

Application

IMCA[®]
investment
management
consultants
association

Introduction

Thank you for applying to the Certified Private Wealth Advisor® (CPWA®) designation program. Students are expected to make a dedicated commitment to study each week for approximately six months prior to the class at The University of Chicago Booth School of Business.

The acceptance of your application is subject to the receipt of all information requested, review of qualifications, and payment in full. You are encouraged to carefully consider your eligibility before submitting this application. The pre-requisites for this program include:

- Bachelor's degree from an accredited college or university or CIMA®, CIMC®, CFA®, CFP®, or ChFC® designations or CPA license
- Acceptable regulatory history as evidenced by the FINRA Form U-4
- Five full years of professional client-centered experience in financial services or a related industry

Completion of the program will require:

- Completing a pre-study program approximately six (6) months long
- Attending the 5-day in-class program
- Passing a comprehensive examination
- Adhering to the IMCA *Code of Professional Responsibility and Rules and Guidelines for Use of the Marks*

Ongoing education, renewal fees, and continued adherence to the *Code* are requirements for maintaining the CPWA designation. For each two-year period following your initial licensing, a minimum of 40 continuing education hours must be accumulated and can come from either IMCA-sponsored events or other sources. Two (2) of the 40 total hours must be ethics education.

The cancellation policy for the CPWA designation program is listed on Page 9.

Step 1 of 6

Application

Preferred Mailing Address:

Business Home

Mr. Mrs. Ms.

Last Name: _____ First Name: _____ Middle Initial: _____

Company Name: _____ Title: _____

Address: _____

City/State or Province: _____ Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____ E-mail: _____

Home Address: _____

City/State or Province: _____ Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____ E-mail: _____

Emergency Contact Name: _____ Phone: _____

Please note accommodations required in accordance with the Americans with Disabilities Act (ADA)*, religious, or other needs: _____

*A Letter from a physician or other licensed professional must accompany this request.

Step 2 of 6

How Did You Hear About the CPWA Designation Program? *(check only one)*

- | | |
|-----------------------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> IMCA Advertisement | <input type="checkbox"/> Company and/or Leadership |
| <input type="checkbox"/> IMCA Direct Mail or E-mail Promotion | <input type="checkbox"/> College/University |
| <input type="checkbox"/> IMCA Conference | <input type="checkbox"/> Other Meeting or Conference |
| <input type="checkbox"/> IMCA website | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Personal Referral
(if so, please provide name): _____ | |

Highest Level of Education *(check only one)*

- High School
 Associate's Degree
 Some College, No Degree
 Bachelor's Degree
 Master's Degree
 Doctoral Degree
 Law Degree
 Other (please specify) _____

Which One Best Describes Your Primary Responsibility in the Wealth Management/Advice Field? *(check only one)*

- Accountant
 Attorney
 Bank/Trust Officer
 Investment Consultant
 Corporate Officer
 Investment Analyst/Research
 Client Service
 Fund Trustee
 Pension Analyst
 Securities Broker
 Money Manager
 Financial Planner
 Wholesaler
 Wealth Manager/Advisor
 Other (please specify) _____

Total Assets Under Your Advisement *(check only one)*

- | | |
|----------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> < \$50M | <input type="checkbox"/> > \$500M & < \$1B |
| <input type="checkbox"/> > \$50M & < \$150M | <input type="checkbox"/> > \$1B |
| <input type="checkbox"/> > \$150M & < \$250M | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> > \$250M & < \$500M | |

Current Number of Clients You Are Advising

Your Firm Affiliation *(check only one)*

- National Wire House
 Regional Broker Dealer
 RIA
 Bank/Trust
 National/Regional Independent
 Investment Management Wholesaler
 Industry Service Provider
 Money Manager
 Other (please specify) _____

Describe Types of Clients *(check all that apply)*

- Individuals
 Corporations
 Public Funds
 Retirement/Pension Plans
 Endowments, Foundations, and Associations
 Family Office
 Other (please specify) _____

Please List Any Other Designations You Currently Hold *(check all that apply)*

- CIMA*
 CFA*
 CFP*
 Other please specify) _____

Your Experience: *(check only one)*

- | | |
|----------------------------------------|-----------------------------------------|
| <input type="checkbox"/> 1 to 3 years | <input type="checkbox"/> 11 to 20 years |
| <input type="checkbox"/> 4 to 10 years | <input type="checkbox"/> 21+ years |

