

NOTE: Only ORIGINAL forms will be accepted
 129 Edward St., Port of Spain – email: taifa@tstt.net.tt
 Revision 01.2010



The Life Underwriters Training Course (LUTC) &
 The Financial Service Specialist (FSS)

Supplemental Form

[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

PLEASE PRINT OR TYPE:

CARAIFA Student ID# _____

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

Date of Birth _____ Email Address _____

Company Name: _____ Branch Address _____

Office Phone: _____ Mobile Phone: _____

Any Medical Conditions: _____

Physician's Name: _____ Office Phone _____

I am registering for the following supplemental course -

- | | |
|---|--|
| <input type="checkbox"/> LUTC 202 Meeting Clients Needs | <input type="checkbox"/> LUTC 261 Retirement Planning |
| <input type="checkbox"/> LUTC 201 Exploring Personal Markets | <input type="checkbox"/> LUTC 211 Disability Income |
| <input type="checkbox"/> LUTC 251 Business Continuity | <input type="checkbox"/> LUTC/FSS 290 (Ethics for Financial Professionals) |
|
 | |
| <input type="checkbox"/> FSS262 Foundations of Financial Planning an Overview | |
| <input type="checkbox"/> FSS 263 Foundations of Financial Planning: The Process | |
| <input type="checkbox"/> FSS 264 Foundations of Investment Planning | |

Supplemental semester: Month _____ Year _____

PLEASE INDICATE WHERE YOU WOULD LIKE TO ATTEND SUPPLEMENTAL CLASSES?

NORTH SOUTH EAST TOBAGO

Association Member	\$750.00 TT	per module		
Non-Association Member	\$1,500.00 TT	per module		
Payment Method (Darken circle)	Personal Cheque	Company Cheque	Cash	\$ _____
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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