Chartered Retirement Planning Counselor℠
Management X433.24 (3 units)


CRPC® is a retirement course focusing on pre-and-post retirement needs of the individual. The overall course will provide students with practical knowledge and skills to address an array of client situations with up-to-date retirement information. Students will gain practical knowledge and a competitive edge by strengthening their technical skills in a growing financial planning niche. Students will acquire skills necessary to expand their business, and enhance their creditability relating to their professional practice. This course will allow students to examine the retirement planning process from start-to-finish utilizing individual real-world situations. **Students will need to pre-purchase a financial calculator. The HP 10BII is the preferable model. The HP 12C can be used if the student is already familiar with this model.**

Instructors: Linda Hewitt, CFP®, CRPC®
Nancy LeClaire, CFP®, CPA, ChFC, CRPC®

When: Tuesdays, October 6 – November 17, 2009, 5:30–9:30pm
Where: UC Irvine Campus
Fee: $540
Reg #: 00357 (Fall 2009)

Call Student Services at (949) 824-5414 or visit http://unex.uci.edu/courses to enroll!
If paying with check, submit with attached enrollment form.
UCI EXTENSION ENROLLMENT FORM

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<th>COURSE #</th>
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<td>Chartered Retirement Planning Counselor SM</td>
<td>Fall 2009 00357</td>
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PLEASE PRINT CLEARLY

Last Name: ___________________________ First Name: ___________________________ MI: ___________________________

Home Address:

City: ___________________________ State: ___________________________ Zip: ___________________________

Home Phone: ( ) ___________________________ Birth Date: / / Gender: ☐ Male ☐ Female

Employer: ___________________________ Social Security #: ___________________________

Work Address:

City: ___________________________ State: ___________________________ Zip: ___________________________

Work Phone: ( ) ___________________________ Ext. ___________________________

Email Address: ___________________________

METHOD OF PAYMENT

☐ Check Enclosed (Made payable to Regents of the University of California)

Charge to ☐ Visa ☐ MasterCard ☐ American Express

Account Number: ___________________________ Exp Date: ___________________________

Cardholder Name: ___________________________

Authorizing Signature: ___________________________

Fax completed forms to (949) 824-2090 or Mail to Student Services, UC Irvine Extension, P.O. Box 6050, Irvine, CA 92616-6050

CONFIRMATION OF ENROLLMENT

You will receive confirmation that you have been enrolled in the course in 3 to 4 days.