

**MARVIN E. MUILENBERG, CLU**

**DISTINGUISHED SERVICE AWARD**

Presented annually by NAIFA – Michigan at its Annual State Conference, the Marvin E. Muilenberg Distinguished Service Award recipient is selected on the basis of service to, and accomplishments in, the life insurance and financial services industry, the agency system and the community.

TO THE MARVIN E. MUILENBERG, CLU

DISTINGUISHED SERVICE AWARD COMMITTEE

**In my opinion, the following living Michigan person has rendered outstanding service**

**to the life insurance and financial services industry, the agency system and the community.**

Nominee’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Return by August 5, 2023** NAIFA – Michigan

 PO Box 530

 DeWitt, MI 48820

 EMAIL: naifamichigan@yahoo.com

**TO THE SELECTION COMMITTEE**

In the opinion of this Association, the following Michigan person has rendered outstanding service to the Financial Services Business, the Agency System, the Insurance-buying Public, and in areas that bring credit to the Insurance business and to the agent’s forces, that viewed in retrospect and objectively, it so outstanding and over beyond the call of duty so as to merit consideration for the Michigan “Distinguished Service Award.”

Nominee’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip

Resident Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip

\_\_\_\_\_\_\_Single \_\_\_\_\_\_\_\_ Married if married, spouses name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year entered Insurance Business\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**POINTS OF CONSIDERATION:**

 1. Service to Insurance and Financial Advisors Associations.

 2. Service to the Financial Services Business & Financial Planning.

3. Personal accomplishments in the financial services business. Should be one who has produced significant amounts in Insurance & Financial products (Life Insurance, Long Term Care, Annuities, Investments, fees, equities & commissions, etc.) through either personal production or management.

 4. Community, civic and personal activities.

1. **SERVICE TO INSURANCE AND FINANCIAL ADVISORS ASSOCIATIONS:**

 A. *NAIFA – Michigan and/or former local association* (Details, Names, Number of Years, etc.)

 1. Board of Directors

2. Committee Chair

 3. Officer

 4. IFAPAC Contributor YES NO

 Lifetime Total: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. *NAIFA - National*

1. Committees

 2. Trustee/Secretary

**2. SERVICE TO THE INSTITUTION OF INSURANCE & FINANCIAL PLANNING**

 A. Recruiting

 B. Teaching

 1. LUTC 2. CLU, ChFC 3. High School or College

 C. Speaking

 D. Agent’s (or managers) Advisory Committee

 E. Management Positions

 F. Other

**3. PERSONAL ACCOMPLISHMENTS IN FINANCIAL SERVICES BUSINESS**

 A. LUTCF

B. CLU, ChFC designations

 1. Certificates

 2. Member, CLU, ChFC

C. NSAA

D. NQA

E. MDRT

1. Type of Member

 2. Member of Knights of the Round Table

F. CFP

G. CLTC

H. CSA

I. AALU

 J. CASL

 K. Other (designations)

 L. Personal traits, characteristics, or special information you wish to enter not covered elsewhere.

**4. COMMUNITY ACTIVITY TO THE EXTENT THAT IT REFLECTS FAVORABLY ON THE INSURANCE & FINANCIAL PLANNING INDUSTRY *(Examples: Membership or Offices in Civic, Chamber of Commerce, Cultural, Education, Government, Religious or Volunteer Service organizations. Attach separate sheet if necessary)***

The foregoing points are to be used in considering the nominee. They are not meant to be a formula, but merely a guide to be used in selecting the recipient of the award. In other words, the nominee might qualify in all of the above, or, on the other hand, he/she might possibly be outstanding in only one of the first three and have few activities in number four.

The award can be given either as a result of a long time service and/or outstanding accomplishments during t he current year. In any event, the person must have rendered service above and beyond the call of duty.

Please describe **IN DETAIL** the accomplishments of your candidate in all the categories.

Bear in mind that some member or members of the Selection Committee may not even know the name of your candidate. Hence, give your candidate every chance to be considered by listing all of the accomplishments, which you believe, should be considered by the Committee.

Indicate your candidate’s present and former position and his accomplishments in each.

Explore his personal activities outside of the industry so that we may know of the standing of your candidate in his community and sphere of influence.

Make sure you list the prospect’s contributions, which in your opinion, qualifies him for this award.

This recognition is for the outstanding accomplishments in the areas mentioned. Give your candidate every possible chance by truly describing him and his activities.

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Submitting Member’s Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submitting Member’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Zip Code

**Please return form by August 5, 2023**

NAIFA – Michigan

PO Box 530

DeWitt, MI 48820

EMAIL: naifamichigan@yahoo.com

Revised: May 2020