



Date: \_\_\_\_\_

To: NAIFA Quality Award Team

Subject: 2012 NAIFA Quality Award Application- Financial Advising

Applicant's Name: \_\_\_\_\_

Applicant's NAIFA ID: \_\_\_\_\_

To Whom It May Concern:

Please be advised that the applicant noted above is a representative in good standing engaged in advising and delivering financial services to consumers in association with our organization.

Signature of supervising principal or compliance department representative:

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Please return to:**

NAIFA Quality Award Program

Email: [qualityaward@naifa.org](mailto:qualityaward@naifa.org)

Fax: 703-770-8477

**NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS**

2901 Telestar Court • Falls Church, VA 22042-1205 • [www.naifa.org](http://www.naifa.org) • 703/770-8100