



DSA FINANCIAL PLANNING PROGRAM

IN PARTNERSHIP WITH FACET WEALTH ©

MEMBERSHIP STATUS: <input type="checkbox"/> CLASS 1 (ACTIVE SWORN) <i>(This program is only available to Active Class 1 Members)</i>			
NAME:			
<small>Last</small>		<small>First</small>	<small>Middle</small>
HOME ADDRESS:			
<small>Number and Street</small>		<small>City</small>	<small>State</small> <small>ZIP</small>
HOME PH:		CELL:	
HOME E-MAIL:			
<p>DSA FINANCIAL PLANNING PROGRAM:</p> <p>The DSA values our members and knows that life can bring about incredibly difficult circumstances. Financial wellness is a critical component to overall well-being and health. In order to support our members through difficult financial times, the DSA is offering to cover up to four months of financial planning costs through Facet Wealth for Class 1 Active Members experiencing personal financial hardship as a result of a death, divorce, or disability. Please fill out the below form and you will be contacted with in 10 business days.</p> <p><i>Privacy Notice: This form may be provided to the DSA staff point of contact, the DSA board of directors if additional approval is needed, and the Facet Wealth Certified Financial Planner assigned to your case.</i></p>			
INFORMATION REQUIRED FOR APPROVAL			
DATE HIRED:		RANK/CURRENT STEP:	
WORK LOCATION:			
<p>PLEASE CHECK THE CIRCUMSTANCE RELATED TO YOUR FINANCIAL HARDSHIP:</p> <p><input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Disability/Injury <input type="checkbox"/> Other</p> <p>Other explained: _____</p>			
Please list specific financial issues, concerns, or areas you would like addressed with your planner:			
1.			
2.			
3.			
4.			
FOR OFFICE USE ONLY			
MEMBERSHIP NUMBER:			
DATE SUBMITTED:			