

# EXPERTISE APPLICATION FORM - USA



For details of the criteria to join STEP as a Full Member (TEP) by way of expertise, go to [www.step.org/TEP-expertise](http://www.step.org/TEP-expertise)

Complete the form in English and type or print in BLOCK LETTERS

For office use only  
Membership No:

[www.step.org](http://www.step.org)

## 1. Personal Details \*includes mandatory fields

Title (e.g. Mr/Ms/Mrs)*:	City*:
First Name(s)*:	State*:
Last Name*:	Zip*:
Date of Birth: <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	Home Email*:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Work Email:
Phone Number (incl. area code)*:	Preferred Mailing Address: Work <input type="checkbox"/> Home <input type="checkbox"/>
Cell Number (incl. area code):	Preferred Email Address: Work <input type="checkbox"/> Home <input type="checkbox"/>
Home Address*:	

## 2. Branch/Chapter Affiliation

Members of STEP must be affiliated with their local Branch or Chapter.

Details of Branches and Chapters can be found at [www.step.org/branches-chapters](http://www.step.org/branches-chapters)

Please specify to which Branch or Chapter you wish to be affiliated:

## 3. Work History

### CURRENT FIRM

If you have worked at more than two firms over the past 10 years, please be sure to list full details of the other firms in your accompanying résumé

Firm Name:	Department:
Location of Firm:	Title(s) held:
PO Box number:	Employed From:
City:	<input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y To: <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
State:	Type and description of work performed:
Zip:	
Current job title:	

### 3. Work History

#### FIRM 2

Firm Name:

Location of Firm:

Title(s) held:

Employed From:

To:

Type and description of work performed:

**I have attached my résumé to this form detailing my experience over the last 10 years. Applications submitted without a detailed résumé outlining your experience will not be processed.**

### 4. Practice Experience

Please state the number of years of senior-level experience (minimum 10 years required) you have in the trust and/or estate field:

years  months

To illustrate the breadth of your experience, please check all practice areas where you have gained senior-level experience. In this context, senior-level experience is specialist experience in the field of trust and estate practice, working at a senior level in a client-facing, support, academic or trust and estate role.

<input type="checkbox"/> Anti-money laundering	<input type="checkbox"/> Insurance
<input type="checkbox"/> Charity formation/administration	<input type="checkbox"/> International client
<input type="checkbox"/> Civil-law planning (incl. foundations)	<input type="checkbox"/> Investment
<input type="checkbox"/> Company formation/management	<input type="checkbox"/> Philanthropy
<input type="checkbox"/> Compliance/regulation	<input type="checkbox"/> Private banking
<input type="checkbox"/> Contentious trusts and estates	<input type="checkbox"/> Rural family, business and agriculture
<input type="checkbox"/> Cross-border estates	<input type="checkbox"/> Succession planning
<input type="checkbox"/> Dispute resolution	<input type="checkbox"/> Tax
<input type="checkbox"/> Elderly and vulnerable clients	<input type="checkbox"/> Trust planning/administration
<input type="checkbox"/> Estate planning/administration	<input type="checkbox"/> Wills and probate
<input type="checkbox"/> Family business	<input type="checkbox"/> Other, please specify:
<input type="checkbox"/> Family law	<input type="text"/>
<input type="checkbox"/> Family office	<input type="text"/>

## 5. Memberships and Designations

Please check the box(es) corresponding to your memberships and designations

<input type="checkbox"/> Bar Association(s) - please state which associations below	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="checkbox"/> ACTEC (American College of Trust and Estate Counsel)	<input type="text"/> State (if applicable)
<input type="checkbox"/> Bankers Association	<input type="text"/> State (if applicable)
<input type="checkbox"/> CAIA (Chartered Alternative Investment Analyst)	<input type="text"/> State (if applicable)
<input type="checkbox"/> CFA (Chartered Financial Analyst)	<input type="text"/> State (if applicable)
<input type="checkbox"/> CFP (Certified Financial Planner)	<input type="text"/> State (if applicable)
<input type="checkbox"/> CFS (Certified Fund Specialist)	<input type="text"/> State (if applicable)
<input type="checkbox"/> ChFC (Chartered Financial Consultant)	<input type="text"/> State (if applicable)
<input type="checkbox"/> CIMA (Chartered Institute of Management Accountants)	<input type="text"/> State (if applicable)
<input type="checkbox"/> CLU (Chartered Life Underwriter)	<input type="text"/> State (if applicable)
<input type="checkbox"/> CPA (Certified Public Accountant) Association	<input type="text"/> State (if applicable)
<input type="checkbox"/> CPA (Certified Public Accountant)/PFS (Personal Finance Society)	<input type="text"/> State (if applicable)
<input type="checkbox"/> CTFA (Certified Trust and Financial Advisor)	<input type="text"/> State (if applicable)
<input type="checkbox"/> Estate Planning Council	<input type="text"/> State (if applicable)
<input type="checkbox"/> International Academy of Estate & Trust Lawyers	<input type="text"/>
<input type="checkbox"/> The American College of Tax Counsel	<input type="text"/> State (if applicable)
<input type="checkbox"/> The International Tax Planning Association	<input type="text"/> State (if applicable)
<input type="checkbox"/> Other (specify) <input type="text"/>	<input type="text"/> State (if applicable)
<input type="checkbox"/> Other (specify) <input type="text"/>	<input type="text"/> State (if applicable)
<input type="checkbox"/> Other (specify) <input type="text"/>	<input type="text"/> State (if applicable)

