



National Association of *Estate Planners & Councils*

1120 Chester Avenue – Suite 470 – Cleveland, Ohio 44114

ACCREDITED ESTATE PLANNER CHECK LIST **BOARD NOMINATED AEP CANDIDATES *ONLY***

INSTRUCTIONS TO APPLICANT

Please make sure that all of the following materials are included when returning your application to the NAEPC National Office. If you have any questions or need additional information, please call (866) 226-2224.

Please forward your completed packet to: National Association of Estate Planners & Councils
1120 Chester Ave., Suite 470
Cleveland, OH 44114-3514

- _____ Completed Application (pgs. 2, 3 & 4), including Declaration Page (pg. 5)
- _____ Copy of licenses and/or certificates for each license, degree, and/or designation
- _____ Board Member Declaration Page (pg. 6)
- _____ Membership Verification Page (pg. 7) *or* \$80 NAEPC at-large dues
- _____ Fees
 - _____ ~~\$250 Application Fee~~ \$125 non-refundable fee for board nominated candidates
 - _____ \$100 Yearly AEP Dues
 - _____ \$80 At-Large Dues (if necessary)

All checks should be made payable to NAEPC.

*Newly designated AEP's joining after July 1 will not be required to pay AEP dues for the following year.

COMMENTS

ALL REQUIRED FORMS ARE INCLUDED IN THIS PACKET



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APPLICATION

**FOR DESIGNATION AS AN ACCREDITED ESTATE PLANNER
BOARD NOMINATED AEP CANDIDATES ONLY**

PERSONAL INFORMATION *(Please print or type)*

Name _____

S.S. # _____ Date of Birth _____

Professional Designation(s) / Degree(s) _____

Name of Firm or Organization _____

Title _____

Business Address _____

City _____ State _____ Zip _____

Telephone Number _____ FAX Number _____

E-Mail Address _____

Web Address for listing on NAEPC Website _____

Home Address _____

City _____ State _____ Zip _____

Home Telephone Number _____

Alternative E-Mail Address _____

Please send correspondence to () business address or () home address.



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PROFESSIONAL CREDENTIALS

My professional license(s) / designation(s) (listed below) are currently in effect:

- CPA Certificate Number _____ by State of _____ Year Issued _____
- State Bar License Number _____ by State of _____ Year Issued _____
- CLU Identification Number _____ by State of _____ Year Issued _____
- ChFC Identification Number _____ Year Attained _____
- CFP® Identification Number _____ Year Attained _____
- CTFA Identification Number _____ Year Attained _____

*Please supply a copy of licenses and/or certificates for each license, degree, and/or designation.

PROFESSIONAL DISCIPLINE

I am presently engaged in “estate planning activities” *primarily* (check only one primary discipline) as:

An Attorney _____, an Accountant (CPA) _____, a Life Insurance Professional (CLU) _____,
a Financial Planner (ChFC or CFP®) _____, or a Trust Officer (CTFA) _____.

EXPERIENCE REQUIREMENT

I have the required experience in estate planning activities in one or more of the aforementioned disciplines. Detailed below is the *percentage* of my time devoted to estate planning activities (practice, educational activities, etc.) in the indicated years. (Please refer to the definition of estate planning and estate planning activities on page 4 when answering these questions.)

Current Year _____ Last Year _____ 2 Years Ago _____ 3 Years Ago _____ 4 Years Ago _____

Total Years of Experience in Estate Planning: _____ *

*(15+ years required for board nominated candidates)



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Estate planning encompasses the accumulation, conservation, preservation, and transfer of an estate through planning and implementation of an estate plan. The overall purpose of the estate planning process is to develop a plan that will maintain the financial security of individuals and their families. Estate planning has come to include lifetime planning that leads to conservation and transfer of assets. Estate planning should also facilitate the intended and orderly transfer of property at death, taking into consideration the family unit and the potential costs of different methods.

Estate planning activities could include the following functions appropriate to the applicant’s respective discipline(s):

- Administering estates and trusts
- Analyzing existing life insurance coverage for continuing relevance
- Analyzing proposed transactions for estate and gift tax implications
- Attending estate planning council meetings and other estate planning educational events
- Business succession planning
- Charitable/gifting planning
- Designing estate plans
- Designing qualified and non-qualified retirement plans
- Developing strategies to minimize potential estate and gift taxes
- Developing programs to conserve assets during lifetime and at death
- Drafting estate planning documents
- Life settlements of life insurance policies
- Preparing estate and gift tax returns
- Preparing fiduciary accountings
- Preparing fiduciary income tax returns
- Probating wills & administering estates
- Proposing life insurance solutions consistent with estate plans
- Retirement distribution planning
- Succession planning

Note: A full time professor at a college, university, or school of law who teaches courses in estate planning, estate tax, or business continuation planning will be considered engaged in estate planning activities.

AFFILIATED LOCAL ESTATE PLANNING COUNCIL MEMBERSHIP REQUIREMENT

_____ I am a member, in good standing, of the _____ Estate Planning Council.

Is this Council affiliated with the NAEPC? _____ yes _____ no*

OR

_____ I am not a member of an affiliated estate planning council because*
(Examples: geographic restrictions, restrictions on membership, etc.)

Name of unaffiliated estate planning council: _____

*If you are not a member of an affiliated Council because a council is not available to you, please include \$80.00 for Individual/At-Large NAEPC membership dues in your remittance.



