

Application for Credentialed Membership in the ASPPA College of Pension Actuaries

All members must meet JBEA requirements. Membership in ACOPA must be renewed annually to retain credentials.

Mr./Mrs./Ms. Name: _____
(circle one) First MI Last (former name)

Company: _____ Company Owner's Name(s): _____
(provide company name, even if home address is provided below)

I am the owner of the business noted above.

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Business

ACOPA membership labels are sold upon request. Please check the box if you do not want your name and address distributed.

Work Phone: _____ Fax: _____

Home Phone: _____ Home Zip Code: _____
(for government affairs purposes)

E-mail Address: _____ Date of Birth: _____
(for ASPPA asap newsletter delivery)

Professional Credentials (choose all that apply):

- | | | | | | | | | |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|---------------------------------------|
| <input type="checkbox"/> AAMS | <input type="checkbox"/> ARPC | <input type="checkbox"/> CFA | <input type="checkbox"/> CIMA | <input type="checkbox"/> CRA | <input type="checkbox"/> CRSP | <input type="checkbox"/> FCA | <input type="checkbox"/> MSFS | <input type="checkbox"/> RIA |
| <input type="checkbox"/> AEP | <input type="checkbox"/> ARPS | <input type="checkbox"/> CFP | <input type="checkbox"/> CLU | <input type="checkbox"/> CRC | <input type="checkbox"/> EA | <input type="checkbox"/> FSA | <input type="checkbox"/> PFS | <input type="checkbox"/> RP |
| <input type="checkbox"/> APA | <input type="checkbox"/> ASA | <input type="checkbox"/> CFS | <input type="checkbox"/> CMFC | <input type="checkbox"/> CRPC | <input type="checkbox"/> ERPA | <input type="checkbox"/> MAAA | <input type="checkbox"/> RFC | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> APR | <input type="checkbox"/> CEBS | <input type="checkbox"/> ChFC | <input type="checkbox"/> CPA | <input type="checkbox"/> CRS | <input type="checkbox"/> Esq | <input type="checkbox"/> MCRS | <input type="checkbox"/> RFP | |

Position (choose the one that most closely describes your position):

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Executive | <input type="checkbox"/> Manager/Supervisor | <input type="checkbox"/> Staff/Technical |
| <input type="checkbox"/> Actuary | <input type="checkbox"/> Financial Planner | <input type="checkbox"/> Manager/Technical | <input type="checkbox"/> Student |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Institutional Broker | <input type="checkbox"/> New Business Development | <input type="checkbox"/> Third Party Admin |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Insurance Broker/Agent | <input type="checkbox"/> Plan Administrator | <input type="checkbox"/> Third Party Admin-Producer |
| <input type="checkbox"/> Consultant/Plan Design | <input type="checkbox"/> Investment Advisor | <input type="checkbox"/> President | <input type="checkbox"/> Vice President |
| <input type="checkbox"/> Consulting Services | <input type="checkbox"/> Investment Manager | <input type="checkbox"/> Registered Representative | <input type="checkbox"/> Wholesale Mutual Fund |
| <input type="checkbox"/> Daily Conversion Specialist | <input type="checkbox"/> Manager/Admin | <input type="checkbox"/> Staff/Admin | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Daily Processor/Recordkeeper | <input type="checkbox"/> Manager/Marketing | <input type="checkbox"/> Staff/Marketing | |
| <input type="checkbox"/> Educator | <input type="checkbox"/> Manager/Prod Sales | <input type="checkbox"/> Staff/Prod Sales | |

Type of Business (choose the one that most closely describes your type of business):

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Government Entity | <input type="checkbox"/> Investment Firm | <input type="checkbox"/> Recordkeeping Company |
| <input type="checkbox"/> Actuarial/Employee Benefits | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Legal Firm | <input type="checkbox"/> Third Party Admin Firm |
| <input type="checkbox"/> Bank/Savings & Loan | <input type="checkbox"/> Industry Training Provider | <input type="checkbox"/> Mutual Fund Company | <input type="checkbox"/> Third Party Admin – Producing TPA |
| <input type="checkbox"/> Brokerage Firm | <input type="checkbox"/> Insurance Agency | <input type="checkbox"/> Other Consulting Firm | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Computer/Software Firm | <input type="checkbox"/> Insurance Company | <input type="checkbox"/> Other Financial Services Company | |
| <input type="checkbox"/> Educational Institution | <input type="checkbox"/> Investment Consulting Firm | <input type="checkbox"/> Plan Sponsor | |

Please indicate the SEC or state insurance license you currently hold:

Series 6 Series 7 Series 65 State life or annuity insurance license: _____
State License number

How did you hear about ACOPA:

- Advertisement (specify): _____ Other: _____
 Conference (specify): _____ Referred by: _____
 Web search: _____

Application for:

- MSPA (Enrolled Actuary Member) FSPA (Fellow)
JBEA Enrollement No: _____

I understand that to be considered for Actuarial membership in the ASPPA College of Pension Actuaries and the American Society of Pension Professionals & Actuaries I must have high ethical standards and must not be under investigations or have had sanctions imposed against me by the Actuarial Board for Counseling and Discipline (ABCD). I hereby give my consent to the American Society of Pension Professionals & Actuaries to verify my status with the ABCD. I further understand that my membership application/reinstatement may be rejected or put on hold if I am under investigation by the ABCD or pending a disciplinary proceeding by any other ABCD organization.

Signature: _____ Date: _____

Code of Ethics:

Have you been found guilty of a felony, violation of insurance or securities regulations or any violation of the code of ethics of any professional or business organization?

No Yes (If yes, explain on a separate attachment.)

I have read the ASPPA Code of Professional Conduct and the Code of Professional Conduct for Actuaries. If my application is accepted I agree to abide thereby. I certify that the information provided in this application is true and correct to the best of my knowledge. (If you do not have a copy of the Codes, please call the ACOPA office to request one.)

Signature: _____ Date: _____

Payment Information:

ASPPA Benefits Council Members take a \$50 discount on the first year's dues payment.

Payment Date:

Jan. 1-Jun. 30
Jul. 1-Oct. 31
Nov. 1-Dec. 31

Dues Payment:

\$515 (dues through 12/31) \$50 Retired or Government Employee (dues through 12/31)
 \$258 (dues through 12/31)
 \$515 (includes next year's dues)

I am paying by Check Money Order Mastercard Visa Amex Discover

Name as it appears on card: _____

Card No.: _____ Exp.Date: _____

Signature: _____

Remit Payments:

Please send your completed application to: ACOPA, P.O. Box 34725, Alexandria, VA, 22334-0725 or fax it to 703.516.9308. Fees appearing on this form are no longer valid after December 31, 2012. After this time, contact the Customer Support Department to confirm the appropriate fees. Questions? Please call us at 703.516.9300 or visit us on the Web at www.asppacollegeofpensionactuaries.org.

Tax Deductions:

Dues, contributions or gifts to ACOPA are not deductible as charitable contributions; they may be deductible, however, as ordinary and necessary business expenses. Federal law prohibits a tax deduction for the portion of membership dues attributable to lobbying expenses incurred by the organization. Consequently, for 2012, 22% of your dues are non-deductible in accordance with this provision.



4245 North Fairfax Drive, Suite 750
Arlington, VA 22203
P 703.516.9300 F 703.516.9308