



Top Advisor 2018-2019 Recognition Program

The Leadership of NAIFA-Alabama would like to recognize and promote active members of NAIFA that have demonstrated a commitment to excellence.

The Top Advisors program provides financial professionals at any career stage the opportunity to apply or be nominated for the following:

- Professionalism through education and earned designations
- Production measured by performance metrics customized for each practice specialty
- Adherence to the NAIFA code of ethics, and
- Service to your industry association

Advisors specializing in Life & Annuities, Financial Advising & Investments, Health & Employee Benefits, Multiline Sales or any combination of these specialties can demonstrate the quality that is the mark of a true professional. But they must be active NAIFA members.

You or a professional you know is a candidate. He or she is successful, of course, but also committed to their community, family and team. They're already a great example for their peers. Nominate them for **NAIFA-Alabama Top Advisor**. It's the recognition they deserve and the next step in their amazing career.

Recipients will appear in a local and state publication as well as promoted through social media. They will be showcased at the NAIFA-Alabama Annual Meeting May 1-3, 2019 in Gulf Shores.

Use the following application for nomination.



NAIFA ALABAMA
P.O. Box 43067
Birmingham, Alabama 35243
sallie@naifa-alabama.com

2018-2019 Top Advisor
Application Submission Deadline:
March 22, 2019

Name & Designation(s):		Date of Birth:	
Name & Address of Company:			
City:		State:	Zip:
Phone:		E-mail:	
Years in Business:		2018 Commissions (\$75,000 minimum):	
Area(s) of Specialization:			
Currently an IFAPAC Contributor (circle): Yes No		Years in NAIFA :	
Other Professional Organizations to Which You Belong: _____ _____ _____ _____ _____			
Community Involvement: _____ _____ _____ _____ _____			

Internal Use: Membership in NAIFA since _____
IFAPAC contribution confirmed _____



Top Advisor Agreement

Applicant Please Read and Sign Below:

By signing this agreement, I am indicating that the information reported in this awards application, specifically the commission amount, is both truthful and accurate. I also understand that NAIFA-ALABAMA may request records to verify any and all information at any point during the application process. Furthermore, I understand that if I am selected as a Top Advisor of NAIFA-ALABAMA, I am expected to maintain my membership for the ensuing year, and if I allow my membership to lapse, will be responsible for a pro-rated portion of the cost of the ad published that identifies me as an active member and Top Advisor of NAIFA-ALABAMA.

Applicant's Signature

Date

Applicant's Printed Name

Agency Manager, Accountant or Bookkeeper, Please Read and Sign Below:

By signing this agreement, I am indicating that the information reported in this awards application, specifically the commission amount, is, to the best of my knowledge, both truthful and accurate. I also understand that NAIFA-ALABAMA may request records to verify any and all information at any point during the application process.

Signature

Date

Printed Name

Please Return Your Completed Application and Supporting Material to:

**NAIFA ALABAMA
P.O. Box 43067
Birmingham, Alabama 35243**

**Scan and Email: sallie@naifa-alabama.com
Online Form - Visit www.naifa-alabama.com**