



Council of Financial Educators

AN IRS-APPROVED 501(C)(3) NON-PROFIT ORGANIZATION

Become a COFE Member Today and Experience the Power of Financial Education!

The **Council of Financial Educators** is an IRS-approved 501(c)(3) non-profit organization committed to providing the public with the knowledge to confidently navigate the ever-changing retirement landscape. Understanding that millions of people have financial questions, as well as a unique set of circumstances and retirement needs, we offer educational classes and resources to the public to address these needs.

MEMBER BENEFITS

CREDIBILITY

Increase your credibility and build trust when you become a COFE non-profit Member and Instructor.

NON-PROFIT STATUS

Gain access to coveted venues, organizations, and corporations with COFE's non-profit status.

COST SAVINGS

Compared to other marketing options available to the financial community, classroom instruction can save as much as 75% per event.

CO-BRANDING

Use our logo, mission statement, and Member seal to promote yourself as COFE Member on your collateral and class marketing materials

POSTAGE SAVINGS

Save up to 50% on postage when promoting your COFE classes via direct mail.

TURNKEY EDUCATIONAL PROGRAMS

Full access to our turn-key educational programs, including class invitations, PowerPoint presentations, scripts, workbooks, handouts, evaluation forms, and more!

TEACH YOUR CURRENT CLASSES

Already teaching classes in your community? No need to stop. Simply submit your current classes for review and addition to our approved curriculum.

PROTECTED TERRITORIES

Benefit from having an exclusive, protected COFE territory for the classes that you are teaching.

ONLINE EXPOSURE

Your Instructor profile and all of your COFE classes will be promoted on the COFE website.

COURSE REGISTRATION SYSTEMS

Access to our automated phone and online class registration systems.

LOW ANNUAL MEMBERSHIP DUES

COFE Membership is only \$949.00 per YEAR!

JOIN TODAY AND START BENEFITTING TOMORROW

To join or learn more about membership and benefits, contact Kim Phillips at 727-800-6533 or kim@cofe-edu.org



Council of Financial Educators

AN IRS-APPROVED 501(C)(3) NON-PROFIT ORGANIZATION

Experience the Power of Financial Education!

TURNKEY EDUCATIONAL PROGRAMS

COFE gives you the opportunity to educate the public with our Turnkey Educational Workshop Programs!

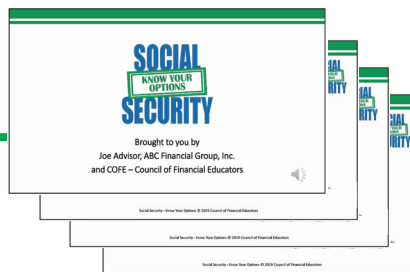
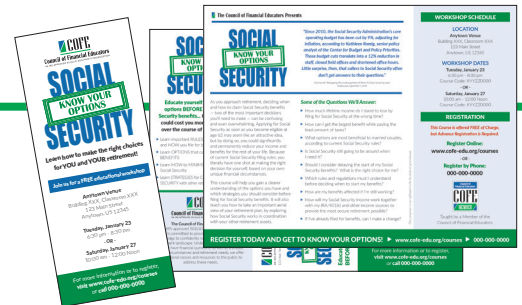
As a COFE Member, the following financial education courses are available to you:

- Maximize Your Social Security & Minimize Your Taxes
- Social Security: Know Your Options
- Medicare: Know Your Options
- Tax Planning for Retirement
- Retirement Income Planning
- Understanding Your IRA/401k Options
- Rolling Over Your 401k
- Create a Personal Income and Pension
- Tax & Income Planning Strategies

All programs are turnkey and include:

- An Invitation Mailer
- A Scripted PowerPoint Presentation
- Student Workbooks, Worksheets, Handouts
- 24/7 Phone and Online Course Registration Service
- A Course Evaluation Form
- An Appointment Form

Invitation Mailers



Scripted PowerPoint Presentations

Student Workbooks



To join COFE or learn more about our educational workshop programs, contact Kim Phillips at 727-800-6533 or kim@cofe-edu.org

The Council of Financial Educators is an IRS-approved 501(c)(3) non-profit organization committed to providing the public with the knowledge to confidently navigate the ever-changing retirement landscape.



