

CERTIFIED FINANCIAL PLANNER (CFP)

MODULE 2: INSURANCE PLANNING AND ESTATE PLANNING

OBJECTIVES

This course is designed to help candidates understand the fundamental concepts of risk management, insurance and estate planning and gain the knowledge about various personal insurance products, both life and general, which are related to financial planning and estate planning tools such will, power of attorney and trust as well as taxation issues affecting estate planning. The candidates are expected to be able to apply these concepts and understand how to formulate appropriate financial plans in assisting their clients.

COURSE DETAILS

DATE: 4 APRIL - 6 JUNE 2021

(EVERY SUNDAY)

TIME: 10.00A.M. - 5.00P.M. **VENUE: TAR UC. KUALA LUMPUR**

EXAMINATION DETAILS

DATE: 19 JUNE 2021 (SATURDAY) TIME: 9.00A.M.— 12.00NOON **VENUE: TAR UC, KUALA LUMPUR**

COURSE FEES

| Candidate | Payment to TAR UC | Payment to FPAM |
|---|----------------------|--------------------|
| DBF/DFI/RBF/RFI TAR UC Students/ Alumni | RM600.00* | RM550.00* |
| Public | RM1,060.00* | RM650.00* |

* Inclusive of 6% SST. Payment to FPAM includes registration fee, textbook, examination and 1 year CFP membership. Payment to TAR UC includes tuition fee and additional notes.

FOR ENOURIES & REGISTRATION

TUNKU ABDUL RAHMAN UNIVERSITY COLLEGE Centre for Continuing and Professional Education

Tel: 03-4145 0170 (Direct Line) 03-4145 0123 ext: 3516 (Ms Lee)

Email: cpe@tarc.edu.my Website: www.tarc.edu.my







COURSE OUTLINES

Topic 1: Fundamental Concepts in Risk Management

Topic 2: Insurance Fundamentals

Topic 3: Legal Principles in Insurance

Topic 4: The Role of Insurance in Financial Planning

Topic 5: Factors Affecting ife Insurance Needs

Topic 6: Understanding Life Insurance Policy Contracts

Topic 7: General Insurance Policy Contracts

Topic 8: Health Insurance

Topic 9: Annuity Policy Contracts

Topic 10: Legislation and Rules in the Insurance Industry

Topic 11: Consumer Protection and Insurance Industry Codes of Practice

Topic 12: Estate Planning Fundamentals

Topic 13: Wills and Will Planning

Topic 14: Trusts

Topic 15: Power of Attorney

Topic 16: Duties and Power of the Personal Representative

Topic 17: Special Estate Planning Issues for Business Owners





Registration Form

Module 2: Insurance Planning and Estate Planning

(TAR UC Student/ Alumni) Tuition Classes: 4 April - 23 May 2021 (Public) Tuition Classes: 4 April - 6 June 2021

To register, please submit completed registration form and payment as follows:

Director, Centre for Continuing and Professional Education Kolej Universiti Tunku Abdul Rahman P.O. Box 10979 50932 Kuala Lumpur

Tel: 03-4145 0170 (Direct Line) Tel: 03-4145 0123 ext: 3516 (Ms Lee)

Participant Details



| Nar | me : | |
|------|--|--|
| Nev | w IC No : | Student ID/ Alumni No: |
| Coı | urse : | |
| Cor | mpany (if applicable): | |
| Cor | rrespondence Address: | |
| | | Tel No (O) : |
| Fax | (No : | Handphone No : |
| Em | ail : | |
| Pay | ment Details | |
| 1. | favour of 'KOLEJ UNIVERSITI TUNKU ABDU | for amount of RM600.00/ RM1060.00* made in UL RAHMAN'. |
| 2. | favour of 'FINANCIAL PLANNING ASSOCIA | for amount of RM550.00/ RM650.00* made in |
| *(| (Inclusive of 6% SST) | |
| Sigi | nature: | Date: |

Terms & Conditions

- 7 Registration is on a first-come-first-served basis.
- Participants are requested to submit one form per participant.
 All registrations <u>MUST</u> be accompanied with the full payment.
- There is no refund on cancellation after registration but a replacement is allowed prior to course commencement.
- Please note that the registration and examination fees are not refundable.
- Kolej Universiti Tunku Abdul Rahman reserves the right to amend or change the programme, venue or speaker, or cancel the programme if warranted by circumstances beyond its control. In the event of cancellation, all fees paid will be refunded.

Refund Policy

- A) Full Refund
- Full refund will be made only if:
- ~ the student's application is rejected, or
- B) Partial Refund
- ~ 50% of the course fees is refundable if the student withdraws at least 14 days before the course commences.
- ~ the letter requesting withdrawal from the course together with the original receipt must reach Kolej Universiti TAR at least 7 days before the date of the first class.
- C) No Refund
- ~ a student is not entitled to any refund of the course fees if the student withdraws from the course after commencement of the first class.



