



# NAIFA-CALIFORNIA LEADERSHIP IN LIFE INSTITUTE CANDIDATE APPLICATION

Please complete this application thoroughly and print or type all answers to questions as asked. Whenever possible, limit your replies to the spaces provided below, selecting the information about yourself that you believe to be the most outstanding and relevant. Resumes will not be considered in lieu of answers to the following questions. This form may be duplicated.

## I. BACKGROUND INFORMATION

1. Full Name \_\_\_\_\_  
LAST FIRST MI
2. Preferred Name \_\_\_\_\_
3. Titles or Designations \_\_\_\_\_
4. Spouse Name \_\_\_\_\_
5. Date of Birth \_\_\_\_\_
6. Place of Birth \_\_\_\_\_
7. Company / Organization \_\_\_\_\_
8. NAIFA Member ID No. \_\_\_\_\_

*Please place a check in the box adjacent to your preferred mailing address, phone, fax and e-mail address*

9. Business Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
10. Home Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
11. Business Phone \_\_\_\_\_ Ext. \_\_\_\_\_
12. Business Fax \_\_\_\_\_
13. Home Phone \_\_\_\_\_
14. Home Fax \_\_\_\_\_
15. Cell Phone \_\_\_\_\_
16. Business e-mail \_\_\_\_\_
17. Home e-mail \_\_\_\_\_

18. Who encouraged you to apply to LILI? Please provide that person's name, address and phone number.  
 \_\_\_\_\_
19. Do you have a personal or professional relationship with the moderator or another applicant of this institute? \_\_\_\_\_  
 If yes, please explain \_\_\_\_\_
20. What local association do you belong to? \_\_\_\_\_ For How Many Years? \_\_\_\_\_

### APPLICANT CHECKLIST

- \_\_\_\_\_ Completed and Signed Application.
- \_\_\_\_\_ Check or Credit Card Authorization for \$1,210.
- \_\_\_\_\_ Letter of recommendation and explanation from your local association.
- \_\_\_\_\_ Letter of understanding from immediate Supervisor.
- \_\_\_\_\_ Other documents. Provide brief description below.  
 \_\_\_\_\_  
 \_\_\_\_\_
- \_\_\_\_\_ My check is enclosed.
- \_\_\_\_\_ Paying with a credit card  
 \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard
- Expiration Date \_\_\_\_\_ Card No. \_\_\_\_\_
- Authorized Signature \_\_\_\_\_

### APPLICATIONS MUST BE RECEIVED BY FRIDAY, OCTOBER 7, 2011

**SEND COMPLETED APPLICATIONS TO**  
 NAIFA-California  
 1451 River Park Drive Suite 175, Sacramento, CA 95815-4520  
 (916) 646-8600 Fax (916) 646-8130

#### TENTATIVE CLASS DATES

Friday, January 6, 2012	Ontario, CA
Friday, February 10, 2012	Sacramento, CA
Friday, March 9, 2012	Ontario, CA
Friday, April 13, 2012	Sacramento, CA
Friday, May 11, 2012	Ontario, CA
Friday, June 15, 2012	Sacramento, CA

**You will be notified of acceptance into the institute.  
 Please be sure that your schedule will accommodate  
ALL dates of the institute sessions.**

#### INSTITUTE USE ONLY

DATE RECEIVED _____	INITIALS _____
COMPLETE _____	INCOMPLETE _____
ACCEPT _____	REJECT _____ LETTER _____

**II. EDUCATION**

- 1. High School Graduate or GED? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 2. Undergraduate College(s) \_\_\_\_\_ Degree(s) \_\_\_\_\_ Major(s) \_\_\_\_\_
- 3. Post Graduate College(s) \_\_\_\_\_ Degree(s) \_\_\_\_\_ Major(s) \_\_\_\_\_
- 4. Other Education \_\_\_\_\_

**III. NON INDUSTRY ACTIVITIES**

- 1. Describe your most important past and current volunteer service in civic, political, religious or other organizations over the last five years. Cite what you did, the degree of your involvement, specific results and any awards or citations received.

ORGANIZATION	POSITION HELD	LENGTH OF INVOLVEMENT FROM – TO	AMOUNT OF TIME YOU SPENT / SPEND	RESULTS OR ACCOMPLISHMENTS (IF APPLICABLE)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- 2. Describe your anticipated involvement and goals for the next 3 – 5 years as they relate to the above activities or organizations.

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**IV. INDUSTRY ACTIVITIES**

1. Describe your past and current volunteer involvement in any insurance or financial services industry organization (e.g. Local Association of Insurance and Financial Advisors, MDRT, SFSP, GAMA, FPA, IAFP etc.).

INDUSTRY ORGANIZATION	POSITION HELD	LENGTH OF INVOLVEMENT FROM – TO	AMOUNT OF TIME YOU SPENT / SPEND	RESULTS OR ACCOMPLISHMENTS (IF APPLICABLE)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. Describe your anticipated involvement and goals for the next 3 – 5 years as they relate to the above activities or organizations.

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**IV. FINAL QUESTIONS**

1. Describe your image of an excellent leader.

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**FINAL QUESTIONS (Continued)**

2. Why do you want to be a part of the Leadership In Life Institute?

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3. What is the main reason you should be selected?

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4. What do you hope to gain from participation?

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5. Acceptance in this institute is contingent upon your agreement to volunteer 2 years of service in a leadership capacity with NAIFA. Are you willing and able to make a 2-year commitment to NAIFA? Please explain.

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6. Have you ever been the subject of any insurance or securities regulatory investigation or action?\_\_\_\_\_ If yes, attach details.

7. How many years of financial services experience do you have? \_\_\_\_\_ \*If active member of more than 1 year, at least 2 years industry experience required. If member less than 1 year, at least 5 years experience required.

8. Commitment Statement

I understand the purpose of the NAIFA-California Leadership in Life Institute and if I am selected, I will devote the time and resources necessary to complete the program. I have sought and received the full support of the important people in my life, including my employer. I understand that even though emergencies do arise, I am expected to attend every session. I understand that the first and last sessions, including graduation which is considered a part of the last session, are required and if I miss the first or last session for any reason, I will be asked to withdraw from the program and no portion of tuition will be refunded.

I certify that all of the statements made in this application are true, complete, and correct to the best of my knowledge and are made in good faith. I know and understand that all items herein may be verified. If selected, I have company / organization support for my participation. I further confirm that I will be able to attend all six (6) sessions in their entirety.

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Candidate Signature

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Date

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Print Your Name