OPTIONAL Demographic Information

Gender:

- Male Female

Age:

- 20-29 50-59
 30-39 60-69
 40-49 70+

Ethnic Origin:

- | | |
|------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White |
| | <input type="checkbox"/> Other: _____ |

Step 3 of 6

List All Positions Held in the Financial Services or a Related Industry, with the Most Recent Position Listed First:

(Please attach an addendum or resume if more space is required)

Company: _____ Your Title: _____

Supervisor: _____ Company Phone: _____

Address: _____

City/State or Province: _____ Zip/Postal Code: _____

From: (month) _____ (year) _____ To: (month) _____ (year) _____

Primary Job Responsibilities (please be thorough): _____

Company: _____ Your Title: _____

Supervisor: _____ Company Phone: _____

Address: _____

City/State or Province: _____ Zip/Postal Code: _____

From: (month) _____ (year) _____ To: (month) _____ (year) _____

Primary Job Responsibilities (please be thorough): _____

Company: _____ Your Title: _____

Supervisor: _____ Company Phone: _____

Address: _____

City/State or Province: _____ Zip/Postal Code: _____

From: (month) _____ (year) _____ To: (month) _____ (year) _____

Primary Job Responsibilities (please be thorough): _____

CPWA Regulatory History Form

Adapted from section 14 of the **UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER Form U4 (05/2009)**

Applicant Name: _____ Last four of SSN or CFP ID #: _____

Applicant CRD #: _____

I do not have a CRD #

14. DISCLOSURE QUESTIONS

Refer to the explanation of terms section of Form U4 for explanations of italicized terms.

