</sup> marks, if it finds that I have failed to comply with the Certified Financial Fiduciary<sup>®</sup> Code of Conduct, NACFF<sup>®</sup> rules, qualifications and/or regulations. The NACFF<sup>®</sup> has the authority to publish on its website names of certain individuals for whom the right to carry the Certified Financial Fiduciary<sup>®</sup> certification has been revoked.
- c) In consideration of the certification granted, the NACFF<sup>®</sup>, 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<sup>®</sup>, and its agents from any liability for such actions or omissions.
- d) I will fulfill recertification requirements to maintain Certified Financial Fiduciary<sup>®</sup> certification.
- e) I will comply with all policies and requirements of the NACFF<sup>®</sup>. I will comply with all standards and requirements that the NACFF<sup>®</sup> may issue from time to time, including usage standards for Certified Financial Fiduciary<sup>®</sup> certification and all other proprietary mark(s). I acknowledge that NACFF<sup>®</sup> 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<sup>®</sup> Code of Conduct and NACFF<sup>®</sup> Policies and may result in sanctions.
- g) I agree to immediately inform the NACFF<sup>®</sup> staff of all changes to personal and professional contact information for as long as I am certified by the NACFF<sup>®</sup>, and to immediately inform NACFF<sup>®</sup> of any matters that may affect my capability to continue to fulfill certification requirements.
- h) I understand that as a certificant I will be listed in the online certification directory; however, if should I not want to continue to be listed in the online directory, I will contact NACFF<sup>®</sup> to request removal from the list. I understand that even if my credentials are not listed in the online directory, the NACFF<sup>®</sup> will continue to verify credentials upon request. Further, I understand that should I fail to renew my certification, or if my certification is revoked, I agree that NACFF<sup>®</sup> has the right to list my name as Inactive in the Certified Financial Fiduciary<sup>®</sup> directory and can also list the reason (i.e. Disciplinary, or Did Not Renew).
- i) I agree to give NACFF<sup>®</sup>, it's agents and staff permission to contact me by U.S mail, Electronic mail, facsimile, or through other media on matters that NACFF<sup>®</sup> 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 [removeme@nationalcffassociation.org](mailto:removeme@nationalcffassociation.org)
- j) I understand and acknowledge that the NACFF<sup>®</sup> certification handbook contains the policies applicable to applicants and certificates. To review and print a copy of the NACFF<sup>®</sup> 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<sup>®</sup> Code of Conduct. To review and print a copy of the Certified Financial Fiduciary<sup>®</sup> Code of Conduct visit our website at <https://nationalcffassociation.org/code-of-conduct>



I) I understand that I have the right to appeal a decision 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 certificants 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.

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Signature

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Print Name

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Date