PETI SURAT 10894 50728 KUALA LUMPUR

TEL: 03 - 7954 9500 FAX: 03 - 7954 9400 WEBSITE: www.fpam.org.my

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|---------------------|---|
| Module 1 completed | |
| Discrepancy | |
| Checked by | |
| O/R # | |

| GST TAX FILE NO | . :00017 | 73154304 | | | | | | | | | | | |
|---|---------------------------------------|---|--------------------------|----------|---|--------------|---------|--------|----------|---------|---------|---------|--------|
| ASSOCIAT | E ME | MBER | APP | LICA | ATION F | ORM | – CFF | CER | RTIF | [CAT] | [ON | COU | RSE |
| Please complete in | | | | | | | | | | | | | |
| 1. PARTICULARS O | F APPLI | CANT | | | | | | | | | | | |
| Name (Full name a | s in NR | IC): | | | | | | | | | | | |
| New IC number / F | Passport | t No.: | | | | | | | FPAM I | Member | ID: | | |
| Correspondence Ac | ldress: | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | Post Co | ode: | | | |
| Mobile No.: | | | | | | | Home | Tel.: | | | | | |
| Email address (Pre | ferred): | : | | | | | | l . | | | | | |
| Email address (Alte | ernate): | | | | | | | | | | | | |
| Gender: Male / Fe | male | Marital 9 | Status: | Single | / Married / | Others | Race : | Bumip | utra / (| Chinese | / India | n / Otl | hers |
| 2. EDUCATION ATT | AINED | | | | | | | | | | | | |
| Uni | iversity | | | | Q | ualification | on | | | Y | ear Aw | arded | |
| | | | | | | | | | | | | | |
| 3. EMPLOYMENT | | | | | | | | | | | | | |
| Name of Organisat | ion: | | | | | | | | | | | | |
| Company's address | s: | | | | | | | | | | | | |
| | ı | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Post Code: | | | | | Offic | e No.: | | | Fax | No.: | | | |
| Job Title: | | | | | | | | | | mployed | □ S | elf-Emp | oloyed |
| Industry Profile: | INSU | RANCE | UNIT T | RUST | BANK | ACCOU | NTANT | ASSE | T MANA | GEMENT | FINA | ANCE C | OMPANY |
| TRUST & WILLS | STOC | K BROKIN | G FIN | IANCIAL | ADVISORY | NON FI | NANCE C | ORPORA | TION | ACAD | EMIA | ST | UDENT |
| 4. OTHER INFORMA | ATION | | | | | | | | | | | | |
| 1. Have you ever been charged or convicted in a court of law, or are there any pending charges? 2. Have you had a business related licence, registration or membership revoked, denied or suspended? 3. Are you an undischarged bankrupt or ever been declared bankrupt? 4. Have you ever been refused membership of a statutory professional or other body in respect of your professional capacity? 5. Have you ever been subject to disciplinary proceeding or expelled by a statutory body in respect of your professional capacity? 6. Have you ever been dismissed or had a proper authority withdrawn on ethical or legal grounds? 7. Have you ever have past or pending claims made against your professional indemnity insurance in relation to financial advice? Note: If you have answered YES to any of the above questions, please attach relevant documents which provide full details of the matters. | | | | | □ No | | | | | | | | |
| 5. PAYMENT | | | | | | | | | | | | | |
| Asyment to: FINANCIAL PLANNING ASSOCIATION OF MALAYSIA Application fee: RM150 - January to December RM75 - July to December By Cash By Cheque: By Credit Card (Direct Debit) VISA MASTER AMEX (for AMEX card holder: 4 digit bank code on front of card) Card number: Card Expiry date: | | | | | | | | | | | | | |
| 6. DECLARATION (| BY APPI | LICANT) | | | | | | | | | | | |
| I hereby declare that all understand FPAM reserve form. I agree to adhere Responsibilities. | informatio s the right by FPAM' | on is true to ts to verify in 's Profession | nformation Ial Code o | I have p | rovided in this | Approved E | y : | | | | | | |
| Jigilature | nature : Date : AFPM No. : | | | | | | | | | | | | |



UNIT 305, BLOCK A, PHILEO DAMANSARA I JALAN 16/11, OFF JALAN DAMANSARA 46350 PETALING JAYA, SELANGOR

TEL: 03 - 7954 9500 FAX: 03 - 7954 9400 WEBSITE: www.fpam.org.my

GST TAX FILE NO. :000173154304

TAR STUDENTS

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|---------------------|---|
| Expiry date | |
| Discrepancy | |
| Approve for entry | |
| O/R # | |
| • | • |

