Application for retired member category

Financial Planning Institute of Southern Africa
THE PROFESSIONAL STANDARD

As approved by the FPI Board on 2 November 2012, Retired Membership is available on the conditions as set out below:

- A retired member should be no younger than 60 years of age and shall have been a professional member, in good standing, of the FPI for an uninterrupted period of no less than ten (10) years immediately preceding the retirement date.
- A retired member shall no longer be professionally active as a financial planner.
- A retired member shall be entitled to a 50% discount on the normal prescribed annual fee as determined by the Board. This excludes the CFP® affiliation fee that remains payable in full.
- A certificant granted retired member status shall remain subject to the normal Continuous Professional Development (CPD) and other certification requirements applicable to all certificants as determined by the Board.
- Retired member status shall be granted at the sole discretion of the Board of Directors of the FPI.
- A retired member may apply to be re-certified as an active professional member any time during a period of three (3) years following granting of retired member status provided that the member complies in full with all the requirements of Membership Regulations. After a period of three (3) years, a retire member wishing to recertify will be required to apply for membership as if applying to become a member for the first time and will be required to pass the Professional Competency Examination.

Complete all the fields below:

Full name of applicant	
FPI membership number	
Identity number	
Member of the FPI since:	
Are you planning to continue still be actively involved in practicing financial planning after retirement? If yes, please state planned activity.	
Please motivate you application	
Please list any exceptional contribution made to the financial planning industry:	

I hereby confirm that I have read and understood the Certification requirements relating Retired Membership status. I agree to uphold all the requirements for this status should my application be successful.

Signature:	
Date:	

FOR OFFICE USE ONLY:

Date application received:	
Application data verified by:	
Recommendation:	
Application result:	
Approved by:	
Member informed on date:	
Membership services and finance informed on date	