

**ESTATE PLANNING COUNCIL OF BERGEN COUNTY, INC.**

**MEMBERSHIP APPLICATION 2013-2014**

INSTRUCTIONS: The following requirements are a condition precedent to being considered for membership:

1. The nominee must devote a significant portion of his/her time and effort to the discipline for which he/she is being nominated.
2. To be eligible, two members must sponsor the nominee, neither of whom can be from the same firm as the nominee.
3. The completed application must be mailed/faxed/e-mailed to the current Chairperson of the Membership Committee or directed to him/her through a current officer of the Council.

(Please type or print)

Nomination for \_\_\_\_\_, DISCIPLINE. See #5,6,7,8,9,& 10 for category listings.)

1) \_\_\_\_\_  
Name of Nominee Preferred Nickname

Home Address \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Home Fax # \_\_\_\_\_

Home E-Mail \_\_\_\_\_

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

Business Telephone # \_\_\_\_\_ Business Fax # \_\_\_\_\_

Business E-Mail \_\_\_\_\_

Correspondence from the Council should be sent to the nominee's \_\_\_ Home \_\_\_ Office

2) Has the nominee ever been a member of an Estate Planning Council \_\_\_ Yes \_\_\_ No

Council(s):

Dates

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3) EDUCATION:

School

Degree

School

Degree

School

Degree

School

Degree

4) EMPLOYMENT HISTORY: Please provide previous 10 years, listing last job first.

From

To

Employer

Duties

From

To

Employer

Duties

From

To

Employer

Duties

From

To

Employer

Duties

PLEASE COMPLETE ALL RELEVANT INFORMATION (Items 5,6,7,8, or 9 & 10)

5) ACCOUNTANTS:

(a) Admitted as a CPA in \_\_\_\_\_,  
(State & Year) (State & Year)

\_\_\_\_\_, \_\_\_\_\_  
(State & Year) (State & Year)

(b) Member in good standing of the NJ State Society? \_\_\_\_\_ Yes \_\_\_\_\_ No

(c) Member in good standing of the AICPA? \_\_\_\_\_ Yes \_\_\_\_\_ No

6) ATTORNEYS:

(a) Admitted to practice law in \_\_\_\_\_,  
(State & Year) (State & Year)

\_\_\_\_\_, \_\_\_\_\_  
(State & Year) (State & Year)

(b) Member of good standing of \_\_\_\_\_ Bar(s)

(c) Member of \_\_\_\_\_ Bar Associations

7) LIFE UNDERWRITERS:

(a) Received Chartered Life Underwriter Designation in \_\_\_\_\_  
(Year)

(b) Received other professional designations: \_\_\_\_\_  
Designation Year

\_\_\_\_\_  
Designation Year

(c) Member in good standing of \_\_\_\_\_ Life  
Underwriting Association

and \_\_\_\_\_ Chapter of CLU/ChFC

8) BANKING AND TRUST OFFICERS:

(a) Nominee's present title is \_\_\_\_\_

at \_\_\_\_\_  
(Institution)

(b) Function at Institution : \_\_\_\_\_

(c) Professional Designations : \_\_\_\_\_

9) AT-LARGE MEMBERS:

(a) Professional Designations: \_\_\_\_\_

(b) Professional Affiliations/Honors: \_\_\_\_\_

10) FINANCIAL PLANNERS:

(a) Professional Designations: \_\_\_\_\_

(b) Received Professional Designations: \_\_\_\_\_

\_\_\_\_\_  
Designation Year

\_\_\_\_\_  
Designation Year

11) SUPPLEMENTAL INFORMATION: (To be completed by all applicants)

(a) Additional Qualifications: (Please describe your estate planning or estate administration activities and experience – if not noted above – and any specialized training or education.)

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

(b) Personal Statement: (Please describe what you feel you can contribute to the Estate Planning Council should you become a member.)

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12) ADDITIONAL COMMENTS:

The nominee has attended two meetings as a guest to meet with members of the Board and Council members. The nominee also understands that the annual dues (\$385 for 2013-2014) will become payable upon acceptance of the application and that all members are expected to attend meetings and remain a member in good standing.

Meetings attended as a guest (dates): \_\_\_\_\_ and \_\_\_\_\_

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

\_\_\_\_\_  
Date

13) SPONSORS' CERTIFICATION: We certify that the nominee is engaged in the Practice of estate planning in his/her discipline.

Sponsor: \_\_\_\_\_ Signature/Date: \_\_\_\_\_  
PRINT NAME

Co-Sponsor: \_\_\_\_\_ Signature/Date: \_\_\_\_\_  
PRINT NAME

14) RECEIPT: The above completed Membership Application has been received by the Estate Planning Council of Bergen County on: \_\_\_\_\_.

By: \_\_\_\_\_, Membership Chairperson

**PLEASE RETURN COMPLETED APPLICATION TO:**  
*Estate Planning Council of Bergen County, Membership Chair*

**JONATHAN F. JUSTICE**  
**U.S. Trust, Bank of America Private Wealth Management**  
500 Campus Drive, 3<sup>rd</sup> Floor  
Florham Park, NJ 07932  
Email: [jonathan.justice@ustrust.com](mailto:jonathan.justice@ustrust.com)  
O: 973-245-4363  
F: 800-976.5156