

CERTIFICATE OF COMPLETION

CFP®

Full Name of Student:

*Last 4 of SSN#
CFP ID" #*

Speaker: *Robert S. Keebler*

Program ID# *330311*

Number of Credits: *1 hour*

Date of Course Completion:

Title **Tax Policy in 2025 – TCJA Sunset Legislation**

Provider Name: *Estate Planning Council of St. Louis*

Provider Number:

Address: *330 Wenneker drive
St. Louis, MO 63124*

Phone Number: *314-520-3564*


Signature of Authorized Provider Official

11-18-24
Date

PLEASE NOTE:

Submission of a false or fraudulent Certificate of Completion to the Insurance Commissioner may subject any license application to denial, and any issued license to suspension or revocation.

**Estate Planning Council of St. Louis
330 Wenneker Drive, St. Louis, MO 63124**

PLEASE RETAIN THIS CERTIFICATE IN YOUR FILES FOR 5 YEARS