**RF™ Registration Process:**

1. Review requirements below to determine if you qualify for an RFTM certification. If not please contact Dalbar.
2. Complete this application and submit with payment to Dalbar.
3. Dalbar reviews application and conducts background check and contacts you with results.
4. Purchase and review study materials and pass online exam.
5. Issue Credentials, RFTM Certificate and rights to use designation for one year.

**Cost per adviser:**  **Send completed application to:**

New certification $500 Dalbar, Inc. RF@DALBAR.com

RFTM Annual Renewal $300 2 Mt Royal Ave, Ste 250 Fax: 617-624-7200

Marlborough MA 01752 Phone: 617-723-6400

**RF™ Certification Requirements**

* Academic & Licenses: Candidate must have the appropriate credentials for the lines of business listed in their application (see below).
* Training: Candidate must hold a qualifying designation or have successfully completed training from an RF™ qualified training organization or self study course within one year.
* Background: Candidate’s background must be clear of serious offences or improprieties.

Your Name:

Firm Name:

Division:

Firm Type:  RIA  B/D  Bank  Other

Street Address:

City:       State:    Zip:       -

Phone:       Fax:

E-mail:

Web site:

Home Address:

City:       State:    Zip:       -

Phone:       Fax:

###### **Application Fee** New Certification $500.00

###### Conversion to RFTM from Qualified Existing Designation or Renewal $300.00

###### **Self-Study Program**

###### RFTM Wealth Management Self-study Program $350.00

###### RF 401(k) Self-Study Program $350.00

###### **Total Payment** $ 000.00

###### **Payment Preference**

Credit card (Enter credit card info below)  Invoice (Enter billing info below)  Check sent

Name on Card:

MC  VISA  AMEX Other:

Number:

Expiration:

Verification Code:

*(3 digits on back for MC and VISA*

*4 digits on front for AMEX)*

###### **Billing Information**

Name:

Department:

Address:

City/State/Zip:

Phone:

### Select all Lines of Business:

General Practitioner  Financial Planner

401(k) Plan Adviser  401(k) Participant Adviser

Wealth Manager  IRA Specialist

Foundation/endowment Adviser  Other:

### Adviser Declarations

Holders of the RF™ certification agree to the following by checking each box and signing this application:

I will disclose all compensation expected or received, directly or indirectly, to my client(s) on a regular basis but no less frequently than annually.

I understand that by receiving compensation for my advice that I am acting as a fiduciary with the duty to act in the best interest of my client(s).

I agree to provide Dalbar with the disclosures required for prudent selection and periodic review of my practice as required by ERISA and federal regulations.

### General Disclosures

I am       years old and I am  Male

Female

I have       years of experience providing investment advice as an investment professional.

I have been at my current firm for       years.

I work with a team of       other advisers and a support staff of

|  |  |  |  |
| --- | --- | --- | --- |
| In the last 12 months I have received professional compensation from: | | | |
|  | **Individual Clients** | **Institutional** (including employer sponsored plans) | **Total** |
| Number of clients |  |  |  |
| Assets |  |  |  |

I have liability insurance in the amount of       that is currently in force with (name of insurance company):

I have a surety bond in the amount of       that is currently in force.

### Geographic Coverage

|  |
| --- |
| Please list the states and cities in which your business is concentrated. |
|  |

### Services Provided

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please indicate the services that you provide to clients: | | | | |
| **Investment Management Services** | | | **ERISA Related Activities** | |
| Define the client’s investment-related goals and objectives | |  | Conduct an initial fiduciary assessment |  |
| Prepare and maintain the client’s Investment Policy Statement (“IPS”) | |  | Oversee plan administration activities |  |
| Indentify asset classes appropriate for client’s portfolios | |  | Support for DOL and IRS audits |  |
| Conduct due diligence for investment options | |  | Design rules for assigning participants to QDIAs |  |
| Choose investments and create portfolios according to the terms of the IPS | |  | Construct QDIA investment alternatives |  |
| Develop and maintain model portfolios | |  | Place participants in appropriate investments |  |
| Control and account for investment expenses | |  | Assist participants in selecting investments |  |
| Monitor investment options and prepare periodic investment reports | |  | Periodically report fiduciary decisions made to plan sponsor and Named Fiduciary |  |
| Periodically review investment results with client and make necessary changes. | |  | Periodically report investment decisions made to plan sponsor and Named Fiduciary |  |
| Other: |  | | Select, hire and monitor other service providers |  |
|  |
| Review plan’s success in meeting participants needs and retirement goals and make recommendations for changes |  |

### Affiliations

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please list the business affiliations you have: | | | | |
| **Type of Firm** | **Name of Firm** | **% You Own** | **Nature of Affiliation** | **Size of Firm** |
| RIA |  |  | IAR  Other | Number of IARs: |
| Broker/Dealer |  |  | RR  Other | Number of RRs: |
|  |  |  |  |  |
|  |  |  |  |  |

### Disclosure of Regulatory History

I have had the following regulatory sanctions or other incidents in the past five years. If there is nothing to report please check here:

|  |  |
| --- | --- |
| Date | Description |
|  |  |
|  |  |
|  |  |

### Product Provider Disclosures

The product providers I have used most often are:

|  |
| --- |
| Provider Names |
|  |
|  |
|  |
|  |

### Compensation Disclosures

|  |
| --- |
| What is the fee structure and fee that you intend to charge for your services? |
|  |

What contractual arrangements do you have that result in direct or indirect compensation to you or the firm you represent if clients take actions on the basis of your advice.

|  |
| --- |
|  |

Please list your sources of compensation and % from each of up twelve sources, largest first.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Source** | | **%** | **Source** | | **%** | **Source** | | **%** |
| 1 |  |  | 5 |  |  | 9 |  |  |
| 2 |  |  | 6 |  |  | 10 |  |  |
| 3 |  |  | 7 |  |  | 11 |  |  |
| 4 |  |  | 8 |  |  | 12 |  |  |

Are there other factors or suggestions from others that could improperly influence the advice you give to clients? Please explain.

|  |
| --- |
|  |

### Investment Theory Disclosure

|  |
| --- |
| Please describe the investment theory you use to advise clients (Attach details if necessary) |
|  |

### Adviser Profile & Signature

Existing Designation(s):

Qualified Trainer:

License(s):

License #:

CRD#:

ADV #:

State(s):

Your Date of Birth:

SSN or Tax ID

In initiating this process, I acknowledge that I am requesting a Consumer Report to be run on me and that said report may include information about my criminal history, social security verification, motor vehicle records, verification of education or employment history or other such information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adviser Signature Date

*You may use an electronic signature by entering your name  
followed by your date of birth on the signature line above.*

**Send completed application to:**

Dalbar, Inc. RF@DALBAR.com

2 Mt Royal Ave, Ste 250 Fax: 617-624-7200

Marlborough MA 01752 Phone: 617-723-6400