

# American Society of Pension Professionals & Actuaries

## Application for Credentialed Membership

**Apply Now!**  
**Questions?**  
**Call 800-308-6714**

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 Education (CE) page at [www.asppa-net.org](http://www.asppa-net.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

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Zip Code (for government affairs purposes): \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### For which credential(s) are you applying?

- |   |   |
|---|---|
| <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"/> APM (Associated Professional Member)   |
| <input type="checkbox"/> JBEA Enrollment No.: _____                     | <input type="checkbox"/> I am an Attorney (Jurisdiction: _____) |
| <input type="checkbox"/> CPC (Certified Pension Consultant)             | <input type="checkbox"/> I am a CPA (Jurisdiction: _____)       |
| <input type="checkbox"/> I am an APA (Accredited Pension Administrator) |   |
| <input type="checkbox"/> QPA (Qualified Pension Administrator)          |   |
| <input type="checkbox"/> I am an ERPA (IRS ERPA Enrollment No.: _____)  |   |

### Which professional credentials do you hold? (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  |                                       |

### Which position best describes your work?

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Accountant/Plan Auditor | <input type="checkbox"/> Advisor — 403(b)/457 Plan   | <input type="checkbox"/> Institutional Trainer  | <input type="checkbox"/> Wholesaler (External) |
| <input type="checkbox"/> Actuary                 | <input type="checkbox"/> Attorney                    | <input type="checkbox"/> Recordkeeper           | <input type="checkbox"/> Other: _____          |
| <input type="checkbox"/> Advisor — 401(k)        | <input type="checkbox"/> Home Office (BD, RIA, DCIO) | <input type="checkbox"/> TPA/Plan Administrator |  |

### Which business most closely describes your place of employment?

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Accounting                  | <input type="checkbox"/> Educational Institution | <input type="checkbox"/> Investment Consulting | <input type="checkbox"/> TPA             |
| <input type="checkbox"/> Actuarial/Employee Benefits | <input type="checkbox"/> Government Entity       | <input type="checkbox"/> Investment Provider   | <input type="checkbox"/> TPA — Producing |
| <input type="checkbox"/> Bank/Savings & Loan         | <input type="checkbox"/> Human Resources         | <input type="checkbox"/> Legal                 | <input type="checkbox"/> Other: _____    |
| <input type="checkbox"/> Brokerage                   | <input type="checkbox"/> Industry Training       | <input type="checkbox"/> Mutual Fund/DCIO      |  |
| <input type="checkbox"/> Computer/Software           | <input type="checkbox"/> Insurance Agency        | <input type="checkbox"/> Plan Sponsor          |  |
| <input type="checkbox"/> Consulting                  | <input type="checkbox"/> Insurance Provider      | <input type="checkbox"/> Recordkeeper          |  |

### 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 \_\_\_\_\_

**Reference Requirements:**

Applicants for ASPPA credentialed membership, except FSPA and MSPA candidates, must provide 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.

**Applying for:**

**QPA or QKA:** 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.

**Code of Conduct for All Applicants:**

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: \_\_\_\_\_

**Code of Conduct for FSPA and MSPA Applicants:**

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: \_\_\_\_\_

**Payment Information:**

ASPPA Benefits Council Members receive 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:**

\$590 (dues through 12/31)

\$295 (dues through 12/31)

\$590 (includes next year's dues)

\$50 Retired or Government Employee (dues through 12/31)

Add NAPA Membership (\$50 — Dues through 12/31)

Add NTSA Membership (\$50 — Dues through 12/31)

I am paying by     Check     Money Order     Mastercard     Visa     Amex     Discover

Name as it appears on card: \_\_\_\_\_

Card No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Remit Payments:**

**Paying by check?** Please send your completed application to: ASPPA, P.O. Box 34725, Alexandria, VA, 22334-0725.

**Paying by credit card?** Please fax your completed application to 703.516.9308 or email [accountsreceivable@usareirement.org](mailto:accountsreceivable@usareirement.org).

Dues appearing on this application are not valid after December 31, 2017.

**Questions?** Please call us at 800.308.6714.

**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 2017, 20% of your dues are non-deductible in accordance with this provision.



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