



## Affiliation Application

The goal of this application is to help you, a potential TSA Associate, evaluate your desire and your qualifications to become part of The Stewardship Alliance, LLC (TSA). We believe that you should consider this to be an awesome and worthy calling. You are at this point in the process because someone within the TSA organization or someone very familiar with our organization thinks very highly of you. We are honored that you are desirous of joining us.

It will take some time to complete this application process. We ask that you please answer these questions as "UNTO THE LORD." Please write your response to each item directly on this form. To complete, save this application on your computer, enter your responses on to the saved copy, save it again, then attach that document and any other requested document to Maria Kuitula [Maria@StewardshipAlliance.com](mailto:Maria@StewardshipAlliance.com), TSA's Membership Committee Administrator. All applications are to be sent by email if possible. The membership review process shall not begin until all items, including the refundable \$500 application fee, are received. Please provide full and complete responses.

Your information will be kept completely confidential, within the Membership Review Committee, as provided in the membership review standards of TSA.

Members and Affiliates of TSA hold one another to a high degree of accountability. This principle was established by the founding members in order for TSA to reach its high calling.

### ***Personal Information***

Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

DOB: \_\_\_\_\_

SS: \_\_\_\_\_

(If you prefer, you may call Beth, TSA's Administrator, @ 615-944-3609 to provide this number)

Email Address: \_\_\_\_\_

Home Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Pager: \_\_\_\_\_

**Family Information**

Spouse's Name: \_\_\_\_\_:

Spouse Nickname: \_\_\_\_\_

Children's Names and Ages: \_\_\_\_\_

**Business Information**

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business FAX: \_\_\_\_\_

RIA Name and Contact Info: \_\_\_\_\_

Broker/Dealer Name and Contact:Info: \_\_\_\_\_

Personal CRD # \_\_\_\_\_

Your RIA CRD # \_\_\_\_\_

**Who referred you to TSA?** \_\_\_\_\_

**Professional Focus**

A. Methodology:

1. Detail the methodology that you now utilize in your practice that leads a client in the integration of faith, feelings, facts, family, and finances, a process quite different (since it is based on Biblical principles of Stewardship) from the secular process that may be identified as family wealth counseling, charitable estate planning, charitable planning, philanthropic planning, gift development planning, or other variations of these names. We realize that your involvement in TSA may signal the onset of this type of planning. If so, please indicate.

\_\_\_\_\_

2. If you currently utilize a methodology that leads a client in the integration of faith, feelings, facts, and finances, please elaborate. Please take as much space as necessary to describe your process or attach it on a separate Word document.

\_\_\_\_\_

B. Educational Background and Professional Designations/Certifications

1. List all College Degrees and Professional Designations earned.

\_\_\_\_\_

2. Education – Charitable Planning

a. Did you attend the Family Wealth Counselor training? Yes \_\_\_\_ No \_\_\_\_

If so,

i. When did you attend? \_\_\_\_\_

ii. What PMP class did you complete? \_\_\_\_\_

iii. Did you complete the Certified Family Wealth Counselor designation? \_\_\_\_\_

- b. Have you completed the Chartered Advisor in Philanthropy (CAP) offered by the American College? \_\_\_\_\_
- c. Describe any other Charitable Planning Education you have received.  
\_\_\_\_\_

2. Education – Process Training:

- a. Have you completed The Wealth Optimization Orientation Program offered by the Legacy Companies? \_\_\_\_\_ If yes, when? \_\_\_\_\_

3. Please provide the names and dates of attendance of any other process education that you have completed. (i. e. Sunbridge, etc.)  
\_\_\_\_\_

4. Education – Biblical Principles of Stewardship

- a. Please advise if you have completed or are in the process of completing:
  - i. Kingdom Advisors Core Qualified \_\_\_\_\_
  - ii. Lifestyle Giving \_\_\_\_\_
- b. Describe any other specialized training you have completed on “the Biblical basis for living and giving”, whether through your Church or other organization.  
\_\_\_\_\_

5. Education – Leadership

- a. Please provide information about any specific leadership training you have completed.  
\_\_\_\_\_