## 6. Annual Membership Dues

Please visit [www.step.org/fees](http://www.step.org/fees) for dues and administration fees.

You will be sent a request for payment for applicable fees when your membership is approved (pending payment). Payment options will be listed on your request for payment. You are required to submit payment within 30 days of being approved.

## 7. Qualifications

Please check the boxes and provide the information relating to any of the below qualifications that you have.

Undergraduate Degree/Bachelor of Arts relating to STEP membership

Subject

University

MBA / Masters

Subject

University

JD (Juris Doctor)

Subject

University

LLM

Subject

University

List the State(s) to which you have been admitted to practice

**I have included a copy of my signed certificate(s) for the above qualifications (this is required to process your application)**

You do not need a legal qualification to join STEP. Please state below other relevant qualifications, relating to accountancy, financial planning, banking or trust management.

Other

Subject

University

Other

Subject

University

**I have included a copy of my signed certificate(s) for the above qualifications (this is required to process your application)**



**8iii. Declaration of Referees: Third Referee - Does not need to be a member of STEP but must be professionally or academically qualified in a relevant field**

Name:		Phone Number (incl. area code):	
STEP Membership Number:	<input type="text"/>	Email:	
Firm:		Length of professional acquaintance with the applicant:	
Business Address:		years months	
City: State:		Signature:	
Zip: Country:	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Please provide a short statement explaining how you know the applicant and your reason for endorsing this application:

**8iv. Declaration of Referees: Fourth Referee - Does not need to be a member of STEP but must be professionally or academically qualified in a relevant field and must not be a member of the same firm, company or organisation as the third referee. Ideally, all four referees should be from different firms, companies or organisations**

Name:		Phone Number (incl. area code):	
STEP Membership Number:	<input type="text"/>	Email:	
Firm:		Length of professional acquaintance with the applicant:	
Business Address:		years months	
City: State:		Signature:	
Zip: Country:	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Please provide a short statement explaining how you know the applicant and your reason for endorsing this application:

## 9. Applicant’s Declaration

**Please read the information below before signing this declaration.**

I understand that as a STEP Member, I am represented by STEP throughout the world. In addition, my local STEP region and branch provide further support, benefits and services.

I confirm that I am aware of STEP’s Memorandum and Articles of Association, its Standing Orders, the STEP Code of Professional Conduct and all other rules, regulations and guidance (and any amendments) that may be issued by STEP from time to time. I agree to abide by these, which together, are referred to as the “STEP Rules.” These are published on the STEP website at **www.step.org/central-governance**

I confirm and acknowledge that if I breach any of these rules, disciplinary action may be taken against me that may result in a sanction being imposed which may affect my STEP membership, and that any sanctions and information relating to an investigation could be published in the *STEP Journal* in accordance with our Disciplinary Policy: **http://www.step.org/sites/default/files/Policy/step-disciplinary-panel-publications-policy-june-2016.pdf**

I confirm that no prior or current criminal and regulatory proceedings have been brought against me by any authority, and that I will notify STEP should I become the subject of any criminal, regulatory or disciplinary investigation or other matter that has not already been brought to the attention of Professional Standards. I am aware that as STEP membership is a contract under English and Welsh law I am required to declare any criminal convictions under the provisions of the *UK Rehabilitation of Offenders Act 1974*. I understand that the *UK Rehabilitation of Offenders Act 1974* does not apply to the accountancy or legal profession, and therefore I may be required to disclose past convictions: that is any conviction irrespective of its age and/or type.

I understand that I cannot resign or lapse my STEP membership while an investigation is ongoing under the STEP Disciplinary Rules and that regardless of any such resignation and/or lapse, that STEP is entitled to investigate any complaints and make a determination as to my continued membership.

