

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

American Society of Pension Professionals & Actuaries

Application for Credentialed Membership Reinstatement

All credentialed members are subject to continuing education requirements of 40 credits (including 2 credits in Ethics/Professionalism) each two-year cycle. 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.

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"/> QPFC (Qualified Plan Financial Consultant) |
| <input type="checkbox"/> QPA (Qualified Pension Administrator) | <input type="checkbox"/> CPFA (Certified Plan Fiduciary Advisor) |
| <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

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:

All reinstatement applications, except for FSPA and MSPA candidates, should be submitted with a Continuing Education Reporting Form documenting 40 credits (including 2 CE Credits in Ethics) earned within the 24-month period preceding the submission of this reinstatement application.

Payment Information:

Payment Date:

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

Dues Payment:

- \$608 (dues through 12/31)
\$304 (dues through 12/31)
\$608 (includes next year's dues)
\$50 Retired or Government Employee (dues through 12/31)

Reinstatement Fee:

- \$50

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@usaretirement.org.
Dues appearing on this application are not valid after December 31, 2018.
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 2018, 20% of your dues are non-deductible in accordance with this provision.



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