6. Education - Coaching/Counseling Skills

- a. Do you have coaching or counseling experience? \_\_\_\_\_
- b. Describe the curriculum of any Coaching/Counseling training in which you’ve participated. \_\_\_\_\_
- c. Describe your professional coaching/counseling experience? \_\_\_\_\_  
\_\_\_\_\_

C. Professional Business

1. Professional Memberships

- a. Are you a current member of AIP (Advisors in Philanthropy)? \_\_\_\_\_
- b. If you are a member of other professional organizations, please list those organizations. \_\_\_\_\_

2. Compensation:

- |                                     |                    |               |
|-------------------------------------|--------------------|---------------|
| <input checked="" type="checkbox"/> | Fee                | Comment _____ |
| <input type="checkbox"/>            | Fee and Commission | Comment _____ |
| <input type="checkbox"/>            | Commission Only    | Comment _____ |

3. Do you currently prepare plans for a fee? \_\_\_\_\_

- a. Describe the types of plans that you prepare:
  - i. Comprehensive Financial Planning \_\_\_\_\_
  - ii. Investment Management Reviews \_\_\_\_\_
  - iii. Insurance Reviews \_\_\_\_\_

- iv. Modular Plans \_\_\_\_\_
    - v. Other (Describe) \_\_\_\_\_
  - b. Do you use professional money managers? \_\_\_\_\_
    - i. List your money managers \_\_\_\_\_
    - ii. What is their Investment Philosophy? \_\_\_\_\_
  - c. What is your Investment Philosophy? \_\_\_\_\_
- 4. Describe your business model and tell us if you now integrate faith, feelings, facts family, and finances™ into your business model, or if you are ready to do so.
 

---
- 5. Partners, Associates and Staff:
  - a. Do you have partners and/or associates in your office? \_\_\_\_\_
  - b. How many? \_\_\_\_\_
  - c. Are they trained in any of the previously mentioned areas? \_\_\_\_\_
  - d. Are your partners and/or associates also Believers? \_\_\_\_\_
  - e. Do you anticipate that any of your partners and/or associates might also be interested in TSA? \_\_\_\_\_
- 6. Who in your office should we contact if we cannot reach you?
  - a. Name: \_\_\_\_\_
  - b. Title: \_\_\_\_\_
  - c. Phone: \_\_\_\_\_
  - d. Email: \_\_\_\_\_
- 7. Experience – Charitable Planning:
  - a. How many charitable estate-planning cases have you completed on your own or with a team of advisors? \_\_\_\_\_
  - b. Number in process? \_\_\_\_\_
  - c. Total amount raised for charitable purposes? \_\_\_\_\_
  - d. Do you feel you are proficient at charitable estate planning? Please explain.
 

---
- 8. Speaking:
  - a. Have you made charitable estate planning presentations to groups or organizations? \_\_\_\_\_
  - b. Briefly outline your presentation content. \_\_\_\_\_
  - c. Are you comfortable speaking on the Charitable Estate Planning topic? \_\_\_\_\_
  - d. Do you enjoy giving seminar presentations? \_\_\_\_\_
- 9. Charitable Organizations:
  - a. Are you currently working with Charitable Organizations? \_\_\_\_\_
  - b. How many? \_\_\_\_\_
  - c. Names of these organizations? \_\_\_\_\_
  - d. How many are actively making referrals to you? \_\_\_\_\_
- 10. Clients:
  - a. What percentage of your clientele professes to be Christians? \_\_\_\_\_

- b. How do you disciple your clients in Biblical stewardship while working with them in the normal course of your practice?  
\_\_\_\_\_
- c. How do you integrate the Word of God into the daily counsel to your clients?  
\_\_\_\_\_

11. Your Personal Stewardship

- a. Have you completed your own Stewardship Plan? \_\_\_\_\_
- b. Have you and your spouse committed to tithing at death? \_\_\_\_\_

