

# FINANCIAL PLANNING ASSOCIATION OF MINNESOTA

## RESOURCE PROGRAM

### *PRESENTED BY* MEMBERSHIP SERVICES COMMITTEE

- What is the resource program? The resource program is intended to provide specialized assistance for both experienced and inexperienced financial planners. It is intended to accomplish several goals including:
  - Improving professionalism
  - Reducing professional errors
  - Fostering greater confidence by the public in planners
- Why should we have a resource program? The resource program will provide opportunities for planners to expand services provided to their clients without having to refer their clients away. The program will provide planners with specialized expertise without having to interfere with or disrupt their practice.
- Why should individual members or allied professionals join the program? Both experience planners and allied professionals benefit from the resulting network and the ability to build greater professionalism between and among planners.
- Who is eligible to join the program? The resource program will be open to planners with specific expertise and allied professionals. Each proposed participant must certify to the expertise claimed for listing.
- What are the obligations for listing in the program?
  - Agreement to take calls from colleagues at no fee
  - Participants may arrange for further consultation or work at a fee
  - Contacts and result are to be reported by e-mail to essential sources
- What are the possible resource program areas?
  - Estate planners
  - Retirement planners
  - Investment planners
  - Real estate consultants
  - Investment management
  - Others
- Who would be eligible for listing?
  - Financial planners
  - Accountants
  - Attorneys
  - Real estate professionals
  - Valuation professionals
  - Pension/Retirement consultants
  - ERISA consultants
  - Disability consultants

# FINANCIAL PLANNING ASSOCIATION OF MINNESOTA RESOURCE PROGRAM

## APPLICATION FOR LISTING

Thank you for your interest in the Financial Planning Association of Minnesota Resource Program. In order to be considered for a listing in the program, we ask that you complete all of the requested information and return the signed application to:

**Bonnie Stanley, Executive Director**  
The Financial Planning Association of Minnesota  
3900 Main Street NE  
Minneapolis, MN 55421

Your application will be reviewed and you will be advised whether you have been accepted for a listing.

<b>Name:</b>	
<b>Home Street Address:</b>	
<b>City, State, Zip:</b>	
<b>Telephone Number:</b>	
<b>Fax Number:</b>	
<b>Name of Company/Firm with whom you are affiliated or employed:</b>	
<b>Address of Company:</b>	
<b>Telephone Number of Company:</b>	
<b>Fax Number of Company:</b>	
<b>E-mail of Company:</b>	
<b>Website of Company:</b>	
<b>Business/Practice in which you are engaged (describe e.g. financial planning, accounting, law, business valuation)</b>	
<b>Time engaged in this practice:</b>	Some college _____ 4-year degree _____
<b>Please describe your educational achievements:</b>	Major _____ Graduate Degree _____ Area of Study _____ Other _____
<b>Professional certification/license: (Check all that apply)</b>	CFP _____ CHFA _____ CHFC _____ CPA _____ LPA _____ JD _____ LLM _____ PFS _____ MAI _____ Other _____

By submitting this application:

- I am confirming that I have read and understand the description of the Financial Planning Association of Minnesota Resource Program;
- I understand that:
  - FPA of Minnesota is not obligated to include me in the program and may use its sole discretion to determine if I am listed;
  - If listed, my name and phone number will appear on the FPA of Minnesota Website (fpamn.org);
  - If I am listed, I understand my obligations for listing in the program are as follows:
    - I will agree to take telephone calls from members of the FPA of Minnesota in areas of my expertise without charging any fee;
    - If I am requested to provide further consultation or work, I may do so at a fee to be negotiated with the requesting party;
    - I will report the contact and the results of the consultation by e-mail to office@fpamn.org; and
    - Annually, I will write an article for the FPA of MN Newsletter which will educate and inform members of my expertise.
- Please select ONE main area of focus of your practice from the list below. I hereby certify that I am qualified to serve as a consultant in the FPA of Minnesota Resource Program in this area of expertise:

- |  |  |
|--|--|
| _____ Accounting - Audit                       | _____ Qualified Plan/Distribution Plan               |
| _____ Accounting - Tax                         | _____ Education Planning                             |
| _____ Estate Planning                          | _____ Long Term Care                                 |
| _____ Business Planning including              | _____ Monte Carlo Simulation                         |
| Succession Planning                            | _____ Split Dollar Expert                            |
| _____ Disability Income Claims                 | _____ Concentrated Positions in Structured Products  |
| _____ ERISA                                    | _____ Divorce Planning                               |
| _____ Real Estate - Commercial                 | _____ Wealth Investment Management                   |
| _____ Real Estate - Residential                | _____ Trust Administration                           |
| _____ Appraisal/Valuation - Real Estate        | _____ Insurance - Life/Disability/Insurance Planning |
| _____ Appraisal/Valuation - Business Interests | _____ Insurance - Casualty and Liability             |
| _____ Mortgage/Home Equity Loans               | _____ Acquiring and Structuring Advice Offerings for |
| _____ Pension - Retirement Consulting          | Affluent Clients                                     |
| _____ Charitable Giving                        | _____ Client and Service Segmentation                |
| _____ Options Planning                         | _____ Identity Theft                                 |
| _____ Deferred Compensation                    |  |

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

I can be reached during the following hours and days at the following phone number:

\_\_\_\_\_  
\_\_\_\_\_