I understand that it is a requirement of STEP membership to ensure appropriate professional indemnity insurance (PII) is in place; therefore, I confirm that to the best of my knowledge and belief, I hold appropriate PII for the work which I undertake, or that as an employee, I am appropriately indemnified by my employer for the work I perform. Furthermore, I understand that if I make a declaration concerning PII which is subsequently found to be false, I will be subject to proceedings under the STEP Disciplinary Rules.

I agree to adhere to meet STEP’s CPD requirements and record my CPD activities. I understand that random CPD audits are performed each year and that failure to respond to a request for a list of CPD activities I have undertaken may result in suspension of membership. Full details can be found at **www.step.org/cpd**

Signature:

Date

D	D	M	M	Y	Y	Y	Y
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## 10. To be completed by Branch/Chapter only

For completion by Branch or Chapter Chair/Secretary/Membership Officer

I confirm that this applicant has/has not (delete as appropriate) been recommended for approval at Branch/Chapter level though I understand that ultimately, the Worldwide STEP Membership Committee approves those individuals who satisfy the criteria set out in the Admission Rules approved by the Board.

The reasons why we came to this conclusion, based on the applicant’s qualifications and any knowledge we might have of the applicant are listed below:

Name:

Branch/Chapter:

Signature:

Date

M	M	D	D	Y	Y	Y	Y
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Comments:


## 11. Data Protection

The information you provide will be used by STEP, its subsidiary companies, STEP Branches/Chapters or approved agents for administrative and membership purposes or as required by law. Once you have provided your consent in the check box below, we will use your information to keep you up-to-date with news and developments in the industry, via both email and post. Our News Digest emails provide you with an overview of current news articles and reports relevant to your practice and region and the STEP Journal provides news, trends and issues facing trust and estate practitioners; industry debate, incisive comment and thoughtful analysis; legislative developments and implications; technical briefings and taxation updates; book and product reviews; and listings of STEP meetings and events for the months ahead.

We do not sell lists of our members, but, with your consent in the check box below, may pass your details on to local STEP Branches/Chapters acting on STEP's behalf as well as third parties with whom STEP works closely, for example our education partners. These companies may be based worldwide. This enables them to send you information about products and services that are relevant to your membership and are approved by STEP.

STEP also produces lists of STEP members available to the public. These lists appear on the public area of the STEP website. You will need to check the box below to confirm you would like your details to appear in the Online Directory.

### **IMPORTANT – PLEASE READ AND CHECK THE BOXES**

**ACCORDINGLY** Please check the boxes below to provide your consent to receiving such messages by email, SMS and/or post from STEP, local STEP Branches/Chapters and other third parties approved by STEP.

Please note, that if you do not check either the box below relating to mailings or the box below relating to emails, then STEP will not be able to contact you regarding your membership and this could result in your membership lapsing. You will also be missing out on a number of member benefits if you do not give consent for STEP to mail or email you.

- I would like to receive mailings from STEP. (Please note that this includes the *STEP Journal*).
- I would like to receive emails from STEP. (Please note that this includes the STEP News Digests and all STEP member newsletters).
- I would like to receive SMS messages from STEP. (Please note that STEP will not charge you for any SMS messages sent to you).
- I would like to receive mailings (including emails) from third parties approved by STEP relating to products and services that are relevant to my membership.
- I would like to have my contact details appear on lists of STEP members that are available to the public or appear on the public area of the STEP website.

**STEP members can update their email and mailing preferences at any time by logging into the STEP website.**

### **Background Check**

STEP undertakes background checks using the Thomson Reuters World-Check One service to assist with determining an applicant's suitability for membership. Further information can be found at <https://risk.thomsonreuters.com/en/products/world-check-one-kyc-verification.html>

We may also contact other organisations to which you belong or have belonged and/or other authorities to obtain further information.

**Please note that by submitting an application for membership, you are giving your consent for STEP to complete a background check.** The laws of England and Wales govern this Agreement and the parties submit to the exclusive jurisdiction of the English courts.

If you would like further information on how STEP uses your personal information, please refer to our privacy policy which can be found at [www.step.org/privacy-policy-and-terms-use](http://www.step.org/privacy-policy-and-terms-use), or contact us at [step@step.org](mailto:step@step.org)

For any questions, please email Eileen Budd, Director, Business & Membership Development STEP USA: [eileen.budd@step.org](mailto:eileen.budd@step.org)

**Send your completed application form and accompanying documents to:**

STEP, Artillery House (South), 11-19 Artillery Row, London, SW1P 1RT, UK

T: +44 (0)20 3752 3700 E: [step@step.org](mailto:step@step.org) W: [www.step.org](http://www.step.org)

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