



CERTIFICATE OF COMPLETION

Participant Name: _____

Program Title: A Family's Perspective on Government Benefits

Program ID#: Pers_GovtBene

Program Sponsor: Protected Tomorrows, Inc.

Program Date: _____

CFP® Board Approved Hours: 1.0

This certifies that the professional named above participated in the program as stated above, and therefore qualifies for CE Credits as indicated above.

Mary Anne Ehlert
President