



National Association of Estate Planners & Councils

1120 Chester Avenue – Suite 470 – Cleveland, Ohio 44114

ACCREDITED ESTATE PLANNER® DESIGNATION AEP® EMERITUS STATUS FORM for Retirement

AEP® Emeritus Status for Retirement is defined as:

- Is substantially retired
- Is age sixty (60) or older OR whose current chronological age plus the number of years of continuous and significant involvement in estate planning (15 years minimum) totals sixty-five (65) years or more
- Has fifteen (15) years of continuous and significant involvement in estate planning
- Has held the AEP® designation in good standing for at least five (5) consecutive years immediately prior to retirement

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 a member of an Affiliated Local Council, please provide the name of the council here:

I, _____, hereby certify that:

- 1) I am substantially retired and am sixty (60) years of age OR my age plus the number of years of continuous and significant involvement in estate planning (15 years minimum) totals sixty-five (65) years or more;
- 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 fifteen (15) years of continuous and significant involvement in estate planning;
- 5) I have been an AEP® in good standing (dues paid) for at least five (5) consecutive years immediately prior to retirement.

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: _____	