MEMBERSHIP APPLICATION

MEMBER INFORMATION

Member Name: _____ Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Office Phone: _____ Cell Phone: _____

Email: _____

Office Assistant Name: _____ Office Assistant Phone: _____

Office Assistant Email: _____

Years of Experience: _____

Are you an SEC-registered Investment Advisor? Yes No

If yes, please add your disclosure here:

COURSE AND TERRITORY PREFERENCE

What course(s) are you interested in teaching?

What geographic area(s) are you interested in?

Signature: _____ Date: _____



MEMBERSHIP AGREEMENT

THIS MEMBERSHIP AGREEMENT (the "Agreement") between the undersigned member ("Member") and the Council of Financial Educators ("COFE") is effective as of the date that the last party signs in the signature block below (the "Effective Date").

COFE is a 501(c)(3) non-profit organization that facilitates the presentation of financial education programs (the "Programs") by Members using pre-approved Program materials (the "Program Materials") in educational settings located in the Initial Territory ("Initial Territory") and in any additional territories ("Additional Territories," and together with the Initial Territory, the "Territories") specified by the parties hereto in writing. The undersigned Member is entering into this Agreement with COFE in order to obtain the right to present the Programs set forth below in the Initial Territory and in any Additional Territories set forth below and to confirm certain agreements and understanding in connection with the Programs and Program Materials. In consideration of the promises contained herein and intending to be legally bound, the parties hereby agree as follows:

1. Territory. COFE hereby grants Member the limited, non-assignable, non-transferable, right to present the Programs set forth below in the Territories set forth below in exchange for payment by Member of an annual membership fee of \$949.00 for the Initial Territory and \$300.00 for each Additional Territory ("Annual Membership Fee"). One Territory will consist of 20,000 prospective students within the zip codes defined in this Agreement. In consideration of the Annual Membership Fee, COFE shall not grant the right to present the Programs set forth below to any other Individual in the Territories set forth below during the initial term or any Renewal Term.

Program/Course Name

Program/Course Owner – i.e. FMO/IMO, BD, COFE, etc.

Territory Definition

Initial Territory Name

Additional Territory #1 Name (if applicable)

Additional Territory #2 Name (if applicable)

The Member may renew his or her access to the Territories for an additional twelve calendar months ("Renewal Term") on an annual basis by paying an annual renewal fee of \$949.00 for the Initial Territory and \$300.00 for each Additional Territory ("Renewal Fee") during the term of this Agreement, with such Renewal Fee due and payable to COFE no later than thirty (30) days prior to expiration of the Annual Membership Fee or the then-current Renewal Term. Both the Annual Membership Fee and the Renewal Fee are non-refundable.

It is the goal of COFE to provide consistent and on-going financial education opportunities to the public. As such, during the term of this Agreement, Member is required to teach a minimum of 4 classes per year, or 1 class per quarter, per Territory to the general public in an educational venue to maintain each Territory (the "Minimum Standards"). In the event Member fails to meet the Minimum Standards, COFE shall have the option to terminate this Agreement upon written notice to the Member in accordance with Section 5.

2. Program Usage Terms.

- a) Member confirms that he/she is licensed and/or authorized by the Program Owner set forth above to teach the Program and use the Program Materials set forth above which are owned by the stated Program Owner.
- b) Member agrees to provide all Program Materials including, but not limited to, PowerPoint presentations, Scripts, Workbooks, Handouts, Advertising materials, and Marketing materials, to COFE for review, modification, and approval to ensure compliance with the 501(c)(3) non-profit laws that govern COFE.
- c) This Agreement includes the right to teach the Program Materials only as approved by COFE.
- d) Member agrees that all marketing and advertising of the Program(s) will be provided solely by COFE or a COFE-approved vendor.

