

CERTIFICATE OF COMPLETION

CFP®

Full Name of Student:

Last 4 of SSN#
CFP ID"#

Speaker: *Lawrence Brody*

Program ID#

Number of Credits: *1 hour*

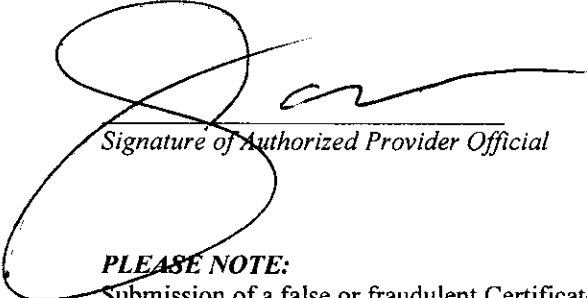
Date of Course Completion: *The Often Overlooked/Misunderstood Federal Income Taxation of Life Insurance Policies*

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

10.7.24
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