**Spiritual Assessment**

1. Do you believe in the inerrancy of scripture? Please explain. \_\_\_\_\_  
\_\_\_\_\_

2. Home Church

- a. Please provide the name and address of your Home Church,  
\_\_\_\_\_
- b. Are you a Member? \_\_\_\_\_
- c. Are you involved in a regular fellowship or Bible study? Please describe.  
\_\_\_\_\_
- d. How long have you been regularly attending this church? \_\_\_\_\_  
i. If shorter than 5 years, where did you attend before?  
\_\_\_\_\_
- e. Do you tithe to your church? \_\_\_\_\_  
i. Would you describe your giving as sacrificial? \_\_\_\_\_  
ii. Describe an instance of God's supernatural provision for you to give?  
\_\_\_\_\_
- f. Describe your current involvement/service in your church.  
\_\_\_\_\_

3. Describe any other Christian ministry involvement

- a. Past \_\_\_\_\_
- b. Present \_\_\_\_\_

4. In recent years, what five books have you read that have furthered your knowledge in Biblical stewardship, or in the general areas of leadership and family wealth planning and/or counseling. \_\_\_\_\_

**Membership Questions**

- 1. Do you understand the financial commitments and payment options for your affiliation with TSA? \_\_\_\_\_
- 2. Please tell us about any additional information you would like to receive from The Stewardship Alliance and/or The Life♥Stewardship Institute™. \_\_\_\_\_

3. Explain why you wish to join/associate with The Stewardship Alliance. Please give us a **250 word minimum**. \_\_\_\_\_
4. Do you have any unresolved personal issues or conflicts
- With any TSA member? \_\_\_\_\_ If so, who? \_\_\_\_\_
  - With other Christians? \_\_\_\_\_
  - If there are other unresolved conflicts which are causing you spiritual pain, please Describe. \_\_\_\_\_
- Please provide an explanation of each conflict and describe how you are working toward reconciliation.
5. Are you willing to submit to the Board of Managers and/or the Core Values Committee within TSA for any disputes or conflicts arising from your business practices in a Matthew 18 process? Do you agree to accept and abide by the decisions of the Board of Managers and Core Values Committee if necessary, to resolve any disputes or claims?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ Comment: \_\_\_\_\_

**Standards of Conduct/Core Values Statement**

Do you agree to abide by the TSA Core Values? \_\_\_\_\_

**Permissions** (Please enter your initials to show your approval of each)

- TSA has my permission to check my FINRA/SEC/RIA records \_\_\_\_\_
- TSA has my permission to perform a Criminal background check. \_\_\_\_\_
- TSA has my permission to check my Credit report. \_\_\_\_\_

**Supplemental Information**

*Please email your entire application and supplemental information. If you are unable to send or scan these to email, please fax them to Maria, after first calling her at 616-460-6518. Her fax is 616-956-1530.*

**When you email your application, please attach the following:**

- Your personal mission statement.
- Complete business biography
- Referrals
  - A letter from your Pastor (on your Church's letterhead) confirming your commitment to the cause of Christ.  
 If either you or your Pastor have not been with your current church for 5 years, please have another church leader write this referral letter.
  - Contact information for two (2) Peer Referrals: Provide Name, Title, Phone, Best time to call
  - Contact information for two (2) Client Referrals (preferably Estate Planning or Charitable Estate Planning Clients): Provide Name, Title, Phone, Best time to call
- A detailed Personal Testimony (**Minimum 1000 words**). We would like to understand your faith journey through life since becoming a Christian, how you came to know Jesus Christ as your Savior, and most importantly how has your relationship with Jesus grown since your conversion. Detail any milestones you have experienced that evidences a deepening relationship and commitment to Jesus Christ.
- History and explanation of any professional misconduct/violations.

- Please email an electronic copy of your ADV Part II to Maria Kuitula at [maria@stewardshipalliance.com](mailto:maria@stewardshipalliance.com): or mail your information to:  
Maria J. Kuitula  
TSA Membership Review Committee Administrator  
2723 Alger St. SE  
Grand Rapids, MI 49546
- Please explain any other circumstances or other issues in your life that we should consider when evaluating your role in TSA (include financial, family or other concerns).

**Please execute below or by type your name if transmitting by email to indicate that the information you've provided and the answers you have given are true and correct to the best of your knowledge, information and belief.**

---