

LAUREATE IN WEALTH STRATEGIES APPLICATION PROTOCOL

TO COMPLETE YOUR LAUREATE IN WEALTH STRATEGIES (LWS) PROGRAM APPLICATION PLEASE:

Fax your Application and Curriculum Vitae to (858) 200-1922 or mail it to:

Acceptance Committee
Laureate in Wealth Strategies
3636 Nobel Drive, Suite 450
San Diego, California 92122

QUESTIONS ABOUT THE PROGRAM?

Please call Jennifer Hartwell at (858) 200-1911 ext. 117

APPLICATION & PROFILE

Please print or type your responses on the Application and Profile and return the completed form to the Laureate in Wealth Strategies Acceptance Committee.

CONTACT INFORMATION

Name _____
Company _____
Address _____
City _____ St _____ Zip _____
Phone _____ Fax _____
Email _____

Please tape your business card(s) here.

FORMAL EDUCATION

Please list the names of the college, graduate, or professional schools you attend, the years you attended, and the year of your graduation if applicable:

PROFESSIONAL EXPERIENCE

Please attach your Curriculum Vitae and list the dates of employment for all professional positions held by you during the past ten years of your career. Start with the most recent position, the firm for which you worked, and describe your primary duties and responsibilities.

Date	Position	Firm	Responsibilities
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PROFESSIONAL AFFILIATIONS

In the last three years have you served, or are you now serving, as a director, trustee, officer, or a committee member for any professional societies or organizations? _____ (Y / N) If “yes”, please provide the name of the organization and in what capacity you served or are serving:

CHARITABLE INVOLVEMENT

Have you served, or are you now serving, as a director, trustee, officer, or a committee member for any public charities or organizations? _____ (Y / N) If “yes”, please provide the name of the organization and in what capacity you served or are serving:

REGISTRATION AND LICENSES

	<i>State Admitted</i>	<i>Year Admitted or Acquired</i>
Attorney	_____	_____
CPA	_____	_____
Real Estate Sales/Broker Series	_____	_____
Life & Health Insurance	_____	_____
Property & Casualty	_____	_____
Variable Annuity	_____	_____
NASD	_____	_____
Series:	_____	_____
Series:	_____	_____
Series:	_____	_____

PROFESSIONAL DESIGNATIONS

	<i>Date Acquired</i>
Chartered Financial Consultant	_____
Certified Financial Planner	_____
Chartered Life Underwriter	_____
Others: _____	_____

CONTINUING EDUCATION

How many hours of continuing education-on average-do you *attend* annually? _____

How many hours of continuing education did you attend last year? _____

Please list and describe the types of courses you enjoy attending and the organizations whose programs you received the most benefit from:

BUSINESS OVERVIEW

Please briefly describe your practice or business to enable us to understand your client process and how you typically serve their various planning needs:

ACHIEVEMENTS AND AWARDS

What special achievements, awards, or honors have you accomplished or earned that you would like to share with us? (attach additional sheets if necessary):

COLLABORATION

In serving the needs of your clients, to what extent do you interact with attorneys, CPAs, bankers, trust officers, insurance professionals, financial planners and other planning professionals? Please describe how your efforts involve interaction with these allied professionals:

PROFESSIONAL MEMBERSHIPS

Please check those organizations to which you *currently* belong:

- American Academy of Estate Planning Attorneys
- American Bankers Association
- American Bar Association
- American Institute of Certified Public Accountants
- International Association of Advisors in Philanthropy
- Million Dollar Round Table
- National Association of Family Wealth Counselors
- National Association of Philanthropic Planners
- National Network of Estate Planning Attorneys
- Society of Financial Services Professionals
- Top of the Table
- WealthCounsel

Other(s):

OTHER BUSINESS INTERESTS

Are you serving as a director or officer of other businesses serving clients in a professional capacity: _____
(Y / N) If “yes”, please describe the business and your involvement:

REFERENCES

Please list the names and telephone numbers of three colleagues in your profession who can affirm your professional capabilities.