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APPLICANT DECLARATIONS

I certify that I am in good standing with my professional organization and/or license authority.

I agree to continuously abide by the NAEPC Code of Ethics. A copy can be found by visiting the NAEPC website, www.naepc.org.

I hereby acknowledge that I understand the team concept of estate planning and agree to abide by such concept while holding the designation of ACCREDITED ESTATE PLANNER.

I certify that I have satisfied a minimum of thirty (30) hours of continuing education during the previous twenty-four (24) months, of which at least fifteen (15) hours have been in estate planning. I also understand that I may be required to produce documentation substantiating any activity for which I claim credit.

I authorize the NAEPC to contact any person whom I have named as a reference and to contact my applicable licensing or regulatory authority regarding my credentials, and I authorize such persons or authorities to respond to any inquiry.

*Further, I agree, upon receiving the designation of ACCREDITED ESTATE PLANNER, to maintain membership in an affiliated estate planning council where such membership is available, or as an At-Large Member in the National Association of Estate Planners & Councils, and to abide by any continuing education and **re-certification** requirements for ACCREDITED ESTATE PLANNERS. Furthermore, I understand that, as an ACCREDITED ESTATE PLANNER, I am required to maintain annual AEP membership in order to use the designation. Furthermore, I understand that, if I do not comply with the above requirements, I am ineligible to use the AEP designation or represent myself as an ACCREDITED ESTATE PLANNER. I agree and acknowledge that, if I use the AEP designation after my right to do so has been rightfully terminated by the NAEPC, then I will be subject to injunctive relief through the courts of such jurisdiction wherein (1) the NAEPC then has its administrative offices, (2) the NAEPC is incorporated, or (3) the then current President of the NAEPC resides. I further agree and acknowledge that I shall be liable for all costs, including attorney fees, incurred by the NAEPC in obtaining such injunctive relief.*

I hereby certify that the information in this application is true and correct to the best of my knowledge and belief. If any of the above statements is determined to be false, or if I do not, in fact, meet the aforementioned requirements, I agree to surrender any certificate that may have been awarded and promptly cease to represent myself as an ACCREDITED ESTATE PLANNER, and I authorize the National Association of Estate Planners & Councils to publicize the removal of my designation as an ACCREDITED ESTATE PLANNER.

NAME (Please print or type) _____

Signature _____ Date _____



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**NATIONAL BOARD MEMBER NOMINATION
ACCREDITED ESTATE PLANNER (AEP) DESIGNATION CANDIDATE**

WHEREAS; each National Board Member of the National Association of Estate Planners & Councils is permitted to honor five qualified professionals per calendar year, in any of the qualifying designations, by nominating them for the Accredited Estate Planner (AEP) designation; and

WHEREAS; although, the National Board Member recommendation will replace the existing reference requirements, the remaining qualifications, including the council membership verification form, are still required to be met; and

WHEREAS; the application fee shall be equal to that of the Council Nominated AEP candidate (currently \$125); and

WHEREAS; said candidate nominee is a [Attorney, CPA, CLU, ChFC, CFP®, or CTFA], and is presently and significantly engaged in estate planning activities as a [attorney, accountant, life insurance professional, financial planner or trust officer]; and

WHEREAS; said candidate has fifteen or more years of experience in estate planning and estate planning activities, is recognized in the community as a distinguished estate planner, embraces the team concept of estate planning and adheres to the NAEPC's professional code of ethics;

NOW THEREFORE; I declare my nomination of _____ as an Accredited Estate Planner (AEP) candidate pursuant to the NAEPC Accredited Estate Planner Designation Handbook.

Name of National Board Member

Signature of National Board Member

Date



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AFFILIATED ESTATE PLANNING COUNCIL MEMBERSHIP VERIFICATION FOR DESIGNATION AS AN ACCREDITED ESTATE PLANNER

PLEASE PRINT OR TYPE

_____ is an applicant for designation as an ACCREDITED ESTATE PLANNER and completion of this form is required. Your response to this inquiry is very much appreciated and will be held in the strictest confidence.

INSTRUCTIONS FOR COMPLETING THIS FORM

1. Use this form for your response.
2. Base your response on information personally known to you or the officers of your Estate Planning Council.
3. Be sure to have the form signed by both the current Council President and one additional officer.
4. Either return this form to the applicant or mail it directly to the NAEPC at:
NAEPC ~ 1120 Chester Ave., Suite 470 ~ Cleveland, OH 44114-3514

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Is the applicant a member in good standing of your Council?
____ Yes ____ No
2. If "Yes", under which designation is the membership held?
____ Attorney ____ CPA ____ Trust Officer ____ CLU ____ ChFC/CFP® ____ Other
3. Estimate the number of years the applicant has been a member of your local council: _____
4. How long has the applicant been involved in estate planning?
____ 5-10 years ____ 10-15 years ____ 15-20 years ____ 20+ years
5. Do you recommend this individual for the AEP designation? ____ Yes ____ No
6. Do you know of any reason why this applicant should not be awarded the AEP designation?

NAME AND LOCATION OF COUNCIL _____

ADDRESS _____

CITY, STATE, ZIP _____

TEL. NO. () _____ FAX NO. () _____

E-MAIL _____ DATE _____

PRESIDENT'S SIGNATURE _____

SIGNATURE OF ADDITIONAL OFFICER _____

OFFICE HELD _____