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

Security License No. Insurance License No. Other Approved Qualifier

Print First Name Print Middle Initial Print Last Name

Please list names of ALL business entities and or affiliations this educational designation will be associated with directly and or indirectly through marketing to include any business entity interest(s), insurance agency(s), RIA(s), broker dealer(s), IMO(s), other marketing entity(s) and/or social media platform(s) by you:

You are required to provide current updates and changes.

1. 4.

2. 5.

3. 6.

Shipping Street Address

City State Zip

Phone No 1 Fax No:

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

Email Address

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

Current ChFEBC℠ Designees: $900.00 with free shipping
Non-Current ChFEBC℠ Designees: $1250.00 + $16.00 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 you will locate the closest Huntington or Sylvan center near you and schedule your 2-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 $100.00 for a new designee. $50.00 for current ChFEBC℠, first year is free.
Recertification is not guaranteed approval. All Recertification Applications may be reviewed for compliance and approval.

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

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ChSSMC℠ Requirements

Name: _____ _____
First Last

Birthday: _____

A new applicant for the ChFEBC℠ must meet the following criteria:

___	**3 Years of Financial Service Experience**	**Start Yr.:**	_____
___	**Resident State Insurance License**	**License #**	_____
	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 previous designations by our company?
If yes, please identify type: _____ Dates held: _____

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

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____