

| Date: | | | • | | | |
|-------------------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------|-----------------|--|
| То: | | OARD OF DIRECTORS HICAGO ESTATE PLANNING COU | NCIL | | | |
| RE: | Sp | ponsor Form for the following Applicant: | | | | |
| Name | e | | | | | |
| Firm/Organization | | nization | Email | Telephone# | Telephone# | |
| Appl | icant | 's Recognized Credential: | | | | |
| | | ASA - Associate of the Society of Ac CFP - Certified Financial Planner ChFC - Chartered Financial Consulta CLU - Certified Life Underwriter CPA - Certified Public Accountant | | ☐ CPWA - Certified Private Wea ☐ CTFA - Certified Trust and Fin ☐ CVA - Certified Valuation Ana ☐ J.D Juris Doctor | nancial Advisor | |
| Leng | th of | time acquainted with applicant: | Is app | olicant a member of your firm? | Yes No | |
| - | | ng the following boxes, you are indication in a requirements as contained in Articles | _ | | meets the | |
| вот | H O | F THE FOLLOWING BOXES MU | ST BE CHECKI | ED: | | |
| | 1. | The Applicant is currently engaged in estate planning (defined below) as a professional in the fields of law accounting, insurance, financial planning, wealth management, trust and estate administration, planned giving, or valuation services; | | | | |
| | 2. | The Applicant has engaged in estate planning as a professional for a minimum of five years for regular membership or two years for associate membership. | | | | |
| ONE | OF' | THE FOLLOWING BOXES MUS | T BE CHECKEI |) : | | |
| | 3. | The Applicant has demonstrated a significant commitment to estate planning either by: | | | | |
| | | Acquiring a recognized credential of his or her profession that enhances his or her ability to provide estate planning services [Recognized credentials shall include JD, CPA, CFP, CPWA, CLU, ChFC, ASA, CVA, CTFA and other such credentials as the Board shall from time to time approve] | | | | |
| | | OR | | | | |
| | | By making an equivalent contribution | on to the profession | on or to his or her professional devel | opment and | |

We define estate planning as the process of arranging, accumulating, and preserving a person's property so as to gain maximum benefit of the applicable laws relating to the ownership and transfer of property while carrying out the person's own wishes for the disposition of his or her property during life and upon death.

| Sponsor's Firm Emai | Email | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--|
| Sponsor's Name (Please Print) | Telephone Number | |
| Signature of Sponsor | | |
| 0. 4 00 | | |
| membership, and I believe the applicant will further the purposes of the Council | 1 | |
| I am a current CEPC Member and I recommend approval of the above applicant | t. I am pleased to sponsor the | |
| By signing this form, you acknowledge that you believe the applicant possesses ethical standards consistent with the purposes of the council as set forth by the E | | |
| | | |
| Please describe your interactions with the applicant in an estate planning contex | rt. | |
| | | |
| If the applicant does not have a Recognized Credential, please provide detail as an equivalent contribution to the profession or his or her professional development | * * | |

Return completed application to Chicago Estate Planning Council info@cepcweb.org