
Application for Reimbursement of Financial Planning Services

I wish to participate in the Fish and Wildlife Service's Financial Planning Services Program. I agree to abide by Service rules and regulations and understand that violation of the rules will result in withdrawal of the taxable reimbursement available to me.

I realize that choosing a financial planner and making any decisions based on the advice provided to me is a personal choice. I accept all responsibility and assume the financial risks that may arise, whether directly or indirectly, as a result of my participation in the Financial Planning Services program.

I hereby release and hold harmless from any liability the Fish and Wildlife Service or the Department of the Interior, as well as its supervisors and representatives.

_____ initial

I certify that I have read and understand Director's Order 180 on this subject and the contents of this application form.

Employee Name:(print)_____

Employee Signature:_____ Date:_____

Supervisor Signature:_____ Date:_____