

# CERTIFICATE OF COMPLETION

CFP®

*Full Name of Student:*

*Last 4 of SSN#*  
*CFP ID"#*

*Date:* 04-28-2025

*Speaker:* Paul Caspersen, President, Planned Giving Interactive

*Program ID#*

333465

*Number of Credits:* 1 hour


*Title*  
*Estate Planning* The ABC's of CRT's: Understanding Charitable Remainder Trusts for

*Provider Name:* Estate Planning Council of St. Louis

*Provider Number:*

*Address:* 330 Wenneker drive  
St. Louis, MO 63124

*Phone Number:* 314-520-3564

  
\_\_\_\_\_  
*Signature of Authorized Provider Official*

4.28.2025  
\_\_\_\_\_  
*Date*

**PLEASE NOTE:**

Submission of a false or fraudulent Certificate of Completion to the Insurance Commissioner may subject any license application to denial, and any issued license to suspension or revocation.

Estate Planning Council of St. Louis  
330 Wenneker Drive, St. Louis, MO 63124

PLEASE RETAIN THIS CERTIFICATE IN YOUR FILES FOR 5 YEARS