

STUDENTS: Application must be submitted to your local Association
LOCAL ASSOCIATIONS – PLEASE NOTE:
 Application must be submitted with full tuition to:
 CARIBBEAN ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS
 72 HOPE ROAD, KINGSTON 6, JAMAICA, WI
 TEL. 876-978-6030 / FAX 876-978-7787



The Life Underwriters Training Course (LUTC) Supplemental Application

[Applications will NOT be processed without complete information and full tuition. Name should appear exactly as you want it on official documents. Print clearly].

Indicate enrolment year: 20_____.

Indicate Semester below

DEADLINES:

SEMESTER		SUPPLEMENTAL EXAM	ENROLMENT DEADLINES
<input type="checkbox"/>	1	February	January 31 st
<input type="checkbox"/>	2	June	May 31 st
<input type="checkbox"/>	3	October	September 30 th

PLEASE PRINT OR TYPE:

Last Name: _____ First Name: _____ Middle Initial: _____

Branch/Agency Address: _____

Office Phone: _____ Cellular Phone: _____ E-mail Address: _____

I am registering for the following **supplemental** LUTC course –

- 202 MEETING CLIENTS NEEDS
- 201 EXPLORING PERSONAL MARKETS
- 251 BUSINESS CONTINUITY
- 261 RETIREMENT PLANNING
- 211 DISABILITY INCOME

What local Association are you a member of? _____

FEE PAID - (\$TT650.00) _____

APPLICANT'S STATEMENT: I understand that (1) successful completion of the course is based on class participation, written assignments and field projects, 80% attendance (NO EXCEPTION) and a passing grade on a final examination acceptable to CARAIFA and (2) my enrollment and final status may be reported to my company. I further understand that any student whose behavior adversely affects reasonable order and harmony in class is subject to disenrollment, and may be barred from future participation in LUTC courses. The information on this application is accurate to the best of my knowledge.

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

Applicant Signature

Date