UNIVERSITY OF KENTUCKY

2021 - 2022 PLAYER-FINANCIAL ADVISOR REGISTRATION FORM

Completion of this form is required for registration in the University of Kentucky Financial Advisor Program.

NOTE: This form must be completed in its entirety.

I) General (please print or type) Date of Birth: Home Address: City State Home Phone # Zip If affiliated with a particular firm or agency as a Financial Advisor, please indicate: Name of Firm or Agency: Business Address: City State Business Phone # E-Mail Address:______Fax Number:_____ II) Education High School School Name Month/Year Graduated College (undergraduate) School Name Year Graduated Degree(s) City State Graduate/Legal/Professional College or University Degree(s) Year Graduated City State III) **Experience** Number of years' experience as a Financial Advisor: Sports in which you currently represent athletes: _____

Current membership in professional organizations Occupational or professional licenses (e.g., certified public accountant, chartered life underwriter) and date obtained:	For each sport noted above, the total number of athletes you currently represent:						
Current membership in professional organizations Occupational or professional licenses (e.g., certified public accountant, chartered life underwriter) and date obtained: V) Professional Services General services performed for client athletes (check those that apply and indicate fee charged): Legal Assistance Tax Consulting Financial Planning Money Management For the services you perform for client athletes, list the names and addresses of individuals, firms or agencies who assist in providing these services. Use additional sheets if necessary: Name Address							
V) Professional Services General services performed for client athletes (check those that apply and indicate fee charged): Legal Assistance Tax Consulting Financial Planning Money Management For the services you perform for client athletes, list the names and addresses of individuals, firms or agencies who assist in providing these services. Use additional sheets if necessary: Name Address	IV)	Other Qualifications	Other Qualifications				
V) Professional Services General services performed for client athletes (check those that apply and indicate fee charged): Legal Assistance	Currer	nt membership in professional orga	nizations				
General services performed for client athletes (check those that apply and indicate fee charged): Legal Assistance	Occup	ational or professional licenses (e.	g., certified public accounta	nt, chartered life underwriter) and date obtained:			
Legal Assistance Tax Consulting Money Management	V)						
Financial Planning Money Management For the services you perform for client athletes, list the names and addresses of individuals, firms or agencies who assist in providing these services. Use additional sheets if necessary: Name Address Name Address Name Address Name Address Name Address Name Address Names of at least 10 athletes (or all clients, if fewer than 10) you currently represent and, in team sports, the team/league to which each athlete is currently under contract and name of team representative with whom you negotiated this contract. Write "none" if you currently do not represent any athlete. If you represent athletes in more than one sport, please provide this information for at least five clients (athletes) in each sport. Use additional sheets if necessary:		·					
For the services you perform for client athletes, list the names and addresses of individuals, firms or agencies who assist in providing these services. Use additional sheets if necessary: Name Address							
Name Address	Financ	cial Planning		Money Management			
Name Address				ddresses of individuals, firms or agencies who assist in			
Name Address	Name		Address				
Names of at least 10 athletes (or all clients, if fewer than 10) you currently represent and, in team sports, the team/league to which each athlete is currently under contract and name of team representative with whom you negotiated this contract. Write "none" if you currently do not represent any athlete. If you represent athletes in more than one sport, please provide this information for at least five clients (athletes) in each sport. Use additional sheets if necessary:	Name		Address				
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Player Name Team Clients Phone team Representative	to which	ch each athlete is currently under co 'none" if you currently do not repres	ontract and name of team resent any athlete. If you repr	epresentative with whom you negotiated this contract. resent athletes in more than one sport, please provide			
	<u>Player</u>	Name	<u>Team</u>	Clients Phone team Representative			

List at least five (or all, if fewer than five) past clients (athletes) and their professional teams/leagues. Write "none" if you have no past clients:						
Do you earn income from work performed i	n some capacity other than as a Financial Advisor?	□Yes	□No			
If yes, describe other occupation(s) or serv	ice(s) for which you are paid:					
What approximate percentage of your total	work time is consumed as a Financial Advisor?					
VI) Previous Employment (last two	positions and dates of employment)					
Firm	Position/Date					
Address						
Firm	Position/Date					
Address						
VII) References						
Name	Position					
Address						
Name	Position					
Address						
Name	Position					
Address						

Please indicate which current University of Kentucky student-athletes you plan to contact on the upcoming year:				
notify Rachel Baker before the first in the University of Kentucky or be and regulations that accompany th to be represented that would other with the terms of this certification a	is true, correct and complete to the best of my contact with a student-athlete who has eligibility ore the first contact with the student-athlete's is form will/and/or and not engaged in any act wise jeopardize the student-athlete's eligibility and the applicable NCAA legislation may result and the assessment of civil and/or criminal per	lity remaining in any sport and is enrolled coach. I have reviewed the NCAA rules ivity prior to a student-athlete's agreement. I also understand that failure to comply t in the initiation of legal proceedings by the		
Signature		Date		
Please return completed form to:	Rachel Baker, Executive Associate AD/C University of Kentucky Athletics 338 Lexington Ave. Lexington, KY 40506 Phone: (859) 218-1464 Fax: (859) 323-4999	Compliance		