

# American Society of Pension Professionals & Actuaries

## Application for Credentialed Membership Upgrade/Addition

Join 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: \_\_\_\_\_ (provide company name, even if home address is noted below) Company Owner's Name(s): \_\_\_\_\_

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: \_\_\_\_\_

### Current ASPPA Credential(s) held or Affiliate Membership:

- FSPA  CPC  QKA  TGPC  Affiliate  
 MSPA  QPA  QPFC/CPFA  APM

### Application for:

- CPC (Certified Pension Consultant)  
 I am an APA (Accredited Pension Administrator)  
 QPA (Qualified Pension Administrator)  
 I am an ERPA (IRS ERPA Enrollment No: \_\_\_\_\_)  
 QKA (Qualified 401(k) Administrator)  
 APM (Associated Professional Member)  
 I am an Attorney (Jurisdiction: \_\_\_\_\_)  
 I am a CPA (Jurisdiction: \_\_\_\_\_)  
 QPFC (Qualified Plan Financial Consultant)  
 CPFA (Certified Plan Fiduciary Advisor)  
 TGPC (Tax Exempt & Government Plan Consultant)

### