



Professional Fiduciary Council of Florida
Loyalty - Integrity - Trust

Individual/Provisional Membership Application Checklist

Name: _____

Those applying for Individual or Provisional Membership must submit all of the following items, which must be attached or otherwise submitted with the completed Membership Application:

- Copy of Florida Driver's License
- Proof of Professional Liability Insurance (minimum of \$500,000.00 coverage required)
*If this is a provisional membership application this requirement may be waived.
- Copies of any Professional License(s)/Certificate(s)
- Three (3) letters of reference from professionals that play an active role in your fiduciary services, e.g., professional fiduciaries, attorneys, trust officers, certified public accountants, and members of the judiciary. Letters of reference must include how the professional knows you, how they are related to your fiduciary services and why they recommend that you be accepted into the Council.
- Non-refundable Application Fee (\$50.00)
- Completed/Signed Application
- In addition to submission of the above items, applicant must certify that he or she is in compliance with all Florida statutes, rules, and regulations applicable to the fiduciary capacities in which applicant serves (including but not limited to, personal representative, trustee, guardian, agent under a power of attorney (including durable powers of attorney), attorney-in-fact, and healthcare surrogate) and the professional licenses held by applicant.

Council may require additional information or have additional inquiries prior to membership decision.

Mail Application and Checklist to:

Professional Fiduciary Council of Florida
3637 4th Street North #270
Saint Petersburg, Florida 33704

Email Application and Checklist to:

info@professionalfiduciarycouncil.org



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Individual/Provisional Membership Application

Before completing this Application, please review the Membership Application Checklist for membership requirements. Use this Application only for applications as an Individual Member or Provisional Member.

Answers to questions that require additional space can be provided in attachments to the Application. The answer on the Application should refer to the attachment.

CHECK ONE:

<input type="checkbox"/> Individual Member	<input type="checkbox"/> Provisional Member
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Individual Information:

Legal Name(s) or aliases: _____
First
Middle
Last

Date of Birth: _____ (MM/DD/YYYY)

Primary Language: _____

Additional Languages: _____

Personal Contact Information:

Home Address: _____

County of Residence: _____

Email: _____

Primary Phone: _____ Type: _____

Alternate Phone: _____ Type: _____

Occupation: _____

Current Employment Information

Place of Employment: _____

Employer's Address: _____

Employer's Phone Number: _____

Applicant's Employment Email: _____

Applicant's Employment Phone/Extension: _____

Applicant's Facsimile: _____

Applicant's Position: _____

Years Employed: _____

Name of Supervisor: _____

If Applicant is Owner of Business:

Name of Business: _____

Tax ID/EIN#: _____

Year Formed: _____

List in chronological order, with the most recent first, all employment in the last 10 years. Provide the starting and ending months for those periods when possible. List the percentage of your employment that involved fiduciary work.

<u>Employer</u>	<u>Position</u>	<u>Start and End Dates</u>	<u>% of Fiduciary Work</u>

Additional Questions:

1. Do you have an ownership interest of more than 10% in any other business? YES NO

If yes, what is the name and nature of the business? _____

2. Have you ever been or are you currently a member of a Professional Fiduciary Council or Association? YES NO

If yes, please state the name of Council or Association, the location and years of membership: _____

3. Have you attended, or are you currently attending, a University or College? YES NO

List the name of institution, years of attendance and date of graduation, if applicable. _____

List Degree(s)/Certificate(s) and date obtained: _____

4. Do you hold any professional licenses or certificates? YES NO

If yes, please provide the license type(s) and number(s): _____

5. Have you ever had a license revoked or suspended? YES NO

If so, please indicate the license revoked, date of revocation and basis for revocation. _____

6. Have you ever been arrested, charged or convicted of a felony? YES NO

If so, please provide a brief explanation. _____

7. Have you ever been arrested or charged with a crime involving fraud, misrepresentation, defalcation, theft or exploitation of a vulnerable person? YES NO

If so, please provide a brief explanation. _____

8. Have you ever been removed for cause or surcharged as a guardian, trustee, personal representative or any other fiduciary position? ___ YES ___ NO

If so, please provide a brief explanation. _____

9. Have you or any entity in which you owned an interest filed for bankruptcy within the last 15 years? ___ YES ___ NO

If so, please indicate Court and date filed. _____

10. Do you have at least two years of experience serving in a fiduciary capacity? YES NO

11. For the last five (5) years, indicate the number of matters in which you have been appointed or served as a fiduciary (or for provisional applicants the number of matters for which you have supported a fiduciary) and the percentage of your practice they represent, in the areas below. If unknown, please estimate (ex. 0-5, 6-10, 11-15, 16+)

	#of Matters	% of Practice
Guardianships	_____	_____
Trusts	_____	_____
Agent Under POA	_____	_____
Health Care POA	_____	_____
Estates/PR	_____	_____
Other	_____	_____

12. List any professional organizations/associations you are a member of, including the name of the organization, your dates of involvement and any positions held.

13. List any publications authored or co-authored by you including the publisher, the title, and the date of publication. If you have authored over 10 publications, you may list your 10 most relevant publications.

14. List any seminars or other presentations where you participated as a speaker, moderator or panelist. For each, list the hosting or sponsoring organization, topic of your presentation, your role in the presentation, and date of your presentation. If you have presented over 10 times, you may list your 10 most relevant presentations.

15. List any civic or charitable organizations you are associated with, including dates and brief description of your involvement with the organization.

16. List any additional information you believe would assist the Membership Committee in approving your Application.

17. Describe and provide dates of any experience you have with legislative activity. For purposes of this Application, legislative activity is defined as involvement in drafting legislation (either creating new proposed legislation or modifying existing law), promoting the adoption of laws written by others, or commenting on or taking a position regarding other proposed legislation.

18. List two expectations you have for the Council.

19. If approved, do you want your contact information published on the Professional Fiduciary Council of Florida website? ___YES ___ NO

If so, which contact information would you like published - business or personal? Circle one.

20. I hereby certify that I am in compliance with all Florida statutes, rules, and regulations applicable to the fiduciary capacities in which I serve (including but not limited to, personal representative, trustee, guardian, agent under a power of attorney (including durable powers of attorney), attorney-in-fact, and healthcare surrogate) and the professional licenses I hold, and that I will continue to comply with all such statutes, rules, and regulations.

Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief.

Print Name:_____

Date

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me, by means of physical presence or online notarization, this _____ day of _____ (month), _____ (year), by _____.

(NOTARY SEAL)

(Signature of Notary Public-State of Florida)

(Name of Notary Typed, Printed, or Stamped)

Personally Known _____
OR Type of Identification Produced



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Date _____

Letter of reference for _____

Dear Membership Committee:

This letter of reference is for the purpose of informing the membership committee as to the experience, trustworthiness, and competence of the above-named applicant. To maintain the integrity of the Professional Fiduciary Council of Florida we require that you complete the questions below and provide specific information so that we can rely on your support of this candidate for membership.

1. How long have you known the applicant: _____
2. How long have you known the applicant on a professional basis: _____
3. Approximately how many cases or matters have you worked on with the applicant: _____
4. Please confirm what those matters were with a yes or no:

Estates: _____ Guardianships: _____ Agent under a POA: _____
Health Care Surrogate: _____ Trust Administration: _____

In your own words, please describe your experience with the applicant and any other relevant information that would be helpful for the membership committee.

If you require more room, please feel free to attach additional pages.

By signing below, you are supporting this applicant for membership in the Professional Fiduciary Council of Florida and agree to allow us to contact you if needed.

Signature _____

Printed Name _____

Business or organization _____

Phone number _____

Email _____