REGISTRATION FOR THE CERTIFICATION PROGRAM EXAMINATIONS

Complete in full using BLOCK LETTERS

This form must be submitted within the following timeframe:

a. To FPAM
b. To Education Providers
7 weeks before the examination date
8 weeks before the examination date

Late submission after the closing date would be subjected to a late registration of RM50.00

FPAM has the sole discretion:

- To switch candidates to another examination venue if insufficient candidates are registered at the preferred examination venue and;
- To allocate the examination venue if the venue has not been chosen. FPAM's decision is final.

| | | | I | |
|---|------------------------|---------------|---------------|--|
| Name: | | | New I/C No.: | |
| Membership No: | Education Provi | der: | | |
| (Trade/Associate Member) | (To be stamped | by UTAR) | | |
| Module | Exam session | First Sitting | Re-sitting | Exam Venue (pls tick √) |
| | | | | KL - KUALA LUMPUR |
| | | | | PG - PENANG |
| | | | | KK - KOTA KINABALU (June/July session only) |
| | | | | KCH - KUCHING |
| | | | | (Dec session only) |
| M4 (Candidate is required to complete the wo form from EP or FPAM) | ork experience su | mmary form, p | lease request | JB - JOHOR BAHRU |

IMPORTANT REMINDER

- a. Please ensure that your membership is valid at time of registration and upgrade your membership if necessary.
- b. You must be an Associate Member to register for Modules 2 to 4. (Except for Challenge Status candidates).
- c. All candidates must be enrolled in a CFP certification Program with Approved Education Providers.

| *Exam Fees Payable | RM | Office Contact: | | Fax No.: |
|--|----|--|---------|----------|
| By Cash | | Mobile No.: | Email : | |
| Online / ATM transfer to FPAM Alliance Bank account no: 1210 9001 0005 395 or Maybank account no: 5140 7512 8677 (Please provide copy of payment receipt for tracking) | | | | |
| Credit Card No.: | | Card type: VISA / MASTER / DINERS / AMEX | | |
| Card Expiry date: | | for AMEX card holder (pls provide 4 digits bank code on front of card) | | |

Candidate/Card holder's signature

| | Module 1 / Module 2 / Module 3 | Module 4 | Admin & Resource Fee | M1/M2/M3 | M4 |
|--------------------|--------------------------------|----------|----------------------|-----------------|-----------------|
| | (A) | (B) | (C) | Total = (A)+(C) | Total = (B)+(C) |
| *Exam Fees Payable | RM250 | RM500 | RM150 | RM400 | RM650 |

FPAM will not entertain any request for cancellation or postponement of examination by candidates after receipt of this Examination Registration form. No refund of the examination fees will be made under any circumstances.



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NON TAR STUDENTS

| For office use only | |
|---------------------|--|
| Expiry date | |
| Discrepancy | |
| Approve for entry | |
| O/R # | |

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|--|--------------------------|---------------|---------------|--|
| Membership No:Education Provider:(Trade/Associate Member)(To be stamped by UTAR) | | | | |
| Module | Exam session | First Sitting | Re-sitting | Exam Venue (pls tick √) |
| | | | | KL - KUALA LUMPUR |
| | | | | PG - PENANG |
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| | | | | KCH - KUCHING (Dec session only) |
| M4 (Candidate is required to complet form from EP or FPAM) | e the work experience su | mmary form, p | lease request | JB - JOHOR BAHRU |

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| Credit Card No.: | | Card type: VISA / MASTER / DINERS / AMEX | | STER / DINERS / AMEX | |
| Card Expiry date: | | | for AMEX card (pls provide 4 | | nk code on front of card) |

| *Exam Fees Payable | Module 1 / Module 2 / Module 3 (A) | Module 4 (B) | Admin & Resource Fee (C) | M1/M2/M3 Total = (A)+(C) | M4 Total = (B)+(C) |
|------------------------|------------------------------------|-----------------|--------------------------|-----------------------------|-----------------------|
| Charter Members rate | RM250 | RM500 | RM150 | RM400 | RM650 |
| Corporate Members rate | RM300 | RM600 | RM150 | RM450 | RM750 |
| Individuals (Public) | RM350 | RM700 | RM150 | RM500 | RM850 |

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| TO BE COMPLETED BY CHARTER OR CORPORATE MEMBER **(If no endorsement from employer is provided in the space below, candidates will be considered as individuals (Public) | |
|--|---------------|
| We certify that the candidate named in this registration form is an employee or agent of our company. | |
| Signature | |
| Name & Designation General Manager or Branch Manager Date: | Company Stamp |