

American Society of Pension Professionals & Actuaries

Application for Credentialed Membership Upgrade/Addition

All credentialed members are subject to continuing professional education requirements of 40 credits each two-year cycle; including 2 credits in ethics. Membership in ASPPA must be renewed annually to retain credentials. For exceptions, please refer to the ASPPA Continuing Professional Education (CPE) page at www.asppa.org.

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 noted below)

Title: _____ I am the owner

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Business ASPPA 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: _____

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/Plan Auditor | <input type="checkbox"/> Investment Professional - 401(k) Plan | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Actuary | <input type="checkbox"/> Investment Professional - 403(b)/457 Plan | _____ |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Plan Administrator or Consultant | _____ |

Role (choose the one that most closely describes your role):

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Educator | <input type="checkbox"/> Manager/Prod Sales | <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"/> Investment Advisor | <input type="checkbox"/> New Business Development | <input type="checkbox"/> Third Party Admin |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Institutional Broker | <input type="checkbox"/> President | <input type="checkbox"/> Third Party Admin-Producer |
| <input type="checkbox"/> Consultant/Plan Design | <input type="checkbox"/> Insurance Broker/Agent | <input type="checkbox"/> Plan Administrator | <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/Supervisor | <input type="checkbox"/> Staff/Marketing | _____ |
| <input type="checkbox"/> Executive | <input type="checkbox"/> Manager/Marketing | <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"/> Other Financial Services Company | <input type="checkbox"/> Investment Firm | <input type="checkbox"/> Third Party Admin Firm |
| <input type="checkbox"/> Actuarial/Employee Benefits | <input type="checkbox"/> Government Entity | <input type="checkbox"/> Industry Training Provider | <input type="checkbox"/> Third Party Admin – Producing TPA |
| <input type="checkbox"/> Brokerage Firm | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Legal Firm | <input type="checkbox"/> Other Consulting Firm: _____ |
| <input type="checkbox"/> Bank/Savings & Loan | <input type="checkbox"/> Insurance Agency | <input type="checkbox"/> Mutual Fund Company | _____ |
| <input type="checkbox"/> Computer/Software Firm | <input type="checkbox"/> Investment Consulting Firm | <input type="checkbox"/> Plan Sponsor | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Educational Institution | <input type="checkbox"/> Insurance Company | <input type="checkbox"/> Recordkeeping Company | _____ |

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

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

Currently:

- FSPA MSPA CPC QPA QKA QPFC TGPC APM Affiliate

Application for:

- | | |
|---|---|
| <input type="checkbox"/> FSPA (Fellow, Society of Pension Actuaries) | <input type="checkbox"/> QKA (Qualified 401(k) Administrator) |
| <input type="checkbox"/> MSPA (Member, Society of Pension Actuaries) | <input type="checkbox"/> QPFC (Qualified Plan Financial Consultant) |
| <input type="checkbox"/> JBEA Enrollment No: _____ | <input type="checkbox"/> TGPC (Tax-Exempt & Governmental Plan Consultant) |
| <input type="checkbox"/> CPC (Certified Pension Consultant) | <input type="checkbox"/> APM (Associated Professional Member) |
| <input type="checkbox"/> I am an APA (Accredited Pension Administrator) | <input type="checkbox"/> I am an Attorney (Jurisdiction: _____) |
| <input type="checkbox"/> QPA (Qualified Pension Administrator) | <input type="checkbox"/> I am a CPA (Jurisdiction: _____) |
| <input type="checkbox"/> I am an ERPA (IRS ERPA Enrollment No: _____) | |

I understand that to be considered for FSPA or MSPA membership in 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: _____

References:

ASPPA credentialed members applying for QPFC or TGPC must provide one of the following along with this application: a Series 6, 7 or 65 license; a State-life or annuity insurance license; IAR or RIA credentials; or two letters of recommendation from two references that verify a minimum of three years experience in retirement plan-related matters.

ASPPA credentialed members applying for FSPA, MSPA, CPC, QPA, or QKA do not need to provide reference letters of recommendation to apply for these additional credentials.

ASPPA affiliate members applying for CPC, QPA, QKA, QPFC or TGPC must provide two professional references from individuals familiar with your qualifications. Credentialed ASPPA members are preferred. The letters must include a description of your pension-related work experience and references' contact information.

ASPPA affiliate members applying for FSPA or MSPA do not need to provide reference letters of recommendation to apply for these credentials.

Additional requirements for ASPPA affiliate members to become credentialed:

QKA or QPA: Two letters of recommendation from two references that verify a minimum of two years experience in retirement plan-related matters.

CPC or APM: Two letters of recommendation from two references that verify a minimum of three years experience in retirement plan-related matters.

QPFC or TGPC: Two letters of recommendation from two references that verify a minimum of two years experience in retirement plan-related matters and one of the following: a Series 6, 7 or 65 license; a State-life or annuity insurance license; or IAR or RIA credentials. QPFC or TGPC candidates without these licenses or credentials must attach two letters of recommendation from two references that verify a minimum of three years experience in retirement plan-related matters.

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 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 ASPPA Code of Professional Conduct, please call the ASPPA office to request one.)

Signature: _____ Date: _____

Payment Information:

- \$50 Application Processing Fee
- \$30 Add NAPA Benefits to ASPPA Membership
- Add NTSAA Benefits to ASPPA Membership (no charge)

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: ASPPA, P.O. Box 34725, Alexandria, VA, 22334-0725 or fax it to 703.516.9308. Questions? Please call the ASPPA Customer Support Department at 800.308.6714 or visit us on the Web at www.asppa.org.

Tax Deductions:

Dues, contributions or gifts to ASPPA 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.