

ESTATE PLANNING COUNCIL OF SEATTLE

Membership Application

Name _____

Firm _____

Business Address _____

Phone _____ Fax _____ E-Mail _____

EPC Mission Statement

The mission of the EPC of Seattle is to “promote the highest quality estate planning services in the Pacific Northwest - by developing and improving the capabilities of the Council members, fostering co-operation among the professional disciplines in the field, and by familiarizing the public about estate planning matters.”

I hereby apply for membership to the Estate Planning Council of Seattle. I represent that I meet the membership requirements:

- An applicant must be practicing estate planning in one of the following categories: (i) law, (ii) accounting, (iii) insurance, (iv) financial planning, (v) trusts and estate management, (vi) valuations, or (vii) philanthropic planning.
- An applicant must be a credentialed professional. The nominee is a credentialed professional if, in any jurisdiction of the United States of America, the nominee is (a) a licensed attorney (JD), (b) a licensed Certified Public Accountant (CPA), (c) a designated Chartered Life Underwriter (CLU), a (d) a designated Chartered Financial Consultant (ChFC), (e) a CERTIFIED FINANCIAL PLANNER™ (CFP®), (f) a licensed Certified Public Accountant accredited as a Personal Financial Specialist (CPA/PFS), (g) a designated Chartered Financial Analyst (CFA), (h) a designated Certified Trust and Financial Advisor (CTFA), (i) a licensed Certified Public Accountant accredited in Business Valuation (CPA/ABV), (j) a designated Accredited Senior Appraiser in Business Valuations (ASA), (k) a designated Certified Valuation Analyst (CVA), (l) a designated Chartered Advisor in Philanthropy (CAP), (m) a designated Certified Specialist in Planned Giving, or (n) an Accredited Estate Planner (AEP).
- An applicant must have practiced estate planning as a credentialed professional for at least three (3) years.

- An applicant must be involved in estate planning on a regular basis in the greater Seattle metropolitan area.

I understand that (i) continued membership is dependent upon my regular attendance at quarterly dinner meetings, and (ii) the Council membership roster is confidential and is restricted in its uses, except with express authorization of the Council Executive Committee.

This application will not be considered unless it is complete and signed by two sponsors, one of whom must be in the same category as the Applicant, and one from a different category.

Ethics Certification: I certify that I continue to uphold the highest ethical standards and observe all ethical rules established by the governing body of my profession, and that I have never been reprimanded, censured, or disciplined for an ethical violation by my profession's governing body

_____ Yes

_____ No

If no, indicate date and outcome: _____

Applicant Qualifications

Category: _____ Credentials: _____

1. How long have you been in your current profession? _____years
2. How long have you been in an estate planning practice? _____years
3. What % of your time is involved in estate planning (see Addendum)? _____%
4. List the names of Professional Associations to which you currently belong and how long you have been a member (optional)

Dated: _____ X _____

(Applicant's signature)

Sponsorship

Sponsors have responsibility to ascertain that the applicant meets membership requirements previously stated and must be an EPCS member in good standing

One Sponsor from a different Category

I recommend the above candidate for membership in the Estate Planning Council of Seattle and confirm and certify he/she is actively engaged in the field of estate planning, working in a different membership category than mine. I do not work in the same firm, office or for the same employer as the candidate.

Signed: _____
(Sponsor signature) (Print name and category)

One Sponsor from the same Category

I recommend the above candidate for membership in the Estate Planning Council of Seattle and confirm and certify he/she is actively engaged in the field of estate planning, working in the same membership category. I do not work in the same firm, office or for the same employer as the candidate.

Signed: _____
(Sponsor signature) (Print name and category)

*If the nominee is unable to fulfill the above listed sponsor requirements, we encourage them to email: info@epcseattle.org to request an introduction to a member of our Executive Committee.

Addendum

Estate Planning Activities Defined

Planning for the disposition of property

The protection of assets from estate, gift, and income taxation

Providing or protecting assets at death to enhance liquidity to pay for the costs of transferring assets to others or for accomplishing other goals

Planning for and/or dealing with trusts, or other entities, or financial instruments such as life insurance or annuities

The management of trusts or other entities having the effect of protecting assets for others and/or directing the use of assets as determined by the individual(s) who established those trusts or other entities to benefit their families, charities or for other purposes

Return entire form to:

Jenna Olson, Council Administrator

Estate Planning Council of Seattle

2400 NW 80th Street

PMB #140, Seattle, WA 98139

Telephone 206-228-9351

email : info@epcseattle.org