

PRINT LEGIBLY
OR TYPE



STATUS CHANGE FORM

Use this form to change your address, cancel/add a Society membership, or apply for retired status. Please complete sections 1 and 2 and any other sections that apply. Be sure to sign the form at the bottom of the page.

1 PERSONAL INFORMATION

Member Number

Are you a CFA charterholder? Yes No If not, have you passed Level I of the CFA Program? Yes No

Name PREFIX FIRST (GIVEN) NAME MIDDLE NAME OR INITIAL LAST NAME (SURNAME) SUFFIX

2 ADDRESS: Some carriers will not deliver to Post Office Boxes. Also, in some countries using a business address as your preferred address may result in more efficient delivery.

Preferred Mailing Address: Business Home

BUSINESS NAME
BUSINESS STREET ADDRESS SUITE/FLOOR POST OFFICE BOX NUMBER
CITY STATE/PROVINCE COUNTRY ZIP+4/POSTAL CODE
BUSINESS TELEPHONE BUSINESS FAX BUSINESS E-MAIL ADDRESS
COUNTRY CODE AREA/CITY CODE LOCAL NUMBER COUNTRY CODE AREA/CITY CODE LOCAL NUMBER
JOB TITLE/DEPARTMENT

HOME STREET ADDRESS APARTMENT NUMBER POST OFFICE BOX NUMBER
CITY STATE/PROVINCE COUNTRY ZIP+4/POSTAL CODE
HOME TELEPHONE HOME FAX HOME E-MAIL ADDRESS
COUNTRY CODE AREA/CITY CODE LOCAL NUMBER COUNTRY CODE AREA/CITY CODE LOCAL NUMBER

3 SOCIETY MEMBERSHIP CHANGE:

If you add a primary society but do not cancel your current society, your current society automatically will be changed to **nonprimary**. There is no limit to the number of society memberships held. Society dues are nontransferable.

Society Name	CANCEL	ADD PRIMARY	ADD NONPRIMARY	Society Name	CANCEL	ADD PRIMARY	ADD NONPRIMARY
1. SAMPLE Tampa		✓		7.			
2. SAMPLE Atlanta	✓			8.			
3.				9.			
4.				10.			
5.				11.			
6.				12.			

4 APPLY FOR RETIRED STATUS

To apply for Retired Status, please verify that you meet the requirements listed below, and sign the form.

- I am not currently engaged in professional activities which qualify as acceptable Professional Work Experience (as described in the "Work Experience Guidelines") to receive the CFA Charter or qualify for Regular membership in CFA Institute.
- I agree that I will promptly notify CFA Institute, in writing, if I resume professional activities in the investment decision-making process for compensation.
- I understand that, by executing this statement, I will be excused from my obligation under the CFA Institute Bylaws to file annually a Professional Conduct Statement (PCS).
- I acknowledge that, notwithstanding my retired status and exemption from filing the PCS, I remain obligated to comply with all other aspects of the CFA Institute Professional Conduct Program including compliance with the Bylaws, Code of Ethics and Standards of Professional Conduct, and Rules of Procedure Related to Professional Conduct, and that I remain subject to disciplinary action for a violation thereof.

I would like to apply for Retired Status in CFA Institute and my local society, if applicable.

5 CHANGE FROM RETIRED STATUS TO REGULAR/AFFILIATE MEMBERSHIP

I am currently on Retired Status and wish to return to full membership. Please note you will need to submit a completed PCS.

BE SURE TO
SIGN THE FORM

SIGNATURE

PRINT NAME DATE

CFA Institute USE ONLY:

Action Level _____ Rec.: _____ Reg _____ Aff _____
P: Add _____ Drop _____ Rein _____ Ret _____ Upgrd _____ Society _____
NP: Add _____ Drop _____ Rein _____ Ret _____ Upgrd _____ C.Exp. _____ M.Exp. _____
Drop Reas: Can Dec Indy Resg Ret Trf Unpd Reason not approved: W.Exp NW Eth Ind
Approval: _____ New CFA Institute Type _____ Comments: _____

RR USE: Check # _____ Amount _____ Method: _____

Address Change _____
Update PCS _____
PMBR _____
Allocation _____
Other _____



RETURN FORM
TO CFA INSTITUTE