

UNIVERSITY OF KENTUCKY

2023 – 2024 PLAYER-FINANCIAL ADVISOR REGISTRATION FORM

Completion of this form is required for registration in the University of Kentucky Financial Advisor Program.

NOTE: This form must be completed in its entirety.

I) General (please print or type)

Date of Birth: _____

Name: _____

Home Address: _____

City State Zip Home Phone #

If affiliated with a particular firm or agency as a Financial Advisor, please indicate:

Name of Firm or Agency: _____

Business Address: _____

City State Zip Business Phone #

E-Mail Address: _____ Fax Number: _____

II) Education

High School

School Name Month/Year Graduated

College (undergraduate)

School Name Degree(s) Year Graduated

City State

Graduate/Legal/Professional

College or University Degree(s) Year Graduated

City State

III) Experience

Number of years' experience as a Financial Advisor: _____

Sports in which you currently represent athletes: _____

List at least five (or all, if fewer than five) past clients (athletes) and their professional teams/leagues. Write "none" if you have no past clients:

Do you earn income from work performed in some capacity other than as a Financial Advisor? Yes No

If yes, describe other occupation(s) or service(s) for which you are paid:

What approximate percentage of your total work time is consumed as a Financial Advisor? _____

VI) Previous Employment (last two positions and dates of employment)

Firm _____ Position/Date _____

Address _____

Firm _____ Position/Date _____

Address _____

Please indicate which current University of Kentucky student-athletes you plan to contact on the upcoming year:

I certify that the above information is true, correct and complete to the best of my knowledge. Further, I certify that I will notify Rachel Baker before the first contact with a student-athlete who has eligibility remaining in any sport and is enrolled in the University of Kentucky or before the first contact with the student-athlete's coach. I have reviewed the NCAA rules and regulations that accompany this form will/and/or and not engaged in any activity prior to a student-athlete's agreement to be represented that would otherwise jeopardize the student-athlete's eligibility. I also understand that failure to comply with the terms of this certification and the applicable NCAA legislation may result in the initiation of legal proceedings by the University of Kentucky against me and the assessment of civil and/or criminal penalties to me.

Signature

Date

Please return completed form to:

Rachel Baker, Executive Associate AD/Compliance
University of Kentucky Athletics
338 Lexington Ave.
Lexington, KY 40506
Phone: (859) 218-1464
Fax: (859) 323-4999