Snow Federal Retirement Seminars & ChFEBC℠, LLC
PO Box 594
Winnsboro, TX 75494
800-696-3511

ChSSMC℠ Webinar Course Enrollment Form

Chartered Social Security Medicare Consultant℠

Please fill out and return to our office

Date of Application: _____

Please list your name as it appears on your licensing.

Name: _____ _____ _____

First Middle Last

Please list company(s) and affiliated companies where this designation will be represented and advertised: Company/Affiliated Companies: _____ Broker Dealer(S): _____ *Please list marketing agencies not listed as company affiliations.*

IMO/FMO/Other Marketing Organization(s): _____

Shipping Street Address: _____

City: _____ State: _____ Zip: _____

Phone No. 1: _____ Phone No. 2: _____

Please authorize permission to contact you at the listed phone numbers by initial: _____

Fax No.: _____

Email Address: _____

Please authorize permission to contact and communicate with you at the listed email by initial: _____

Current ChFEBC℠ Designees: $989.00 with free shipping
Non-Current ChFEBC℠ Designees: $1498.00 + $10.00 for shipping

The ChSSMC℠ Designation is not affiliated with any financial entity nor does it endorse any financial products.

Proctoring for your exam is scheduled by you as nobody knows your schedule as well as you do! To test

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you will locate the closest Huntington or Sylvan center near you and schedule your 2.5 hour proctored exam. (These facilities are independently owned and operated so we highly suggest you call both to obtain the difference in proctoring prices. You might also contact your local community college or library to see if they offer proctoring services. Please note, we do not cover the cost of the proctored exam or retest). Once you provide us with date and time scheduled and contact details, we will then send over the test link and proctor sheet.

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Signature:_____ **Date:**_____

By signing this agreement, you attest to compliance with standards, rules and any obligations set forth. It is further your responsibility to ensure current compliance with this designation. Furthermore, you will not copy or share in any manner any information without written consent of any materials provided by Snow Federal Retirement Seminars & ChFEBC℠, LLC.

Recertification occurs on an annual basis and notices go out the fourth quarter of each year with a recertification deadline of December 31st, the cost is $115.00 and $55.00 for current ChFEBC℠. Recertification is not guaranteed approval. All Recertification Applications may be reviewed for compliance and approval.

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ChSSMC℠ Requirements

Name: _____ _____
First Last

Birthday: _____

A new applicant for the ChSSMC℠ must meet the following criteria at a minimum:

___ 3 Years of Financial Service Experience — Start Yr.: _____
___ Resident State Insurance License — License # _____
If you have any of the additional qualifications, please notate:

___ National Producer Number — NPN# _____
___ Series 6 — CRD # _____
___ Series 7 — CRD # _____
___ Series 24 — CRD # _____
___ Series 63, 65 or 66 — CRD # _____
___ Registered Investment Advisor — CRD # _____
___ Chartered Financial Consultants® — License # _____
___ Chartered Life Underwriter® — License # _____
___ Certified Financial Planner® — License # _____
___ Chartered Financial Analyst® — License #: _____
___ Masters in Business, Finance or Economics — Acquire Date: _____
___ CPA — License # _____
___ Attorney's License/JD — Bar No. or Acquire Date: _____
___ Accredited Investment Fiduciary®

If you do not meet any of the above criteria, please contact us directly.

Have you ever held or are you a current **ChFEBC℠** designee?
If yes, please add dates held: _____

Please list all active designations and or certificates you currently possess with date acquired:

Name: _____ Date: _____
Name: _____ Date: _____
Name: _____ Date: _____

Due to the unique and proprietary nature of the materials no refunds will be given after the receipt of this shipment.