

# Application

**IMCA<sup>®</sup>**  
investment  
management  
consultants  
association

## Introduction

Thank you for considering Investment Management Consultants Association's (IMCA's) Certified Private Wealth Advisor<sup>SM</sup> (CPWA<sup>®</sup>) designation for the advancement of your professional education. The CPWA<sup>®</sup> designation facilitates an advanced expertise in the life cycle of wealth: accumulating, preserving and protecting, and distributing wealth. This program should be considered advanced wealth management education which covers a broad range of topics in significant depth. 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<sup>®</sup>, CIMC<sup>®</sup>, CFA<sup>®</sup>, CFP<sup>®</sup>, or ChFC<sup>®</sup> 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
- Two letters of reference from an IMCA member, professional supervisor, or currently licensed professional in the financial services or a related industry (*The second reference must come from an individual outside of your firm to avoid potential conflicts of interest. References cannot be from a wholesaler/supplier or an employee you supervise*)

Completion of the program will require:

- Completing a pre-study program approximately six (6) months long
- Attending the one 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 resources. Twenty (20) of the 40 total hours must be core topics from the CPWA curriculum and 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 7

### 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.

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

- Advertisement
- Asset Management
- CPWA Applicant
- CPWA Program
- College/University
- Company
- Direct Mail
- IMCA
- Meeting/Conference
- Personal Referral
- Registered Representative
- Web site
- Leadership
- Other

**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)*

- < \$50M
- > \$50M & < \$150M
- > \$150M & < \$250M
- > \$250M & < \$500M
- > \$500M & < \$1B
- > \$1B
- Not Applicable

**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)*

- 1 to 3 years
- 4 to 10 years
- 11 to 20 years
- 21+ years

**OPTIONAL Demographic Information**

**Gender:**

- Male
- Female

**Age:**

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

**Ethnic Origin:**

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Other: \_\_\_\_\_

**CPWA Directory:**

All CPWA Designees will be included in the CPWA Directory on IMCA's Web site. However, if you would like only your name listed, without your business information, please check this box.

**IMCA Membership Directory:**

Membership in IMCA includes being listed in the membership directory on IMCA's Web site. However, if you do not want to be listed in the IMCA membership directory, please check this box.

**Step 3 of 7**

**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
<b>Criminal Disclosure</b>		
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"/>
<b>Regulatory Action Disclosure</b>		
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"/>
<b>Answer questions (4) and (5) below only for arbitration claims or civil litigation filed on or after 05/18/2009.</b>		
(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 understand that my professional references may be contacted and I have so notified them.

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. Please refer to [www.IMCA.org](http://www.IMCA.org) for the most up-to-date terms, conditions, and policies. I also understand that I must satisfy renewal requirements to maintain my CPWA designation.

### 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.

### CANCELLATION POLICY

Participation in the CPWA program is not transferable between individuals.

**Cancellations prior to 45 days before the first day of class.** Cancellations must be made in writing and received by IMCA no fewer than 45 days prior to the first day of the scheduled CPWA class. If cancellation requirements are met, IMCA will refund tuition less the \$1,500 non-refundable fee, or the candidate can choose to attend a later class. See transfer policy below.

**Cancellations less than 45 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 less than 45 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

One transfer to another CPWA class is allowed provided you cancel your participation in the originally scheduled class no fewer than 45 days prior to the first day of the class. Should you choose to transfer, you must attend a CPWA class within two years of the original class date. Transfers are based on availability. A \$750 transfer fee will be assessed. Applicant will need to resubmit CPWA Regulatory History Form (pages 6–8 of CPWA application) and is subject to a second search for any legal proceedings or investigations. It is the applicant's responsibility to inform IMCA of any changes in contact information. If you do not complete a class within two years of the original class date, all fees are forfeited and non-refundable. Individuals must then submit a new application and pay full fees to be considered for the program.

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

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## CPWA Applicant Professional Reference

A reference can come from an IMCA member, professional supervisor, or currently licensed professional in the financial services or a related industry (*References cannot be from a wholesaler/supplier or an employee you supervise*)

### To the Reference:

(Print Applicant's Name) \_\_\_\_\_ is applying for the IMCA Certified Private Wealth Advisor program. This program credentials individuals who satisfy professional experience requirements, subscribe to the high standards of conduct, and pass a rigorous academic program. Please indicate your support of his/her application by completing this professional reference.

Please indicate your reference category:

- IMCA Member     Supervisor     Other Currently Licensed Professional in the Financial Services or Related Industry

Reference Name: \_\_\_\_\_ Title/Occupation: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

What is your relationship to the candidate? \_\_\_\_\_

Years of professional acquaintance: \_\_\_\_\_

### Have you ever had any reason to believe that this applicant has not acted with highest ethical standards?

- Yes     No

### Do you believe that this applicant would be a positive representative of the CPWA designation?

- Yes     No

### To the best of your knowledge, does this applicant have five or more years of financial services or related experience?

- Yes     No

Other comments:

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Professional Reference Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Please complete reference form and mail or fax to:

IMCA  
5619 DTC Parkway, Suite 500  
Greenwood Village, CO 80111  
Phone 303.770.3377  
Fax 303.770.1812

CERTIFIED PRIVATE WEALTH ADVISOR™



# CPWA Applicant Professional Reference

A reference can come from an IMCA member, professional supervisor, or currently licensed professional in the financial services or a related industry (*References cannot be from a wholesaler/supplier or an employee you supervise*)

## To the Reference:

(Print Applicant's Name) \_\_\_\_\_ is applying for the IMCA Certified Private Wealth Advisor program. This program credentials individuals who satisfy professional experience requirements, subscribe to the high standards of conduct, and pass a rigorous academic program. Please indicate your support of his/her application by completing this professional reference.