		Yes	No
Criminal Disclosure			
14A.	(1) Have you ever:		
	(a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
	(b) been <i>charged</i> with any <i>felony</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
	(2) Based upon activities that occurred while you exercised <i>control</i> over it, has an organization ever:		
	(a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic or foreign court to any <i>felony</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
	(b) been <i>charged</i> with any <i>felony</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
14B.	(1) Have you ever:		
	(a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor involving</i> : investments or an <i>investment-related</i> business or any fraud, false statements or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses?	<input type="checkbox"/>	<input type="checkbox"/>
	(b) been <i>charged</i> with a <i>misdemeanor</i> specified in 14B(1)(a)?	<input type="checkbox"/>	<input type="checkbox"/>
	(2) Based upon activities that occurred while you exercised <i>control</i> over it, has an organization ever:		
	(a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic or foreign court to a <i>misdemeanor</i> specified in 14B(1)(a)?	<input type="checkbox"/>	<input type="checkbox"/>
	(b) been <i>charged</i> with a <i>misdemeanor</i> specified in 14B(1)(a)?	<input type="checkbox"/>	<input type="checkbox"/>
Regulatory Action Disclosure			
14C.	Has the U.S. Securities and Exchange Commission or the Commodity Futures Trading Commission ever:		
	(1) <i>found</i> you to have made a false statement or omission?	<input type="checkbox"/>	<input type="checkbox"/>
	(2) <i>found</i> you to have been <i>involved</i> in a violation of its regulations or statutes?	<input type="checkbox"/>	<input type="checkbox"/>
	(3) <i>found</i> you to have been a cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked, or restricted?	<input type="checkbox"/>	<input type="checkbox"/>
	(4) entered an <i>order</i> against you in connection with <i>investment-related</i> activity?	<input type="checkbox"/>	<input type="checkbox"/>
	(5) imposed a civil money penalty on you, or <i>ordered</i> you to cease and desist from any activity?	<input type="checkbox"/>	<input type="checkbox"/>
	(6) <i>found</i> you to have willfully violated any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the Municipal Securities Rulemaking Board, or <i>found</i> you to have been unable to comply with any provision of such Act, rule or regulation?	<input type="checkbox"/>	<input type="checkbox"/>
	(7) <i>found</i> you to have willfully aided, abetted, counseled, commanded, induced, or procured the violation by any person of any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the Municipal Securities Rulemaking Board?	<input type="checkbox"/>	<input type="checkbox"/>
	(8) <i>found</i> you to have failed reasonably to supervise another person subject to your supervision, with a view to preventing the violation of any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the Municipal Securities Rulemaking Board?	<input type="checkbox"/>	<input type="checkbox"/>
14D.	(1) Has any other Federal regulatory agency or any state regulatory agency or <i>foreign financial regulatory authority</i> ever:		
	(a) <i>found</i> you to have made a false statement or omission or been dishonest, unfair, or unethical?	<input type="checkbox"/>	<input type="checkbox"/>
	(b) <i>found</i> you to have been <i>involved</i> in a violation of <i>investment-related</i> regulation(s) or statute(s)?	<input type="checkbox"/>	<input type="checkbox"/>
	(c) <i>found</i> you to have been a cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked, or restricted?	<input type="checkbox"/>	<input type="checkbox"/>
	(d) entered an <i>order</i> against you in connection with an <i>investment-related</i> activity?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
14D. <i>continued</i>		
(e) denied, suspended, or revoked your registration or license or otherwise, by <i>order</i> , prevented you from associating with an <i>investment-related</i> business or restricted your activities?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Have you been subject to any <i>final order</i> of a state securities commission (or any agency or office performing like functions), state authority that supervises or examines banks, savings associations, or credit unions, state insurance commission (or any agency or office performing like functions), an appropriate <i>federal banking agency</i> , or the National Credit Union Administration, that:		
(a) bars you from association with an entity regulated by such commission, authority, agency, or officer, or from engaging in the business of securities, insurance, banking, savings association activities, or credit union activities; or	<input type="checkbox"/>	<input type="checkbox"/>
(b) constitutes a <i>final order</i> based on violations of any laws or regulations that prohibit fraudulent, manipulative, or deceptive conduct?	<input type="checkbox"/>	<input type="checkbox"/>
14E. Has any <i>self-regulatory organization</i> ever:		
(1) <i>found</i> you to have made a false statement or omission?	<input type="checkbox"/>	<input type="checkbox"/>
(2) <i>found</i> you to have been <i>involved</i> in a violation of its rules (other than a violation designated as a " <i>minor rule violation</i> " under a plan approved by the U.S. Securities and Exchange Commission)?	<input type="checkbox"/>	<input type="checkbox"/>
(3) <i>found</i> you to have been the cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked, or restricted?	<input type="checkbox"/>	<input type="checkbox"/>
(4) disciplined you by expelling or suspending you from membership, barring or suspending your association with its members, or restricting your activities?	<input type="checkbox"/>	<input type="checkbox"/>
(5) <i>found</i> you to have willfully violated any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the Municipal Securities Rulemaking Board, or <i>found</i> you to have been unable to comply with any provision of such Act, rule, or regulation?	<input type="checkbox"/>	<input type="checkbox"/>
(6) <i>found</i> you to have willfully aided, abetted, counseled, commanded, induced, or procured the violation by any person of any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the Municipal Securities Rulemaking Board?	<input type="checkbox"/>	<input type="checkbox"/>
(7) <i>found</i> you to have failed reasonably to supervise another person subject to your supervision, with a view to preventing the violation of any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the Municipal Securities Rulemaking Board?	<input type="checkbox"/>	<input type="checkbox"/>
14F. Have you ever had an authorization to act as an attorney, accountant, or federal contractor that was revoked or suspended?	<input type="checkbox"/>	<input type="checkbox"/>
14G. Have you been notified, in writing, that you are now the subject of any:		
(1) regulatory complaint or <i>proceeding</i> that could result in a "yes" answer to any part of 14C, D or E?	<input type="checkbox"/>	<input type="checkbox"/>
(2) <i>investigation</i> that could result in a "yes" answer to any part of 14A, B, C, D or E?	<input type="checkbox"/>	<input type="checkbox"/>