3. Transition Documentation: Member agrees to have the COFE Transition Notification Form ("Transition Form") signed by all students who wish to receive recommendations or advice from the Member outside of the classroom setting. Member further agrees to return all Transition Forms to COFE immediately upon receipt. All signed Transition Forms must be sent to the main office of COFE where they will be held on file.

4. Restricted Use: The COFE 501(c)(3) non-profit status, including name, logo, non-profit postage status, may only be used upon the approval of COFE, through COFE or COFE-approved vendors. Any use without permission will be cause for membership to be immediately revoked.

5. Term. The term of this agreement (the "Term") shall commence upon the Effective Date and continue thereafter until terminated in accordance with this Agreement. Either party may terminate this Agreement by written notice to the other party at any time upon breach hereof by the other party if the breach is not cured within ten (10) days of the breaching party receiving written notice of the breach. Upon termination of this Agreement, all rights granted to Member shall terminate and Member, except to the extent that complying with such request would be prohibited by law or regulatory authority, shall return or destroy all Program Materials. The License granted to Member pursuant to this Agreement shall terminate immediately in the event that Member or Member Business, as the case may be, shall cease to be appointed as a valid licensed financial professional.

6. Compliance with Policy & Laws. Member shall comply with all COFE policies or procedures provided to Member, including any updated versions of such materials provided to Member. Member shall stay current with all regulatory agencies regarding licensing and continuing education requirements. If Member fails to maintain these licenses, Member will be removed from the program until they are back in compliance. Member must have any student that wishes to meet with the Member sign the Transition Form to ensure that the student understands that the Member is now acting as an advisor and acting under their private company. At no time shall the Member make recommendations or advise students unless the Transition Form has been completed and signed by the student and the Member.

7. Hold Harmless. Member shall Indemnify and hold harmless COFE from any and all claims, demands, penalties, suits, or actions and from any and all losses, costs and expenses, including attorney fees, in connection therewith, arising out of or resulting from: (i) Member's breach of any material term of this Agreement; (ii) any default in the performance of, or the negligent performance of, the obligations of Member under this Agreement; or (iii) violation by Member of any laws, rules and regulations or any claims; or (iv) the sale of insurance and annuities using the Program or Program Materials.

This document constitutes the entire Agreement between the Member and COFE. Any modifications to this Agreement must be in writing and signed by both parties.

Member Name: _____

License #: _____

Signature: _____

Date: _____

INSTRUCTOR'S PLEDGE

As a member of, and Instructor with, the Council of Financial Educators (COFE), I pledge to pursue the following:

A: Above-board. I pledge to always put the client's interests ahead of my own concerns. I will listen intently to discover their needs, desires, and goals. I will only offer solutions based on improving the client's financial plan. I will only recommend a plan that meets proper suitability requirements which consider both the current and future needs of my client. I will consider the liquidity needs of my clients along with their aversion to risk before suggesting a financial plan.

B: Best Interest of Clients. I pledge to be honest in every facet of communication with my clients. I will never withhold information that is relevant to the products I suggest, and in fact will totally disclose the important features, fees, riders, needed to make an informed decision. I will disclose potential risks that may negatively affect not only the performance of a product I recommend, but will also disclose the quality of the company standing behind the product. I will never recommend a product or plan based on how much money it will make me. I will not withhold anything that would help the client to make an informed decision. I will be truthful about my credentials, education, business background, and professional designations. I will act and plan with integrity.

C: Compliant. I will only use company approved materials when presenting a product of that company. I will work hard to use compliant materials in software, presentations, seminars, letters, websites and any other materials I use to promote my business. When advertising my company I will use honest and compliant materials.

I will work hard to adhere to the above Instructor's Pledge and to be the best advisor in my power for my clients.

