

Legacy Advisors Application

Thank you for your interest in joining Children's Legacy Advisors. Please note we welcome practicing and retired advisors to become members. Please submit this completed application or send any questions to legacyadvisors@childrensmn.org.

Applicant Information

Name: _____

Job Title: _____

Organization Name: _____

Type of Organization: _____

Years of Experience: _____

Street Address: _____

City: _____ State _____ Zip _____

Office Phone: _____ Cell Phone (optional): _____

Email: _____

URL for Biography (org website or LinkedIn): _____

Professional Designation(s) (e.g. JD, CPA, CFP, etc.): _____

My professional practice focuses on the following areas of planning: _____

What interests you about Legacy Advisors? _____

What benefit do you find in discussing charitable estate planning with your clients? _____

For which level of participation are you applying? Leadership Council Member

May we publish your name in our roster of Legacy Advisors? Yes No

How did you hear about Legacy Advisors?

Referral, please list name _____

Website

Mailing

Other _____

Application Submission

By signing and submitting this application, the applicant agrees to notify Children's Minnesota Foundation of any disciplinary proceedings or events that compromise the applicant's good standing in his or her profession. Further, in accepting membership, the applicant acknowledges that he or she is not an agent of Children's Minnesota in any capacity.

I understand that Children's Minnesota Foundation respects the need of estate and financial planning professionals to be objective, to advise their clients from an unbiased perspective, always representing the clients' very best interests, whether or not the plans include a significant gift to Children's Minnesota.

Applicant Signature (Please use initials): _____