Civil Judicial Disclosure

14H. (1) Has any domestic or foreign court ever:		
(a) <i>enjoined</i> you in connection with any <i>investment-related</i> activity?	<input type="checkbox"/>	<input type="checkbox"/>
(b) <i>found</i> that you were <i>involved</i> in a violation of any <i>investment-related</i> statute(s) or regulation(s)?	<input type="checkbox"/>	<input type="checkbox"/>
(c) dismissed, pursuant to a settlement agreement, an <i>investment-related</i> civil action brought against you by a state or <i>foreign financial regulatory authority</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Are you named in any pending <i>investment-related</i> civil action that could result in a "yes" answer to any part of 14H(1)?	<input type="checkbox"/>	<input type="checkbox"/>

Customer Complaint/Arbitration/Civil Litigation Disclosure

14I. (1) Have you ever been <u>named</u> as a respondent/defendant in an <i>investment-related</i> , consumer-initiated arbitration or civil litigation which alleged that you were <i>involved</i> in one or more <i>sales practice violations</i> and which:		
(a) is still pending, or;	<input type="checkbox"/>	<input type="checkbox"/>
(b) resulted in an arbitration award or civil judgment against you, regardless of amount, or;	<input type="checkbox"/>	<input type="checkbox"/>
(c) was settled, prior to 05/18/2009, for an amount of \$10,000 or more, or;	<input type="checkbox"/>	<input type="checkbox"/>
(d) was settled, on or after 05/18/2009, for an amount of \$15,000 or more?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Have you ever been the subject of an <i>investment-related</i> , consumer-initiated (written or oral) complaint, which alleged that you were <i>involved</i> in one or more <i>sales practice violations</i> , and which:		
(a) was settled, prior to 05/18/2009, for an amount of \$10,000 or more, or;	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
14i. <i>continued</i>		
(b) was settled, on or after 05/18/2009, for an amount of \$15,000 or more?	<input type="checkbox"/>	<input type="checkbox"/>
(3) Within the past twenty four (24) months, have you been the subject of an <i>investment-related</i> , consumer-initiated, written complaint, not otherwise reported under question 14i(2) above, which:		
(a) alleged that you were <i>involved</i> in one or more <i>sales practice violations</i> and contained a claim for compensatory damages of \$5,000 or more (if no damage amount is alleged, the complaint must be reported unless the <i>firm</i> has made a good faith determination that the damages from the alleged conduct would be less than \$5,000), or;	<input type="checkbox"/>	<input type="checkbox"/>
(b) alleged that you were <i>involved</i> in forgery, theft, misappropriation, or conversion of funds or securities?	<input type="checkbox"/>	<input type="checkbox"/>
Answer questions (4) and (5) below only for arbitration claims or civil litigation filed on or after 05/18/2009.		
(4) Have you ever been the subject of an <i>investment-related</i> , consumer-initiated arbitration claim or civil litigation which alleged that you were <i>involved</i> in one or more <i>sales practice violations</i> , and which:		
(a) was settled for an amount of \$15,000 or more, or;	<input type="checkbox"/>	<input type="checkbox"/>
(b) resulted in an arbitration award or civil judgment against any named respondent(s)/defendant(s), regardless of amount?	<input type="checkbox"/>	<input type="checkbox"/>
(5) Within the past twenty four (24) months, have you been the subject of an <i>investment-related</i> , consumer-initiated arbitration claim or civil litigation not otherwise reported under question 14i(4) above, which:		
(a) alleged that you were <i>involved</i> in one or more <i>sales practice violations</i> and contained a claim for compensatory damages of \$5,000 or more (if no damage amount is alleged, the arbitration claim or civil litigation must be reported unless the <i>firm</i> has made a good faith determination that the damages from the alleged conduct would be less than \$5,000), or;	<input type="checkbox"/>	<input type="checkbox"/>
(b) alleged that you were <i>involved</i> in forgery, theft, misappropriation, or conversion of funds or securities?	<input type="checkbox"/>	<input type="checkbox"/>

Termination Disclosure

14J. Have you ever voluntarily <i>resigned</i> , been discharged, or permitted to <i>resign</i> after allegations were made that accused you of:		
(1) violating <i>investment-related</i> statutes, regulations, rules, or industry standards of conduct?	<input type="checkbox"/>	<input type="checkbox"/>
(2) fraud or the wrongful taking of property?	<input type="checkbox"/>	<input type="checkbox"/>
(3) failure to supervise in connection with <i>investment-related</i> statutes, regulations, rules, or industry standards of conduct?	<input type="checkbox"/>	<input type="checkbox"/>

