

Institute of Financial Accountants

retired application form

Eligibility for retired membership

We offer a retired membership level and to be eligible you will need to meet the following criteria:

- fully retired from all remunerated activity; and
- be a full member of the Institute.

The Institute reserves the right to request evidence to support your retired membership application.

I am applying for:	YES	NO
Retired membership		
Tax adviser retired membership		

Public practice - confirmation of your status or intent:

	Yes	No
I am currently in public practice offering accountancy services to the public for reward.		
I am not currently in public practice but intend to move into public practice and offer accountancy services to the public for reward within the next 12 months.		
I am not currently in public practice and have no plans to move into public practice within the next 12 months.		

You will need to surrender your practising certificate if you currently hold one. You will also be required to complete a relinquishing form and submit with this retired application form.

By accepting this level of membership your rights to act in a voluntary role are not affected. However, if you do provide voluntary services you will need to comply with the Institute's CPD requirements.

Please note that as a retired member you will still need to complete your annual membership return.

Completing and submitting your application form

Complete **ALL** sections of the form using block capitals and black ink. Remember to enclose **ALL** your supporting documents. The information that you provide must be true, correct and up to date. It is your responsibility to inform us of any changes within 10 working days.

Forms which are Incomplete, illegible or where the application fee and supporting documents are missing will be returned unprocessed.

There are two ways to submit your application form, supporting documents and retired annual membership fee:

1. Email to membership@ifa.org.uk
2. Post to:

Institute of Financial Accountants

Membership Department
502 Clerkenwell Workshops,
27-31 Clerkenwell Close
Farringdon, London,
EC1R 0AT

Next steps

Once we have assessed your application we will contact you with a decision about your eligibility for retired membership.

We aim to provide a response within 10 - 15 working days. However, during October – December this may take longer as existing membership renewals are prioritised.

Personal details

Membership number	
Title	
First name	
Middle name	
Surname	
Date of birth	
Home address	
Home number	
Other address	
Work number	
Mobile number	
Email address	

Membership of other bodies

Main professional body	YES	NO
Do you hold membership with another professional accountancy body?		
If yes, please provide the following details and evidence to support this:		
Name of professional accountancy body		
Start date (DD/MM/YYYY)		
End date (if applicable) (DD/MM/YYYY)		
	YES	NO
Do you hold a practising certificate with this body?		

Other professional bodies	YES	NO
Are you currently a member or have you held membership of any other professional body?		
If yes, please provide details and evidence to support this:		
Name of professional body		

Fit and proper declaration

All members of the Institute must be of good character. Please complete the fit and proper declaration below. Failure to complete the declaration will result in your application being rejected.

Section A – Financial soundness	YES	NO
Have you, in the United Kingdom or elsewhere:		
• Been the subject of any debt or award against you that remains outstanding or was not satisfied within a reasonable period?		
• Been declared bankrupt, subject to bankruptcy procedures, made arrangements with creditors or involved in any proceedings relating to these areas?		
• Been involved as a director, partner or manager of a business that has gone into insolvency, liquidation or administration?		
• Been the subject of debt collection agencies, court action by HMRC, the IFA or other third parties?		
If you have answered 'yes' to any of the above, please provide details below:		
Section B – Criminal or civil offences	YES	NO
Have you, in the United Kingdom or elsewhere:		
• Been subject to a criminal conviction as set out in Schedule 3 to the Money Laundering Regulations 2017 or equivalent legislation as may apply in other jurisdictions which is unspent?		
• Been subject to, pleaded guilty to, or found guilty of any other offence which is unspent?		
• Been subject to any adverse finding or any settlement in civil proceedings, particularly in relation to any financial business, fraud, misconduct or the formation of companies and trusts?		
If you have answered 'yes' to any of the above, please provide details below:		
Section C – Good reputation and character	YES	NO
Have you, in the United Kingdom or elsewhere:		
• Been notified of any potential investigation and/or disciplinary proceedings by a professional body, tax authority, regulator, court or tribunal?		
• Been subject to investigation and disciplinary proceedings by a professional body, tax authority, regulator, court or tribunal resulting in a finding?		
• Been subject to disciplinary proceedings by an employer resulting in a finding against you?		
• Been dismissed, asked to resign and resigned, from employment, position of trust, fiduciary appointment or similar?		
• Been disqualified from acting as a director, trustee, or disqualified from acting in a managerial capacity in the affairs of the organisation?		
• Been involved with a company, partnership or other organisation that has been refused registration, authorisation, and membership or license to carry out any trade, business or profession or had that registrations, authorisation, and membership or license revoked, withdrawn or terminated?		
• Been refused entry to or excluded from membership of any profession or vocation?		
If you have answered 'yes' to any of the above, please provide details below:		

Are you currently in the process of any investigation or disciplinary procedures as described above?		
If you have answered 'yes' to the above, please provide details below:		

Member permissions

Please indicate below how you would like the Institute to communicate with you regarding business partner products and services, CPD events and workshops. The IFA's preferred method of communicating is email and information regarding member offerings may not be available via other channels.

	Email	Post	Telephone	Text
I am happy to be contacted by the following communication preferences				

Please tick yes to any of the below that apply to you.

	YES	NO
I want to be contacted by my local ambassador about regular meetings that count towards my CPD and can help me in my career path.		
I want to be contacted by the Institute's business partners about their products and services.		

