



**Professional Fiduciary Council of Florida**  
Loyalty - Integrity - Trust

Date \_\_\_\_\_

Letter of reference for \_\_\_\_\_

Dear Membership Committee:

This letter of reference is for the purpose of informing the membership committee as to the experience, trustworthiness, and competence of the above-named applicant. To maintain the integrity of the Professional Fiduciary Council of Florida we require that you complete the questions below and provide specific information so that we can rely on your support of this candidate for membership.

How long have you known the applicant: \_\_\_\_\_

How long have you known the applicant on a professional basis: \_\_\_\_\_

Approximately how many cases or matters have you worked on with the applicant: \_\_\_\_\_

Please confirm what those matters were with a yes or no:

Estates:

Guardianships:

Agent under a POA:

Health Care Surrogate:

Trust Administration:

In your own words, please describe your experience with the applicant and any other relevant information that would be helpful for the membership committee.

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If you require more room, please feel free to attach additional pages.

By signing below, you are supporting this applicant for membership in the Professional Fiduciary Council of Florida and agree to allow us to contact you if needed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Business or organization

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
email