Financial Disclosure

14K. Within the past 10 years:		
(1) have you made a compromise with creditors, filed a bankruptcy petition, or been the subject of an involuntary bankruptcy petition?	<input type="checkbox"/>	<input type="checkbox"/>
(2) based upon events that occurred while you exercised <i>control</i> over it, has an organization made a compromise with creditors, filed a bankruptcy petition, or been the subject of an involuntary bankruptcy petition?	<input type="checkbox"/>	<input type="checkbox"/>
(3) based upon events that occurred while you exercised <i>control</i> over it, has a broker or dealer been the subject of an involuntary bankruptcy petition, or had a trustee appointed, or had a direct payment procedure initiated under the Securities Investor Protection Act?	<input type="checkbox"/>	<input type="checkbox"/>
14L. Has a bonding company ever denied, paid out on, or revoked a bond for you?	<input type="checkbox"/>	<input type="checkbox"/>
14M. Do you have any unsatisfied judgments or liens against you?	<input type="checkbox"/>	<input type="checkbox"/>

IMCA will conduct a search for any legal proceedings or investigations. If you answered yes to any of the above questions, please provide a complete typed explanation of the event on a separate sheet of paper and submit it with your application.

Signature of Applicant: _____ Date: _____

The person below verifies that to the best of his/her knowledge, the information reflected on this form is accurate. He/she also verifies that to the best of his/her knowledge, there are no new complaints or disciplinary actions about to be filed.

Please Select one:

Supervisor Compliance Officer Applicant does not have a supervisor or compliance officer (example: Independent RIA). Please submit Form ADV.

Signature of Supervisor/Compliance Officer: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

CPWA Agreement

TERMS AND CONDITIONS

The CPWA marks are owned by the Investment Management Consultants Association, Inc. (IMCA) and protected by trademark law. Only those individuals who have satisfied all of IMCA's requirements are authorized to use the CPWA marks.

When the work experience, education, and examination requirements have been met and all outstanding fees are paid in full, candidates are sent a Certified Private Wealth Advisor License Agreement. The licensee agrees that IMCA is the owner of the CPWA marks with rights to exercise control over the use of the CPWA marks, to protect them against infringement by third parties, and to insure that persons authorized to use the CPWA marks are in compliance with the IMCA *Code of Professional Responsibility*, and *Rules and Guidelines for Use of the Marks*. Upon receipt of the signed License Agreement, authorization to use the CPWA marks is awarded.

I certify that the information contained in this application is true, complete, and made in good faith. I understand that failure to truthfully complete this application or to truthfully respond to any other inquiry from IMCA may result in denial or revocation of the CPWA designation. I authorize IMCA to access my education and employment records for the purpose of verifying the statement and information provided here.

I authorize the investigation of all statements made by me to IMCA including, but not limited to, the statements made in this application.

In consideration for IMCA's acceptance of this application, I agree that neither IMCA nor its directors, officers, employees, and others acting on its behalf shall be liable to me for any actions taken or omitted to be taken in any official capacity or in the scope of employment, and I hereby release IMCA and the other persons identified above from any liability for such actions or omissions.

I agree to execute the CPWA License Agreement upon receipt and to execute any subsequent license agreement that IMCA may require. I understand that as a Certified Private Wealth Advisor professional, I agree to abide by the IMCA *Code of Professional Responsibility*, as well as the protocols, rules, and procedures concerning the CPWA designation. The terms and conditions of this agreement, including authorization to use the marks, are subject to change from time to time. Refer to www.IMCA.org for the most up-to-date terms, conditions, and policies. Also, I understand that I must satisfy renewal requirements to maintain my CPWA designation.

This application expires two years after the signature date below.

PAYMENT POLICY

CPWA program payment includes course materials, instruction, room and board, and examination fees. All rates are subject to change. The CPWA Program Payment Form must be completed and returned with payment when submitting the CPWA application materials to IMCA. Full payment is due with the application and may be paid by check or credit card. The CPWA program payment does not include travel, early arrival or late departure, or overnight accommodations if arriving early or staying late. If a student fails the comprehensive examination there will be a \$100 fee to retake the exam. Retake examinations are administered at IMCA's office in Greenwood Village, Colorado, and each student is responsible for any and all of his or her travel expenses. If you do not complete a class, choose to withdraw from the program or fail to provide instruction after two years from the application signature date, all fees, less a \$1,500 non-refundable fee, will be refunded to the original method of payment.

