

CHECKPOINT LEARNING

You will have one year from your date of receipt to complete this program and submit the quizzer in order to obtain credit.

CFP License (if applicable): _____ PTIN No. (if applicable): _____

FAX: 1-888-286-9070

Please indicate your answer by filling in the appropriate circle as shown: Fill in like this ☒ not like this / ☐ ☐

	A	B	C	D
13.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>