	Yes	No
Do you wish for this retirement request to become effective from when the request is processed		
If no, please provide the date you would like your retirement to take effect:		

Member undertakings

This is a formal declaration between you as the member and the Institutes your professional membership body and you must adhere to the following undertakings. The Institute reserves the right to remove you from membership and potentially begin disciplinary proceedings if you provide false information.

I have read and by accepting retired membership, I agree to adhere to the Institute's's Articles of Association, Bye-Laws, Code of Ethics, Disciplinary Regulations, Continuing Professional Development Regulations and any other guidance issued by the IFA that may relate to my membership, including but not limited to Professional Conduct in Relation to Taxation and Public Practice Regulations. Visit member regulations for details.		
I declare that: • to the best of my knowledge and belief, all of the information given in this application is true and correct; • I must inform the Institute of any material changes to the information I have provided within 10 working days of the change; • the Institute reserves the right to contact me and/or other relevant parties to verify any of the information provided in this form or appendices; • I have checked the bye-laws, regulations and other documentation of any other professional institutes I am associated to before applying to the IFA for retired membership; • the Institute will confirm my identity using electronic verification, and where appropriate, will make further checks as part of its due diligence before accepting me for retired membership; and • If I return to work I agree to inform the Institute who will change my membership status as I will no longer be eligible for retired membership. This may also include me obtaining an IFA practising certificate and firm supervision - including meeting the entry criteria at the that time. Furthermore, the Institute conducts all of its communications in English. By applying for retired membership, a practising certificate and/or supervision with the Institute, you confirm that your English language proficiency allows you to understand all Institute regulations and bye-laws, to communicate with the Institute and the Institute to communicate with you.		
Print your full name	Signature	Date (DD/MM/YYYY)

Verification

Before we accept your application, we may need to obtain "satisfactory evidence" to confirm your identity and we will use electronic verification for this purpose. We may also need to obtain such evidence after we have begun to act on your application. Although a record of our enquiry will be entered on your record it will not affect your credit history.

In certain circumstances, we may also need to obtain evidence confirming the identities of third parties, the source of any funds or other property, the purpose of any instructions or any other matter.

Institute's data protection

The Institute takes your privacy seriously. All personal information provided to the Institute on this form or through any other method of communication is collected and held in accordance with the General Data Protection Regulation.

We will treat your personal information in accordance with data protection legislation.

We will use your information for administering your membership, for communicating with you in respect of your membership and for research.

We will also use your information to carry out our responsibilities as a regulator and as a professional body. To do this, we may share your information with other organisations as required by law.

We will transfer your information outside the European Economic Area (EEA) e.g. IPA Group. These countries may not have similar data protection laws to the EEA, so if we do transfer your information we will take the necessary steps to ensure that your privacy rights are still protected.

Copies of the Data Protection Policy and the Privacy and Cookie policies are available to view on the Institutes website www.ifa.org.uk/dataprotection.

CPD undertakings

This is a formal declaration between you as the retired member and the IFA as your professional membership body regarding your CPD. The IFA reserves the right to request evidence from you to support that you have complied with CPD regulations as a retired member.

if you provide voluntary accountancy services you will need to comply with the IFA's CPD requirements.

Your annual CPD declaration		YES	NO
I have complied with the IFA's CPD requirements in the preceding 12 months and I can provide evidence of this if requested			
I am exempt from CPD			
By stating I am exempt above, I declare I meet the following criteria; • I provide no accountancy services (with or without rewards); and • I do not act as a trustee, director of a legal entity or in any other capacity which carries with it an equivalent level of legal or financial responsibility; and • I have no intention of providing the above services in the future.			
Print your full name	Signature	Date (DD MM YYYY)	
		/ /	

Method of payment

Our membership fees can be viewed at [fees](#)

Choose ONE method of payment	Tick																			
BACS – I confirm that I am paying my fees by BACS. This method of payment provides a fast and efficient means to renew your annual membership. Simply make payment to: The Institute of Financial Accountants Sort code: 23-05-80 Bank account number: 27604875 Please note: If paying via this method you must ensure that your bank uses your membership number, initials and surname as your BACS payment reference so we can locate and allocate the payment. Please note your application will not be assessed until your application fee has been paid You remain liable to pay any bank charges incurred. Charges not paid may result in your membership not being renewed until all charges are received in full.																				
STERLING CHEQUE OR BANKER’S DRAFT DRAWN ON A UK BANK – I confirm that I am paying my fees by Sterling cheque or banker’s draft, made payable to the Institute of Financial Accountants.																				
INVOICE – I would like to pay by invoice and request that an invoice is sent to the email included on the application form.																				
PAYMENT BY DEBIT/CREDIT CARD ☐ I authorise you to take all appropriate fees in order to approve me for retired membership with the IFA. Payment by Debit/ Visa Card ☐ Visa ☐ MasterCard Card No. <table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr> <td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td> <td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td> <td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td> <td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td> </tr> </table> Expiry Date <table border="1" style="display: inline-table; width: 40px; height: 30px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 30px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 30px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 30px; vertical-align: middle;"></table> Name on Card _____ Date _____ I confirm that this card is mine. If this card is not yours, please provide written confirmation and contact details of the person whose card this is.																				