CANCELLATION POLICY

Participation in the CPWA program is not transferable between individuals. **Any cancellation** or transfer may result in lodging fees; you are responsible for paying those additional fees.

Cancellations prior to 60 days before the first day of class. Cancellations must be made in writing and received by IMCA at least 60 days prior to the first day of the scheduled CPWA class. If cancellation requirements are met, IMCA will refund tuition less a \$1,500 non-refundable fee, or the candidate can choose to attend a later class. See transfer policy below.

Cancellations fewer than 60 days before the first day of class. CPWA education programs are contracted programs. Once a candidate commits to participate in a class, IMCA is obligated to reserve the spot and is responsible for the cost of the candidate's CPWA education. Candidates cancelling fewer than 60 days prior to the scheduled class are not eligible for any refund and may not transfer to a different class. (For changes due to medical emergencies, please contact the IMCA office.)

TRANSFER POLICY

You may transfer to another CPWA class provided you cancel your participation in the originally scheduled class at least 60 days prior to the first day of the class. Should you choose to transfer, you must attend a CPWA class within two years of your application signature date. Transfers are based on availability. A \$750 transfer fee will be assessed for each transfer within your two-year application window. A CPWA Regulatory History Form (pages 6–8 of CPWA application) will be required for each transfer and you are subject to a search for legal proceedings or investigations. It is your responsibility to inform IMCA of any changes in contact information. If any textbook(s) change between classes, you will be responsible for purchasing the new textbook(s). If you do not complete a class within two years of the application signature date, all fees, less a \$1,500 non-refundable fee, will be refunded to the original method of payment and you must submit a new application and pay the current application fee to reapply to the program. IMCA reserves the right to modify or change the transfer policy at any time.

I have read and I understand and agree to all of the terms, conditions, and policies of this application.

Signature of Applicant: _____ Date: _____

Step 6 of 6

CPWA Program Payment Form (rates subject to change)

Please note payment includes a \$1,500 non-refundable fee.

Please indicate the in-class program dates for which you are applying:

Please Check the CPWA Program Payment of Choice:

- IMCA Member..... \$7,475 (US)
- Join IMCA today
IMCA Membership Fee (\$395) & CPWA Program Payment (\$7,475).....\$7,870 (US)
- Nonmember..... \$7,975 (US)

Method of Payment

Full payment is due with application. Please check one:

Check (payable to IMCA) Check number: _____

MasterCard VISA American Express Diners Club Discover

Name on Card: _____

Credit Card #: _____ Exp.: _____

Signature: _____ Date: _____

IMCA[®]

investment
management
consultants
association

Membership in Investment Management Consultants Association (IMCA) provides you with cutting-edge investment management consulting and wealth management education and resources to help you meet your professional goals. Enjoy the benefits of IMCA membership—here are just a few:

IMCA Educational Conferences—Member Registration Savings

- Annual Conference
- Specialty Conferences (4 annually)
- Audio Conferences (12 annually)

IMCA Certificate Programs—Special Member Tuition Rates

- Essentials of Investment Consulting Certificate

IMCA Publications—Complimentary Member Subscriptions

- *Investments & Wealth Monitor* bimonthly magazine
- IMCA Research Quarterly a quarterly supplement to *Investments & Wealth Monitor*
- *The Journal of Investment Consulting* biannual academic publication