Advisor's Name (Please print): _____

Advisor's Signature: _____ Date: _____

EMPLOYMENT CANDIDATE CONSENT TO BACKGROUND INVESTIGATION

DISCLOSURE THAT REPORT MAY BE OBTAINED: This is to inform you that a consumer report may be obtained from a consumer reporting agency for the purpose of evaluating you for employment, promotion, reassignment, and/or retention as an employee. The report may include, among other items, criminal background information, confirmation of your educational and employment history, an investigative consumer report (for which you may request a disclosure of nature and scope) as to your work performance, and confirmation of any references provided.

AUTHORIZATION TO OBTAIN REPORT: The undersigned hereby authorizes COUNCIL OF FINANCIAL EDUCATORS COFE (hereinafter referred to as "Employer") and/or its agents to make an investigation of my background, references, character, employment, credit, motor vehicle, education, and criminal history record information which may be in any state or local files, including those maintained by both public and private organizations, and all public records, for the purpose of confirming the information contained in my application and/or obtaining other information which may be material to my qualifications for employment. This report may be revealed to any person required to participate in the decision for employment. I further agree to a test for controlled substances, if requested. A telephone facsimile (fax) or xerographic copy of this consent shall be considered as valid as the original consent.

In the event of my employment by Employer, this authorization shall remain in effect for the duration of such employment during which period additional reports may be periodically obtained. Prior to taking adverse action as a result of any investigations resulting from this authorization, Employer shall provide to me a copy of the consumer report or investigative consumer report which caused such adverse action and a summary of my rights under the Fair Credit Reporting Act.

Signature: _____ Date: _____

Please type or print legibly the information requested below, black ink only.

True and Complete
Legal Name: First _____ Middle _____ Last _____

Maiden or Other
Names Used: _____ Dates Used: _____

Present Street
Address: _____

City: _____ County _____ State: _____ Zip: _____

Broker/Advisor Insurance
License # _____ License # _____

Date of Birth: _____ Social Security Number: _____

Note: The above information is required to ensure positive identification and is in no manner used as qualification for employment. California, Minnesota, and Oklahoma applicants check this box if requesting copy of report be sent to address above.

COUNCIL OF FINANCIAL EDUCATORS COFE REQUEST FOR PROCESSING

- Criminal history, county
- Criminal history, Federal District
- Criminal history, statewide
- Criminal & sex offender database, national
- Globalcheck
- Civil records, County
- Civil records, Federal District
- Credit history
- Employment verification (7 yrs)
- Employment vrfctn w/perf. assessment (7 yrs)
- Professional reference
- Education verification
- Professional license verification
- Motor vehicle record
- SSN+, auto-search 7-yr residential
- Drug Test



Council of Financial Educators
AN IRS-APPROVED 501(C)(3) NON-PROFIT ORGANIZATION

CREDIT CARD AUTHORIZATION FORM

Name on Card: _____

Billing Address: _____

City, State, Zip: _____

Credit Card Number: _____

Expiration Date: _____ CVC 3 digit #: _____

Charge Amount: \$ _____

Purchase Memo: _____

I authorize COFE (Council of Financial Educators, Inc.) to charge the amount listed above to the credit card provided.

Signature: _____

Date: _____

Printed Name: _____



TRANSITION NOTIFICATION FORM

This notice is to acknowledge and confirm that my role of Instructor is changing.

I, _____ (Instructor Name), will be transitioning to the role of Advisor from this point in the relationship going forward. All recommendations and advice provided going forward is being given through my company _____ and not under the supervision of the Council of Financial Educators (COFE).

All advice, recommendations, and transactions that take place going forward will be with your best interest in place and within compliance of my role as a fiduciary.

By signing below, you are acknowledging that this transition is taking place and that you agree with it.

Student Name (Print): _____ **Instructor Name (Print):** _____

Student Signature: _____ **Instructor Signature:** _____

Date: _____ **Date:** _____