



# 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 of the regular yearly dues (current Emeritus dues are \$75). 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 approach my client relationships with a focus on 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: _____	