Case Study & E-Learning ORDER FORM

1. Your Details

First Name: ______________________ Title: ______________

Last Name: ______________________

Job Title: ______________________

Company/Organisation: ______________________

Company Address: ______________________

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Town / City: ______________________ Postcode: ______________

Telephone: ______________________

Email: ______________________

IFP Member? ☐ Yes ☐ No* Membership No.: ______________

For your chosen case study you will be required to deal with three technical areas in detail. If you choose a pre-retired case study, one of the technical areas *must* be Personal Risk Management and Insurance. You must also briefly mention any other issues which are relevant to the clients.

The list below shows the technical areas that may arise within either a pre-retired or retired case study:

1. Pre-Retired - *Typically covers:*	2. Retired - *Typically covers:*
Investment Planning	Investment Planning
Estate Planning	Estate Planning
Personal Retirement Planning	Educational Funding
Educational Funding	Special Needs
Tax Planning	Tax Planning
Personal Risk Management & Insurance **(compulsory)**	

Please note that you will have 12 weeks to submit your financial plan for assessment from the date the case study is despatched The fee for the first assessment is £150.00. This should be paid on submission of your financial plan.

2. Order Requirements

Please select either a pre-retired or retired case study, indicating your choice with a tick, and whether you would like access to E - learning.

	Select Option	Member Rate	Non-Member Rate
Pre-Retired Case Study	☐	☐ **£75.00**	☐ **£75.00**
Retired Case Study	☐	☐ **£75.00**	☐ **£75.00**
E-Learning Access	☐	☐ **£100.00**	☐ **£150.00**

Total Amount Payable:	**£**

Office Use Only
Date Received:
Processed:
Note:

3. Payment

	Total Amount Payable:	**£**
☐ **CHEQUE**	I enclose a cheque made payable to **Institute of Financial Planning** for the **GRAND TOTAL** above	
☐ **CARD**	Please debit my card for the **GRAND TOTAL** above. Please select card type: ☐ Mastercard ☐ Visa ☐ Visa Debit ☐ Maestro ☐ Other (Amex not accepted):	
Name on card (as printed):		
Card number:		
Expiry date:		
Issue # or 'valid from' date		
3 digit security no:		
Card address (if diff to above):		
Signature:		

****If you are embarking onto the CFP certification process, please ensure you meet the CFP certification entry requirements. A copy of these can be found within the on the IFP website – http://www.financialplanning.org.uk/planners/cfp_entry_requirements.cfm ****

Signed: ______________________________ **Date:** ______________

Please return completed to:
Institute of Financial Planning
Whitefriars Centre, Lewins Mead, Bristol BS1 2NT
F: 0117 929 2214
E: enquiries@financialplanning.org.uk