

The LUTCF/FSS Designation Application

Applicant: Mail application to Registrar, The American College, 270 S. Bryn Mawr Avenue, Bryn Mawr, PA 19010. Please allow 4 – 6 weeks for processing. For more information about the designation, call 1-877-655-5882 or 1-610- 526-1180. Please type or print legibly. The name on the diploma will be printed as requested on this application. **This application should be submitted only upon successful completion of the five FA courses and an ethics course.**

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____ Apt./Suite Number: _____

City: _____ State: _____ Zip Code: _____

Office Phone: _____ Office Fax: _____

Social Security Number: _____ Date of Birth: (m/d/y) _____

E-mail Address: _____

Homepage Address: _____

Type legal name for engraving on diploma: (First, Middle, Last) _____

IMPORTANT: NAIFA dues **must be paid in the year of conferment** in order to qualify for LUTCF/FSS. (Please attach proof of membership)

I belong to the _____ association of NAIFA.

I am a member of MDRT: Yes No

Primary Insurance Company: _____

Home Office City and State: _____

A. I have successfully completed the following FA series courses in the years indicated:

Completed LUTCF Courses

Required

(FA 290) Ethics for the Financial Services Professional _____

Electives (5)

(FA 200) Techniques for Prospecting: Prospect or Perish _____

(FA 201) Techniques for Exploring Personal Markets _____

(FA 202) Techniques for Meeting Client Needs _____

(FA 211) Essentials of Disability Income Insurance _____

(FA 251) Essentials of Business Insurance _____

(FA 252) Essentials of Employee Benefits _____

(FA 255) Essentials of Long-Term Care Insurance _____

(FA 256) Essentials of Annuities _____

(FA 257) Essentials of Life Insurance Products _____

(FA 261) Foundations of Retirement Planning _____

(FA 271) Foundations of Estate Planning _____

(FA 281) Foundations of Senior Planning _____

Completed FSS Courses

Required

(FA 262) Foundations of Financial Planning: An Overview _____

(FA 263) Foundations of Financial Planning: The Process _____

(FA 290) Ethics for the Financial Services Professional _____

Electives (3)

(FA 200) Techniques for Prospecting: Prospect or Perish _____

(FA 201) Techniques for Exploring Personal Markets _____

(FA 202) Techniques for Meeting Client Needs _____

(FA 211) Essentials of Disability Income Insurance _____

(FA 251) Essentials of Business Insurance _____

(FA 252) Essentials of Employee Benefits _____

(FA 255) Essentials of Long-Term Care Insurance _____

(FA 256) Essentials of Annuities _____

(FA 257) Essentials of Life Insurance Products _____

(FA 261) Foundations of Retirement Planning _____

(FA 271) Foundations of Estate Planning _____

(FA 281) Foundations of Senior Planning _____

B. I have completed and passed the examination for:

- Piecing Together the Ethical Puzzle **OR**
- Charting an Ethical Course **OR**
- Charting an Ethical Course for the Multiline Agent **OR**
- Ethics for the Financial Services Professional

Written proof is enclosed. Please provide the following information regarding your completion of the ethics course requirement.

If by seminar, name of moderator: _____ Date: _____ Location: _____

If by self study, name of proctor: _____ Date: _____ Location: _____

If through company, name of company: _____ Date: _____ Location: _____

C. Please add my name to the LUTCF Online Directory after my application has been approved. Yes No

To the best of my knowledge and belief, the statements made on this application are true and correct. In consideration of the award of the designation to me, I acknowledge and agree that NAIFA and The American College shall jointly have the authority to (1) establish and from time to time change the conditions under which the designation is to be awarded and used, and (2) suspend, revoke, or modify in writing my privilege to use the designation for good cause, of which they shall be the sole and final judge. I further agree that in addition to NAIFA's membership records, a decisive factor in the determination of my eligibility for the designation shall be the official records of The American College. I also promise that I will not use the designation except as authorized pursuant to this agreement.

Signature _____ **Date** _____

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