

# The LUTCF/FSS Designation Application

**Applicant:** Mail application to Registrar, The American College, 270 S. Bryn Mawr Avenue, Bryn Mawr, PA 19010. Please allow 4 – 6 weeks for processing. For more information about the designation, call 1-877-655-5882 or 1-610- 526-1180. Please type or print legibly. The name on the diploma will be printed as requested on this application. **This application should be submitted only upon successful completion of the five FA courses and an ethics course.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt./Suite Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: (m/d/y) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Homepage Address: \_\_\_\_\_

Type legal name for engraving on diploma: (First, Middle, Last) \_\_\_\_\_

**IMPORTANT:** NAIFA dues **must be paid in the year of conferment** in order to qualify for LUTCF/FSS. (Please attach proof of membership)

I belong to the \_\_\_\_\_ association of NAIFA.

I am a member of MDRT: Yes No

Primary Insurance Company: \_\_\_\_\_

Home Office City and State: \_\_\_\_\_

## A. I have successfully completed the following FA series courses in the years indicated:

### Completed LUTCF Courses

#### Required

(FA 290) Ethics for the Financial Services Professional \_\_\_\_\_

#### Electives (5)

(FA 201) Techniques for Exploring Personal Markets \_\_\_\_\_  
(FA 202) Techniques for Meeting Client Needs \_\_\_\_\_  
(FA 211) Essentials of Disability Income Insurance \_\_\_\_\_  
(FA 251) Essentials of Business Insurance \_\_\_\_\_  
(FA 252) Essentials of Employee Benefits \_\_\_\_\_  
(FA 255) Essentials of Long-Term Care Insurance \_\_\_\_\_  
(FA 256) Essentials of Annuities \_\_\_\_\_  
(FA 257) Essentials of Life Insurance Products \_\_\_\_\_  
(FA 261) Foundations of Retirement Planning \_\_\_\_\_  
(FA 271) Foundations of Estate Planning \_\_\_\_\_  
(FA 281) Foundations of Senior Planning \_\_\_\_\_

### Completed FSS Courses

#### Required

(FA 262) Foundations of Financial Planning: An Overview \_\_\_\_\_  
(FA 263) Foundations of Financial Planning: The Process \_\_\_\_\_  
(FA 290) Ethics for the Financial Services Professional \_\_\_\_\_

#### Electives (3)

(FA 201) Techniques for Exploring Personal Markets \_\_\_\_\_  
(FA 202) Techniques for Meeting Client Needs \_\_\_\_\_  
(FA 211) Essentials of Disability Income Insurance \_\_\_\_\_  
(FA 251) Essentials of Business Insurance \_\_\_\_\_  
(FA 252) Essentials of Employee Benefits \_\_\_\_\_  
(FA 255) Essentials of Long-Term Care Insurance \_\_\_\_\_  
(FA 256) Essentials of Annuities \_\_\_\_\_  
(FA 257) Essentials of Life Insurance Products \_\_\_\_\_  
(FA 261) Foundations of Retirement Planning \_\_\_\_\_  
(FA 271) Foundations of Estate Planning \_\_\_\_\_  
(FA 281) Foundations of Senior Planning \_\_\_\_\_

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**B. I have completed and passed the examination for:**

- Piecing Together the Ethical Puzzle **OR**
- Charting an Ethical Course **OR**
- Charting an Ethical Course for the Multiline Agent **OR**
- Ethics for the Financial Services Professional

*Written proof is enclosed. Please provide the following information regarding your completion of the ethics course requirement.*

If by seminar, name of moderator: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

If by self study, name of proctor: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

If through company, name of company: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

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**C. Please add my name to the LUTCF Online Directory after my application has been approved.** Yes No

To the best of my knowledge and belief, the statements made on this application are true and correct. In consideration of the award of the designation to me, I acknowledge and agree that NAIFA and The American College shall jointly have the authority to (1) establish and from time to time change the conditions under which the designation is to be awarded and used, and (2) suspend, revoke, or modify in writing my privilege to use the designation for good cause, of which they shall be the sole and final judge. I further agree that in addition to NAIFA's membership records, a decisive factor in the determination of my eligibility for the designation shall be the official records of The American College. I also promise that I will not use the designation except as authorized pursuant to this agreement.

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

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