

IDENTIFICATION INFORMATION CHANGE REQUEST

Important Notes

To register for the CFA or CIPM exams, or to update your CFA Institute membership account, you must have a valid international travel passport.

To change your name and/or your passport data, you must submit a copy of your current passport.

For name changes, you must also submit one of the following:

- Marriage Certificate
- Divorce Decree (Do not include decree provisions other than that ordering the name change)
- Court-Issued Name Change Document

CFA Institute Members: All identification changes require a passport.

Your change request will not be processed without all required documentation.

CFA Charterholders and CIPM Certificants: The name on your passport will be printed on your charter/certificate.

Candidates: On exam day, the name, date of birth, passport number, expiration date, and country of issuance on your passport must match exactly the information you provided to CFA Institute. Due to administrative processing time, Identification Information Change Request Forms must be submitted by the deadline listed below. We cannot guarantee your record will be updated if your change is submitted after the deadline.

Deadline for CFA Candidates: This form must be submitted at least three weeks prior to the exam date.

Deadline for CIPM Candidates: This form must be submitted at least three weeks prior to your exam appointment.

Print this form and complete all sections. Submit the completed form and supporting documentation by e-mail to cmservices@cfainstitute.org. You will receive confirmation by e-mail in 7-10 business days.

Complete all sections.

STEP 1

CFA INSTITUTE IDENTIFICATION #	E-MAIL
--------------------------------	--------

STEP 2

Update the data that you would like to change. Please place a ✓ in the "no change" column if the current information is correct.

	PREVIOUS INFORMATION		NEW INFORMATION		NO CHANGE <input type="checkbox"/>
Prefix or Suffix					<input type="checkbox"/>
First (given) Name					<input type="checkbox"/>
Middle Name or Initial					<input type="checkbox"/>
Last Name (family or surname)					<input type="checkbox"/>
Passport	NUMBER	EXPIRATION DATE	NUMBER	EXPIRATION DATE	<input type="checkbox"/>
	COUNTRY OF ISSUANCE		COUNTRY OF ISSUANCE		<input type="checkbox"/>
Date of Birth (month/day/year)					<input type="checkbox"/>
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/>

STEP 3

SIGNATURE	DATE (MONTH/DAY/YEAR)
-----------	-----------------------