Name

Telephone

_____	_____
_____	_____
_____	_____

AREAS OF INTEREST

To what extent have you been involved in the following areas in serving your clients?
(Mark 0-10 with 0 being no involvement and 10 being total involvement)

- | | |
|---|---|
| <input type="checkbox"/> Asset Management | <input type="checkbox"/> IRA Rollover Planning |
| <input type="checkbox"/> Certified Public Accountant | <input type="checkbox"/> Income Tax Strategies |
| <input type="checkbox"/> Charitable Foundations | <input type="checkbox"/> Individual Stocks & Bonds |
| <input type="checkbox"/> Charitable Lead Trusts | <input type="checkbox"/> Irrevocable Life Insurance Trusts |
| <input type="checkbox"/> Charitable Remainder Trusts | <input type="checkbox"/> Life Insurance Analysis & Implementation |
| <input type="checkbox"/> Cross Purchase Agreements | <input type="checkbox"/> Life Insurance & Retirement Planning |
| <input type="checkbox"/> Disability Insurance | <input type="checkbox"/> Living Trust Planning |
| <input type="checkbox"/> Employee Stock Ownership Plans | <input type="checkbox"/> Lump-Sum Distribution Planning |
| <input type="checkbox"/> Entity Purchase Agreements | <input type="checkbox"/> Marital Deduction Planning |
| <input type="checkbox"/> Family Partnership Planning | <input type="checkbox"/> Mutual Funds |
| <input type="checkbox"/> Fixed and Variable Annuities | <input type="checkbox"/> Non-Qualified Deferred Compensation Plans |
| <input type="checkbox"/> Federal Estate Planning | <input type="checkbox"/> Post-Mortem Tax Planning |
| <input type="checkbox"/> Federal Gift Tax Planning | <input type="checkbox"/> Post-Mortem Administration |
| <input type="checkbox"/> Fund Management | <input type="checkbox"/> Premium Finance Life Insurance Arrangements |
| <input type="checkbox"/> 401k Plans | <input type="checkbox"/> Qualified Deferred Compensation Plans |
| <input type="checkbox"/> Funding Living Trusts | <input type="checkbox"/> Retirement Income Analysis |
| <input type="checkbox"/> Generation Skipping Trust Planning | <input type="checkbox"/> Retirement Plan Excess Distribution Planning |
| <input type="checkbox"/> Grantor Retained Annuity Trusts | |
| <input type="checkbox"/> Group Insurance | |
| <input type="checkbox"/> Grantor Retained income Trusts | |

- | | |
|--|--|
| <input type="checkbox"/> Retirement Plan Minimum Distribution Planning | <input type="checkbox"/> Survivor Access Trusts |
| <input type="checkbox"/> Sales to Grantor Trusts | <input type="checkbox"/> Testamentary Planning |
| <input type="checkbox"/> Stock Redemption Agreements | <input type="checkbox"/> Trust Accounting |
| | <input type="checkbox"/> Trust & Estate Administration |

AFFIRMATIONS

If the answers to any of the following questions are “yes”, please provide a thorough explanation.

- | YES | NO | |
|------------|-----------|--|
| _____ | _____ | Has any professional license of yours been denied, suspended or revoked, or is there now pending any proceeding to deny, suspend or revoke any license, registration or permit for application to practice any profession, occupation or vocation? |
| _____ | _____ | Have you withdrawn any application for a professional license, registration, or permit? |
| _____ | _____ | Have you ever been convicted or pleaded guilty or nolo contendere or otherwise consented to any felony or misdemeanor other than minor traffic offenses? |
| _____ | _____ | During your professional career, have you ever had a temporary or permanent injunction or administrative order entered against you or a firm in which you were an owner, partner or shareholder? |
| _____ | _____ | During your professional career, have you or a firm in which you were an owner, partner or shareholder ever been subject to a legal action or arbitration proceeding relative to the rendering of financial advice or counsel? |

PLEASE READ THE FOLLOWING AFFIRMATIONS THOROUGHLY AND INDICATE YOUR AGREEMENT BY INITIALIZING ON THE APPROPRIATE LINE:

Initials

- | | |
|-------|---|
| _____ | I have been directly and actively involved in the comprehensive practice of financial and insurance planning with my own clients for a period of at least five years. |
| _____ | I have not been dismissed or terminated from a broker-dealer association. |
| _____ | I have not been involved in any professional disciplinary proceedings or legal actions other than those that I have explained thoroughly with this application. |

I certify that the information and supporting documentation submitted with this application have been assembled and reviewed by me personally, and that all of it is true and accurate to the best of my knowledge. I hereby authorize the Laureate in Wealth Strategies Program to check my references.

Applicant’s Signature _____ Date _____

The *Southern California Institute* and the *Advanced Wealth Studies Institute, LLC* certify that the information and supporting documentation in this application is personal to its staff and employees, and that it will be used exclusively for purposes of qualifying the applicant for participation in The Laureate in Wealth Strategies Program.

The Laureate in Wealth Strategies Program further agree not to share any of this information with third parties other than to perform its due diligence on the information supplied on this application.

**FOR USE BY THE LAUREATE IN WEALTH STRATEGIES
ACCEPTANCE COMMITTEE ONLY**

This application is respectfully:

- Accepted
- Declined

By: _____

Date: _____

Title: _____

