



ESTATE PLANNING COUNCIL

of New York City, Inc.

230 Washington Ave Ext., Suite 101
Albany, NY 12203
Phone: 855.293.0784
Fax: 518.463.8656
Email: epcnyc@caphill.com

Membership Application

NAME _____ Professional Designation(s) _____

COMPANY OR FIRM Name _____

Address _____

City, State, Zip _____

Business Phone _____

Preferred Email Address _____

HOME ADDRESS Address _____

City, State, Zip _____

OTHER PHONE [] Home or [] Cell _____

List names of Professional Associations to which you currently belong (ie: Bar Association, Association of Insurance and Financial Advisors, NY Chapter Society of Financial Service Professionals, CPA Society, etc.) and how long a member:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Brief Biography: (College and Graduate Schools, with dates of graduation; names of firms with which you have been associated, dates; etc.)

Describe IN DETAIL how you meet the requirements of both sec.2.02.a and 2.02b of the attached bylaws (attach separate page or resume if necessary).

Would you be interested in joining one of EPCNYC's Committees? Yes No Unsure

Please read the membership Bylaws below. After reviewing the requirements for each Group, please initial the Group for which you are requesting admission and initial each of the criteria required for entry into that Group certifying that you meet the requirement.

Please select one Group only.

Estate Planning Council of New York City, Inc. Bylaws

ARTICLE II: MEMBERSHIP

Section 2.01 GROUPS OF MEMBERS

The Corporation's membership shall be divided into five (5) Groups, called the "Accountancy Group," the "Banking and Allied Financial Services Group," the "Law Group," and the "Life Insurance and Financial Planning Group," and the "Affiliated Group." The term "Group" means each of these Groups.

Section 2.02 QUALIFICATIONS FOR ADMISSION TO MEMBERSHIP

(a) Principal Qualifications

The principal qualifications for admission to membership are experience, background, interest and current involvement in estate planning.

(b) Additional Qualifications

In addition to the Principal Qualifications, each applicant for membership must meet the following additional qualifications for admission to a Group.

___(i) Accountancy Group

An applicant for admission to the Accountancy Group must be a certified public accountant:

- ___(A) whose principal occupation is the practice of accountancy; or
- ___(B) who is employed by a law firm, insurance company, bank or trust company, or a company engaged in estate and financial planning.

___(ii) Banking and Allied Financial Services Group

An applicant for admission to the Banking and Allied Financial Services Group must be:

- ___(A) an officer of a bank or trust company;
- ___(B) a person engaged in wealth or asset management who is
 - ___(i) a Certified Financial Planner, or
 - ___(ii) has a minimum of five years' experience as a wealth or asset manager;
- ___(C) an appraiser who is a member of the Appraisal Institute or a member of the American Society of Appraisers;

or

- ___(D) a person who is approved by the Board as being primarily engaged in estate planning or whose principal occupation is educating or training persons in estate planning or publishing or editing materials relating to estate planning, and who has an advanced certificate or an advanced degree acceptable to the Board or lengthy experience acceptable to the Board.

___(iii) Law Group

An applicant for admission to the Law Group must be admitted to practice law before the highest court in any jurisdiction:

- ___(A) whose principal occupation is the practice of law; or
- ___(B) who is employed by an accounting firm, insurance company, bank or trust company, or a company engaged in estate and financial planning.

____(iv) **Life Insurance and Financial Planning Group**

An applicant for admission to the Life Insurance and Financial Planning Group must hold a license to sell life insurance in any jurisdiction and must be a person:

- ____(A) who is an officer of a life insurance company whose principal duties involve estate planning or advanced underwriting;
- ____(B) who is an agent, manager or general agent of a life insurance company whose principal occupation is the sale of life insurance or the supervision of its sale; or
- ____(C) who has five years' experience in estate or financial planning and is a member of or is employed by an accounting firm, law firm, bank or trust company, or a company engaged in estate and financial planning.

____(v) **Affiliated Group**

With approval by the Board, a professional who works or provides services in the estate planning environment but does not fit into one of the core four groups as already defined in the by-laws.

Please note affiliated membership does not entitle a member to be:

- (A) Eligible for election as a Director or Officer of the Corporation;
- (B) Eligible to vote at any meeting of the corporation.

This Affirmation is submitted by the undersigned as part of the Application for Membership in the Estate Planning Council of New York City, Inc., and it is expressly agreed that the terms and conditions contained herein will govern the consideration and disposition of such Application.

I am submitting this Application for Membership subject to the by-laws and procedures of the Estate Planning Council of New York City, Inc., which provide for review of my experience, qualifications, education, professional affiliations, and other pertinent factors, initially by an Admissions Committee and then by the Director of the Council. I am aware that the non-acceptance of my Application will not reflect adversely on me and I expressly release the Council members of the Admission Committee, Officers, and Directors of any claim for damages of every kind and nature resulting from the non-acceptance of my Application. Furthermore, I acknowledge that the consideration of my Application is conditioned on the foregoing representations made by me.

DATE: _____

Signature of Applicant (Digital signatures accepted)

Completed application with \$100 deposit can be emailed to EPCNYC@caphill.com or mailed to:

Estate Planning Council of New York City, Inc.
230 Washington Avenue Extension, Suite 101
Albany, NY 12203

As membership acceptance is based on Board approval, the \$100 deposit is fully refundable. We will send an invoice with the remaining balance and welcome letter if the Board has approved your application.

Credit Card # _____ Expiration Date _____ CVC # _____

Name on card _____

Check made payable to "Estate Planning Council of New York City" enclosed for \$ _____

