# PF NAMIC® PROFESSIONAL FARM MUTUAL MANAGER DESIGNATION



NAMIC offers PFMM Emeritus status for those individuals who are retired or nearing retirement, but who do not wish to relinquish the certification they have earned and maintained over the years. PFMM Emeritus status does not have to be renewed and is valid as long as the individual does not desire to use the original certification designation.

#### OBTAINING THE PFMM EMERITUS STATUS

PFMM CORPORATE SPONSOR



## QUALIFICATIONS

In order to qualify for PFMM Emeritus status, an individual must:

- 1. Hold active status in the PFMM program (current annual fee has been paid and certification has not expired due to not attending a qualifying maintenance event);
- 2. Submit an application with one-time payment of \$150;
- 3. Be retired (or within one year of retirement) from the farm mutual insurance industry; and
- 4. Meet at least **two** of the following:
  - a. Be 60 years of age or older
  - b. Have 30+ years of industry experience
  - c. Held the PFMM designation for 10+ years

#### REQUIREMENTS

Once Emeritus status is granted, an individual must always depict certification using the word "Emeritus" in conjunction with the designation (i.e. John Doe, PFMM Emeritus).

#### **BENEFITS**

In addition to the ability to retain PFMM certification into retirement, an individual can expect to receive the following benefits with PFMM Emeritus status:

PFMM Emeritus certificate;

Further registration discounts for NAMIC's Annual Convention and Farm Mutual Forum; and

Invitation to complimentary roundtable breakfast at NAMIC's Annual Convention

### APPLICATION PROCESS

An individual interested in obtaining PFMM Emeritus status must submit the attached application. Applications must be received within 30 calendar days of the applicant's current certification expiration date.

1. Submit application, supporting documentation and payment to pfmm@namic.org or:

NAMIC Attn: PFMM Manager PO Box 68700 Indianapolis, IN 46268

- 2. Once the application has been reviewed by NAMIC, an email will be sent to the applicant to notify him/her if PFMM Emeritus status has been approved, or if additional information is required.
- 3. Once approved, the applicant will be mailed a new certificate and may begin to use PFMM Emeritus status for registration discounts.





NAMIC offers PFMM Emeritus status for those individuals who are retired or nearing retirement, but who do not wish to relinquish the certification they have earned and maintained over the years. PFMM Emeritus status does not have to be renewed and is valid as long as the individual does not desire to use the original certification designation.

**CONTACT INFORMATION** 

APPLICATION DATE:

| First Name   | Middle Initia   | al   | Last Name   |
|--|---|--|---|
| Title  | Company   |  |   |
| Mailing Address  |   |  |   |
| City   | State   |  | Zip or Postal Code                                |
| Province   | Country   |  |   |
| Telephone  | E-mail  |  |   |
| PAYMENT INFORMATION  | MasterCard<br>Visa  | American Express<br>Discover   | Check #   |
| Card Number  | Expiration Date   |  | 3-digit Security Code (4-digit for AmEx)          |
| Name as it appears on the card   |   |  |   |
| Card Holders Billing Address   |   |  |   |
| PROOF OF RETIREMENT RETIREMENT DATE:   |   | TE:  |   |
| Please attach one of the following:  | Dated proof of retirement (official documentation, company announcement, etc.)<br>Official letter of intent to retire within one year of application date |  |   |
| QUALIFICATIONS   | Please mark which <b>two</b> qu   | Please mark which <b>two</b> qualifications you meet and provide necessary documentation for each: |   |
| l am at least 60 years of age.   | Date of Birth:  |  |   |
| I have 30+ years of industry experience. Please at   | ach resume outlining your exper   | rience.  |   |
| I have held the PFMM certification for at least 10 years.  |   | Date of Certification:   |   |
| I hereby certify that the information herein is true and omission will forfeit my rights to certification. | correct to the best of my knowle  | edge. I understand that a  | any falsification or willful misrepresentation or |
| Signature:   |   |  | Date:   |
|  | FOR NAMIC USE OF  | NLY  |   |
| Active Status Annual Fee Paid:<br>Approved Expiration Date:  |   |  |   |
| NAMIC Signature:   |   |  | Date:   |

Submit this completed application with payment to the Certification Manager: pfmm@namic.org or PO Box 68700, Indianapolis, IN 46268