



**RETIRED MEMBERSHIP DECLARATION**

I hereby confirm that I have applied for retired status with the AIC effective \_\_\_\_\_ .

**Retirement Pledge:** I pledge that as of \_\_\_\_\_ :

- I will no longer provide professional services as defined in CUSPAP , including real property appraisal, appraisal review, consulting, reserve planning, machinery and equipment appraisal, and mass appraisal.
- I will no longer provide professional assistance as defined in CUSPAP including: support to the Member that has a direct and significant bearing on the outcome of an Assignment including property Inspections, analysis, and development of opinions and estimates.
- I will not use my membership in any other appraisal organization to provide professional services or professional assistance whether such organization follows the CUSPAP Standards or not.
- I will include the word "Retired" where ever my name followed by the designation (or Candidate status) granted to me by the AIC appears. (e.g. AACI Retired, CRA Retired, AIC Candidate Retired).
- I will immediately notify the AIC of any changes in my personal information.

**Extended Reporting Insurance Coverage:** I understand that:

- I may be entitled to purchase an extended reporting (“ERP”) to extend my current insurance coverage for 7 years beyond the expiry date of my current policy.
- This ERP allows me to report future claims against me as they relate to claims of negligence and/or wrongful acts committed or alleged to have been committed by me prior to the effective date of my retirement.
- if I choose to purchase an ERP I must comply with all requirements of the AIC Professional Liability Insurance Program including that I must:
  - Maintain retired membership in good standing with the AIC and
  - fulfill the pledges made in this document.

**Reinstatement:** I understand that if I wish to change my membership status with the AIC from retired to active, I must comply with the reinstatement policies the AIC has in effect at that time; and that any outstanding sanctions, fines, costs or other requirements placed in abeyance upon my retirement and will become prerequisites for reinstatement.

AACI     CRA     Candidate

Full Name (Print) \_\_\_\_\_ Member Number \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_