Please indicate your reference category:

IMCA Member     Supervisor     Other Currently Licensed Professional in the Financial Services or Related Industry

Reference Name: \_\_\_\_\_ Title/Occupation: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

What is your relationship to the candidate? \_\_\_\_\_

Years of professional acquaintance: \_\_\_\_\_

**Have you ever had any reason to believe that this applicant has not acted with highest ethical standards?**

Yes     No

**Do you believe that this applicant would be a positive representative of the CPWA designation?**

Yes     No

**To the best of your knowledge, does this applicant have five or more years of financial services or related experience?**

Yes     No

Other comments:

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Professional Reference Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete reference form and mail or fax to:**

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CERTIFIED PRIVATE WEALTH ADVISOR<sup>®</sup>

**CPWA<sup>®</sup>** | **IMCA**  
investment  
management  
consultants  
association

### CPWA Program Payment Form (rates subject to change)

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

Please indicate which in-class program 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 (5 annually)
- Audio Conferences (12 annually)

#### IMCA Certificate Programs—Special Member Tuition Rates

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#### 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**

#### PAYMENT POLICY

CPWA program payment includes course materials, instruction, room and board, and examination fees. All rates 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.

#### CANCELLATION POLICY

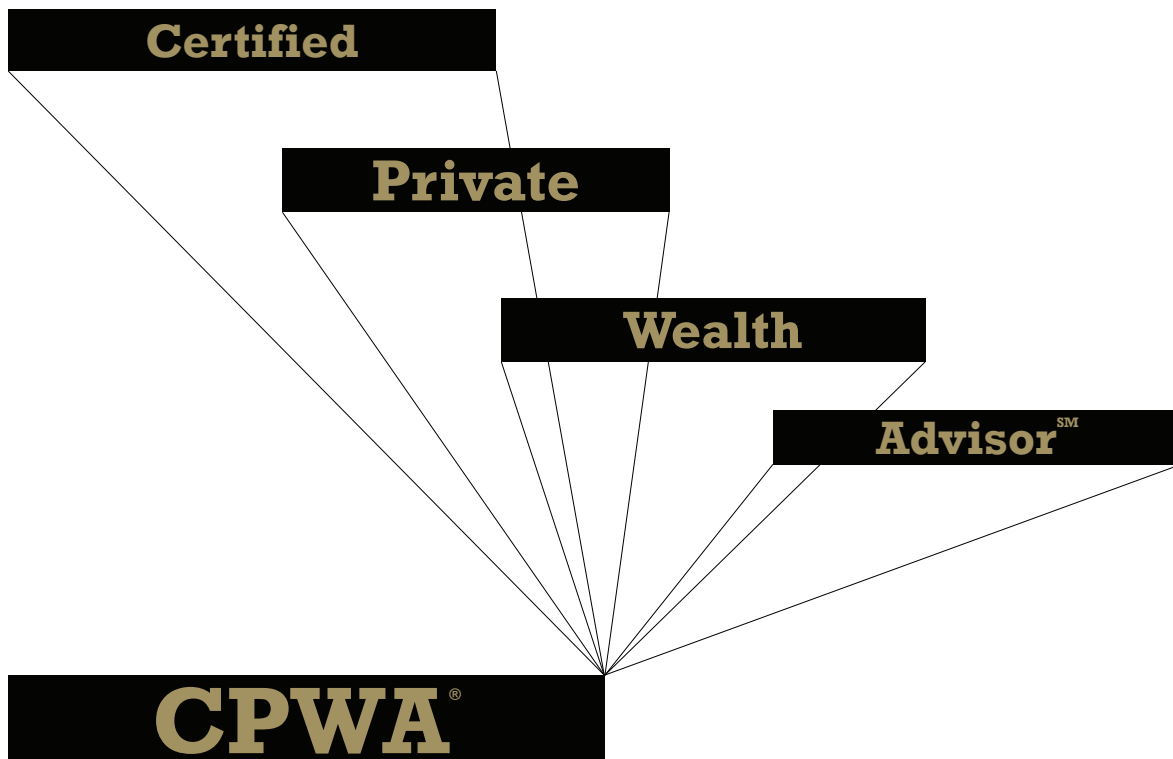
Participation in the CPWA program is not transferable between individuals.

**Cancellations prior to 45 days before the first day of class.** Cancellations must be made in writing and received by IMCA no fewer than 45 days prior to the first day of the scheduled CPWA class. If cancellation requirements are met, IMCA will refund tuition less the \$1,500 non-refundable fee, or the candidate can choose to attend a later class. See transfer policy below.

**Cancellations less than 45 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 less than 45 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

One transfer to another CPWA class is allowed provided you cancel your participation in the originally scheduled class no fewer than 45 days prior to the first day of the class. Should you choose to transfer, you must attend a CPWA class within two years of the original class date. Transfers are based on availability. A \$750 transfer fee will be assessed. Applicant will need to resubmit CPWA Regulatory History Form (pages 6–8 of CPWA application) and is subject to a second search for any legal proceedings or investigations. It is the applicant's responsibility to inform IMCA of any changes in contact information. If you do not complete a class within two years of the original class date, all fees are forfeited and non-refundable. Individuals must then submit a new application and pay full fees to be considered for the program.



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