The Wealth Engineering Institute

CHARTERED FAMILY OFFICE ADVISOR™ PROGRAM

OFFICIAL PROGRAM APPLICATION

For Candidates Applying to the ChFOA™ Designation Program

Applicant Name	
Application Date	
Application ID (staff use only)	
Cohort Applying For	☐Spring ☐Fall ☐Winter Intensive

Please complete all sections in full. Incomplete applications will not be reviewed.

Return completed applications to nick@mywehub.com

Applicant Instructions

Thank you for your interest in the Chartered Family Office Advisor (ChFOA™) Program. This application is used to evaluate professional readiness for admission. Please type or print clearly in black ink, answer every item, and attach additional pages where indicated. Supporting documents (resume, transcripts, and letters of recommendation) should be submitted alongside this form.

1. APPLICANT INFORMATION

Last Name | *First Name* | *Middle Name*

Preferred Name / Designation Suffix | *Date of Birth (MM/DD/YYYY)*

Home Street Address | *Unit / Suite*

City | *State / Province* | *ZIP / Postal Code* | *Country*

Mobile Phone | *Email Address*

LinkedIn Profile URL | *Preferred Method of Contact*

2. CURRENT PROFESSIONAL POSITION

Current Employer / Firm Name | *Years With Firm*

Job Title | *Department / Practice Group*

Business Address | *Business Phone*

Total Years of Professional Experience *Total Years Serving Family Office / UHNW Clients*

Primary Area of Practice (select one)

- ☐ Investment Management / Portfolio Strategy
- ☐ Trust & Estate Planning
- ☐ Tax Advisory
- ☐ Legal Counsel
- ☐ Philanthropic & Foundation Advisory
- ☐ Risk Management & Insurance
- ☐ Multi-Family Office Operations / Administration
- ☐ Other — specify: _____

3. EDUCATION & CREDENTIALS

Highest Degree Earned

_____	_____	_____
Institution	*Degree / Major*	*Year Conferred*

Additional Degrees (if applicable)

_____	_____	_____
Institution	*Degree / Major*	*Year Conferred*

Professional Certifications & Licenses Currently Held

- ☐ CFA — Chartered Financial Analyst
- ☐ CFP® — Certified Financial Planner
- ☐ CPA — Certified Public Accountant
- ☐ JD — Juris Doctor / Bar Admission
- ☐ CTFA — Certified Trust and Financial Advisor
- ☐ CAIA — Chartered Alternative Investment Analyst
- ☐ Other — specify: _____

4. EMPLOYMENT HISTORY

List your three most recent positions, beginning with your current role. Attach a current resume as a supplement to this section.

Position 1 (Current / Most Recent)

_____	_____	_____

Employer *Title* *Dates (From – To)*

Position 2

Employer *Title* *Dates (From – To)*

Position 3

Employer *Title* *Dates (From – To)*

5. PROFESSIONAL REFERENCES

Provide two professional references who can attest to your qualifications and character. References should not be immediate family members.

Reference 1

Name *Relationship to Applicant*

Firm / Organization *Phone* *Email*

Reference 2

Name *Relationship to Applicant*

Firm / Organization *Phone* *Email*

6. STATEMENT OF PURPOSE

In 300–500 words (attach a separate page if needed), describe your professional background, your reasons for pursuing the ChFOA™ designation, and how you intend to apply the credential within your practice.

7. SELF-ASSESSMENT

Rate your current proficiency in the following areas (1 = Introductory, 5 = Expert). This helps the Admissions Committee tailor your cohort placement.

Investment & Portfolio Strategy for UHNW Families 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Trust, Estate & Succession Planning 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Tax Strategy for Multi-Generational Wealth 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Family Governance & Communication 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Philanthropic & Legacy Planning 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Risk Management & Wealth Protection 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

8. DISCLOSURES

☐ I have never been subject to a regulatory action, license revocation, or professional disciplinary proceeding.

☐ I have been subject to a regulatory action, license revocation, or professional disciplinary proceeding (attach explanation).

☐ I have never been convicted of a felony.

☐ I have been convicted of a felony (attach explanation).

9. APPLICANT CERTIFICATION

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any misrepresentation may result in denial of admission or revocation of the ChFOA™ designation if already conferred. I agree to abide by the Program's Code of Professional Conduct and Continuing Education requirements upon acceptance.

Applicant Signature *Date*

For Admissions Committee Use Only

Date Received	*Reviewed By*	*Decision*