

Knoxville Estate Planning Council

Sponsorship Form

Date _____

Applicant's Name _____

Sponsor's Name _____

Sponsor's Professional Affiliation (principal area of practice):

CLU/ChFC/CFP CPA Attorney Trust Officer Special

*Sponsors must be current members of KEPC and not from the applicant's place of employment.

Please describe your professional interaction with the Applicant and his or her estate planning practice. _____

How long have you known the Applicant in the Applicant's estate planning capacity?

Would you recommend the Applicant and his or her work to someone else?

Please include any other relevant information that would help us assess the Applicant.

Signature: _____

Thank you.

Return form to a board member or to:

Email: KEPCTN@gmail.com

Mail:

Knoxville Estate Planning Council PO
Box 53164
Knoxville, TN 37950