

ASPPA College of Pension Actuaries Application for Credentialed Membership

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

Apply Now!
Questions?
Call 800-308-6714

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: _____

Application for:

MSPA (Member, Society of Pension Actuaries)

FSPA (Fellow, Society of Pension Actuaries)

JBEA Enrollment No: _____

Which professional Credential(s) do you hold?

- | | |
|-------------------------------|-------------------------------|
| <input type="checkbox"/> ACA | <input type="checkbox"/> FCA |
| <input type="checkbox"/> ASA | <input type="checkbox"/> FCAS |
| <input type="checkbox"/> ACAS | <input type="checkbox"/> FSA |
| <input type="checkbox"/> EA | <input type="checkbox"/> MAAA |
| <input type="checkbox"/> CERA | |

Which position best describes your work?

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

Which business most closely describes your place of employment?

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

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 be an enrolled actuary in good standing with the JBEA, have high ethical standards and must not be under investigation 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 any membership application/reinstatement may be rejected or put on hold if I am under investigation by the ABCD, pending a disciplinary proceeding, or had any membership suspended as a result of disciplinary action by any other ABCD organization.

Signature: _____ Date: _____

Code of Conduct:

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 ASPPA Code of Professional Conduct, 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:

- \$658 (dues through 12/31)
- \$329 (dues through 12/31)
- \$608 (includes next year's dues)
- \$50 Retired (dues through 12/31)
- \$50 Government Employee (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@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 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 2018, 20% 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