IMCA Member-Only Marketing Tools and Practice Management Tools

- Publications
- Reprints

Join IMCA Today!
www.IMCA.org

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CANCELLATION POLICY

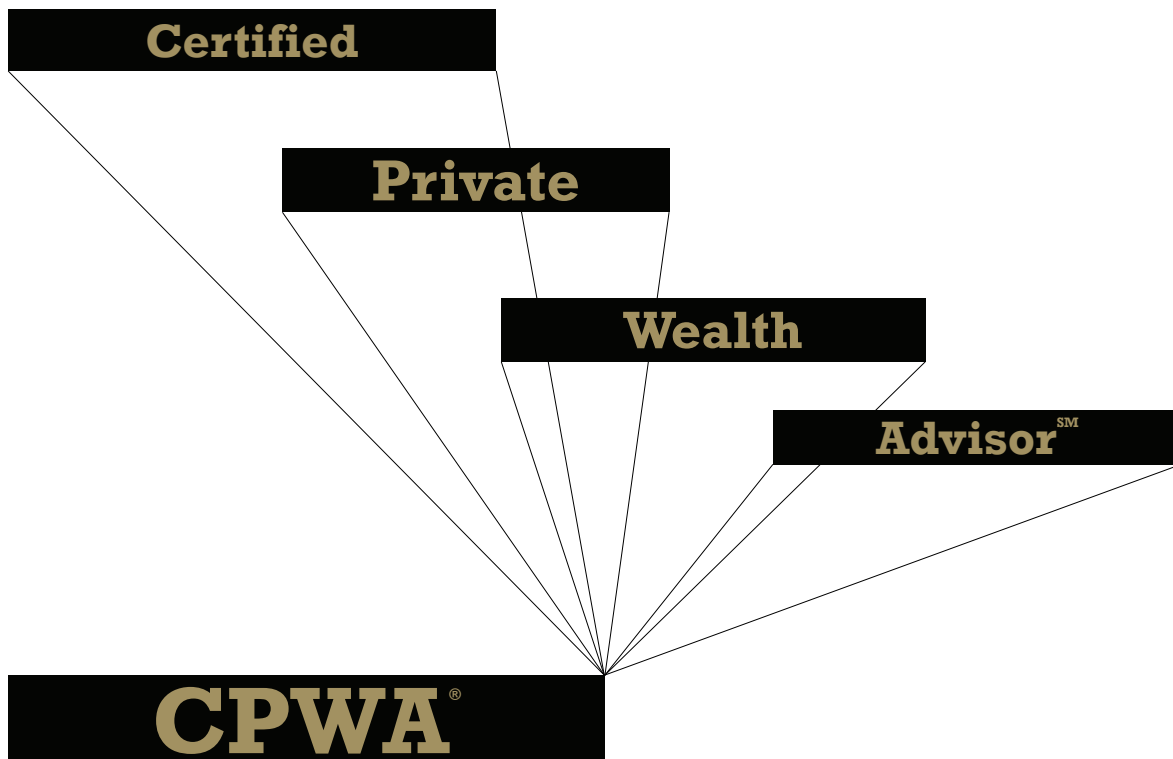
Participation in the CPWA program is not transferable between individuals. **Any cancellation** or transfer may result in lodging fees; you are responsible for paying those additional fees.

Cancellations prior to 60 days before the first day of class. Cancellations must be made in writing and received by IMCA at least 60 days prior to the first day of the scheduled CPWA class. If cancellation requirements are met, IMCA will refund tuition less a \$1,500 non-refundable fee, or the candidate can choose to attend a later class. See transfer policy below.

Cancellations fewer than 60 days before the first day of class. CPWA education programs are contracted programs. Once a candidate commits to participate in a class, IMCA is obligated to reserve the spot and is responsible for the cost of the candidate's CPWA education. Candidates cancelling fewer than 60 days prior to the scheduled class are not eligible for any refund and may not transfer to a different class. (For changes due to medical emergencies, please contact the IMCA office.)

TRANSFER POLICY

You may transfer to another CPWA class provided you cancel your participation in the originally scheduled class at least 60 days prior to the first day of the class. Should you choose to transfer, you must attend a CPWA class within two years of your application signature date. Transfers are based on availability. A \$750 transfer fee will be assessed for each transfer within your two-year application window. A CPWA Regulatory History Form (pages 6–8 of CPWA application) will be required for each transfer and you are subject to a search for legal proceedings or investigations. It is your responsibility to inform IMCA of any changes in contact information. If any textbook(s) change between classes, you will be responsible for purchasing the new textbook(s). If you do not complete a class within two years of the application signature date, all fees, less a \$1,500 non-refundable fee, will be refunded to the original method of payment and you must submit a new application and pay the current application fee to reapply to the program. IMCA reserves the right to modify or change the transfer policy at any time.



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