



National Association of
Insurance and Financial Advisors
California
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Board of Trustees Nomination Form

Instructions:

1. Please **TYPE OR PRINT CLEARLY** all information.
Note: This form is four (4) pages in length.
2. Complete this form **ONLY** for NAIFA-California Board of Trustees positions.
3. Obtain local association endorsement and have local President and National Committeeperson sign this form.
4. Return completed form to NAIFA-California at the above address by **February 10, 2012.**

Personal Information:

- Full Name _____
- Primary Company _____ Title _____
- Business Address _____ City/Zip _____
- Home Address _____ City/Zip _____
- Business Phone _____ Cell Phone: _____ Home Phone _____
- Business Fax _____ E-Mail Address _____
- Name of Spouse _____ Your Birth Date _____
- Local Association _____
- Do you have any health problems which might impair your ability to serve NAIFA-California?
If yes, please explain: _____
- Have you even been disciplined by a local association or the Department of Insurance?
 NO YES (If yes, please explain on a separate sheet of paper)

Education:

- Indicate the highest level of education attained (i.e., college/graduate school, etc.); name of school; date of graduation _____

Professional Development:

- When did you enter the insurance business full-time? _____
- List prior occupations, if any _____

- Indicate if you have attained or are working toward any of the following designations:

	<u>Student</u>	<u>Designee</u>		<u>Student</u>	<u>Designee</u>
CLU	<input type="checkbox"/>	<input type="checkbox"/>	CFP®	<input type="checkbox"/>	<input type="checkbox"/>
LUTCF	<input type="checkbox"/>	<input type="checkbox"/>	CHFC	<input type="checkbox"/>	<input type="checkbox"/>
RHU	<input type="checkbox"/>	<input type="checkbox"/>	CPCU	<input type="checkbox"/>	<input type="checkbox"/>
CEBS	<input type="checkbox"/>	<input type="checkbox"/>	MSFS	<input type="checkbox"/>	<input type="checkbox"/>
RFC	<input type="checkbox"/>	<input type="checkbox"/>	FSS	<input type="checkbox"/>	<input type="checkbox"/>
			Others	<input type="checkbox"/>	<input type="checkbox"/>

If you are in management:

- How many agents are in the agency? _____
- How many do you supervise? _____
- Of the agents you directly supervise, how many have achieved:
MDRT _____; CLU _____; NQA _____; NSAA _____
- Is your agency a 100 % membership agency?
 YES NO

If you are in brokerage:

- What is the annualized premium of your brokerage agency? \$ _____

Association Involvement

- List offices and committee chairs held in local. Circle current position, if any.

- List offices and committee chairs held in NAIFA-California. Circle current position, if any.

- List offices and committee chairs held in NAIFA. Circle current position, if any.

- Indicate if you have current membership in any of the following:

MDRT:

- Qualifying Life Life & Qualifying
- Court of the Table Top of the Table

- AALU** **GAMA**

- Indicate your level of contribution to IFAPAC:

- Investor (\$50-\$99 annually) Diplomat (\$1,000-\$2,499 annually)
- Century (\$100-\$199 annually) Emissary (\$2,500-\$4,999 annually)
- Ambassador (\$200-\$299 annually) Capitol (\$5,000 annually)
- Statesman (\$300-\$499 annually) Xcaliber (\$10,000 life time)
- Envoy (\$500-\$999 annually)

- Indicate your receipt of the following awards
 NQA NSAA
 - Indicate your level of participation in the NAIFA-California Legal Defense Fund, formerly known as the Paul Jeffers Prospector Fund.
-

Community Activities:

- List leadership positions held in any local service organizations, boards, commissions, political groups, etc.
-

- What future commitments do you have to these organizations? _____
-

- List your home and business community newspapers: _____
-

NAIFA-California Areas of Interest

What position(s) on the NAIFA-California Board of Trustees are of most interest to you for the coming administrative year? Check all that apply. Please understand it is not possible for the Nominating Committee to always place nominees in the exact positions they desire. The committee assumes you are willing to serve in any position if so asked.

- NAIFA-California Board positions in which I am most interested are: rank them as 1st choice, 2nd choice, etc. if you have more than one preference.

President-Elect

Secretary

Vice President

Comments: _____

Personal Statement:

- Please write a brief statement of why you want to serve on the NAIFA-California Board of Trustees. Include in your statement what strengths you bring to the NAIFA-California Board. If needed, attach an additional sheet to the application.

Performance Pledge

If nominated and elected as a member of the NAIFA-California Board of Trustees I agree to perform, to the best of my ability, the duties assigned to me by the President, the Executive Committee and collectively by the Board of Trustees.

I also agree to attend and participate in meetings of the Board of Trustees, Board of Directors and such other meetings as may be required including the NAIFA-California Annual Meeting.

I further agree to submit timely, written reports as may be requested of me.

I agree to perform my duties in accordance with the established policy and Bylaws of NAIFA-California and pledge to work cooperatively with the paid Executive Vice President and staff, as well as with my fellow members of the Board of Trustees, in furtherance of the goals and objectives of NAIFA-California.

I understand my failure to live up to this agreement will give cause for the NAIFA-California Board of Trustees to ask for my immediate resignation from office.

Signature of Candidate _____ Date _____

Endorsement of Local Association

Instructions:

Upon your completion of the required information on this form you must submit the completed form to your local association Board for their endorsement of your nomination to NAIFA-California office. Candidates must have their local's endorsement before they may be considered for any position within NAIFA-California. Once the local has endorsed your nomination, be sure the following is complete and the entire form mailed to the NAIFA-California office.

To Be Completed By The Local Association President and National Committeeperson

This is to advise you that _____ (name of nominee) a member in good standing of this association, has been endorsed and is recommended for nomination to an office in the National Association of Insurance and Financial Advisors-California.

Signature of President Date _____

Association _____

I have reviewed the completed application and concur that _____
has been endorsed and recommended for nomination to an office in the National Association of Insurance and Financial Advisors-California.

Signature of National Committeeperson Date _____