



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

To: NAIFA Quality Award Team

Subject: 2017 NAIFA Quality Award Application- Financial Advising and Investments

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: [bbernat@naifa.org](mailto:bbernat@naifa.org)

Fax: 703-770-8486

**NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS**

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