



# National Association of Estate Planners & Councils

1120 Chester Avenue – Suite 470 – Cleveland, Ohio 44114

## ACCREDITED ESTATE PLANNER® DESIGNATION AEP® EMERITUS STATUS FORM for Disability

AEP® Emeritus Status for Disability is defined as:

- Is totally disabled as evidenced by one of the following: a determination by a private disability insurance carrier, the Social Security Administration, or a medical doctor
- Has held the AEP® designation in good standing for at least five (5) consecutive years immediately prior to disability unless the AEP® Committee, in its discretion, determines that a lesser amount of time is appropriate under an individual's specific circumstances

An AEP® Emeritus is exempt from the continuing education requirement and the Affiliated Local Council membership, and is responsible for only half (currently \$62.50) of the regular yearly dues. The remainder of the annual recertification requirements must be met. If you choose to remain active in an Affiliated Local Estate Planning Council, please provide the name here:

I, \_\_\_\_\_, hereby certify that:

- 1) I am totally disabled and am providing herewith evidence of a determination to such effect by a private disability insurance carrier, the Social Security Administration, or a medical doctor;
- 2) I am currently licensed or currently hold the designations on record as my primary discipline, the same is (are) in good standing, and I am not the subject of any current disciplinary investigation;
- 3) If I am one of the persons randomly selected for audit, I will promptly supply third-party verification, or information from which third-party verification may be obtained, regarding any of the foregoing;
- 4) I have been an AEP® in good standing (dues paid) for at least five (5) consecutive years immediately prior to disability (if less than five (5) consecutive years, please explain).

I agree that:

- 1) I will continuously abide by the NAEPC Code of Ethics;
- 2) I will adhere to the team concept of estate planning; and
- 3) NAEPC may contact my applicable licensing authorities or designating organizations regarding my credentials, and I authorize such authorities, organizations, and providers to respond to any such inquiry.

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

Printed Name \_\_\_\_\_

Telephone \_\_\_\_\_

For office use only	Status accepted: Y N
Reviewed by: _____	
Date: _____	