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Life Underwriters Training Course (LUTC) & The Financial Service Specialist (FSS)

MODERATOR ENROLLMENT FORM

(Please ensure all information is legible)

Semester Enrolled: Year Enrolled: CARAIFA Student ID:

Given Name: Surname: Initial: *MIDDLE*

Date of Birth: Office Phone: Mobile Phone:  pin:

Email: Company:

Branch Address:

Manager's Name: Branch Secretary's Name:

Physician's Name: Phone:

(Please indicate LUTC/FSS module)

- | | |
|---|--|
| <input type="checkbox"/> LUTC 201 (<i>Exploring Personal Markets</i>) | <input type="checkbox"/> FSS 262 (<i>Foundations of Financial Planning: An Overview</i>) |
| <input type="checkbox"/> LUTC 202 (<i>Meeting Client Needs</i>) | <input type="checkbox"/> FSS 263 (<i>Foundations of Financial Planning: The Process</i>) |
| <input type="checkbox"/> LUTC 251 (<i>Business Continuity</i>) | <input type="checkbox"/> FSS 271 (<i>Foundations of Estate Planning</i>) |
| <input type="checkbox"/> LUTC 261 (<i>Retirement Planning</i>) | <input type="checkbox"/> FA 200 (<i>Techniques for Prospecting: Prospect or Perish</i>) |
| <input type="checkbox"/> LUTC 211 (<i>Disability Income</i>) | |

(Please indicate where classes will be facilitated) **North** **South** **East**

I understand that this agreement is in effect for twelve months. I will not place/attempt to place under contract any student enrolled in my class during the effective period of this agreement, nor will I discuss company connection of any such student, whether or not the student is then under contract with any life insurance and/of financial service company. I also agree that I will actively encourage my company associates to comply with the same limitations. Therefore I agree that failure to comply with this agreement may result in suspension and subsequent termination of moderating duties.

I have read, understood and agreed to the terms and conditions stated above,

.....
Signature

.....
Date