

National Tax Sheltered Accounts Association

2012 Membership Application

Join Now!
Questions?
Call 800-308-6714

Membership must be renewed annually.

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

Company: _____ Title: _____
(provide company name, even if home address is noted below)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Business

NTSAA 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: _____

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

Advisor Wholesaler (External) Home Office (Provider, Broker-Dealer, TPA) Accountant Attorney Other _____

Company, Broker-Dealer or RIA Affiliation (required for membership partner dues):

Company _____ Broker-Dealer _____ RIA _____
(Company Name) (Broker-Dealer Name) (RIA Firm Name)

Business Model:

Fee Only Commission Only Hybrid Fee and Commission

Number of 403(b)/457 Plans:

Less Than 10 10 – 25 26 – 100 More than 100

Plan Assets Under Management:

Less Than \$1 Million \$10 Million – \$24.9 Million \$75 Million – \$99.9 Million More than \$1 Billion
 \$1 Million – \$4.9 Million \$25 Million – \$49.9 Million \$100 Million – \$149.9 Million
 \$5 Million – \$9.9 Million \$50 Million – \$74.9 Million \$150 Million – \$1 Billion

Top 3 Provider Affiliates

 (please list):

Years of 403(b)/457 Experience:

What year did you start with 403(b)/457 plans? _____

Primary Market Served Based on Plan Assets:

Less Than \$5 Million \$16 Million – \$50 Million More Than \$100 Million
 \$5 Million – \$15 Million \$51 Million – \$100 Million

Licenses

 (Please indicate which you currently hold, if applicable):

Series 6 Series 24 Series 63 Series 66
 Series 7 Series 26 Series 65 Life Insurance
 Health Insurance

What 403(b)/457 plan markets do you serve?

K-12 Healthcare Religious University/College Government Other: _____

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: _____

Dues Information:

Jan 1 – June 30, 2012
July 1 – Dec 31, 2012

Membership Partner Dues*

\$195 (through 12/31)
 \$99 (through 12/31)

Not Affiliated with a Membership Partner*:

\$395 (through 12/31)
 \$199 (through 12/31)

*** Not sure if you are affiliated with a NTSAA Membership Partner? Call 800.308.6714**

I am paying by Check Money Order Mastercard Visa Amex Discover

Name as it appears on card: _____

Card No.: _____ Exp. Date: _____

Signature: _____

Please fax your completed application to 703.516.9308 or mail it to NTSAA, P.O. Box 34725, Alexandria, VA, 22334-0725. 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 800.308.6714 or email customersupport@asppa.org.

Tax Deduction:

Dues, contributions or gifts to NTSAA 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.



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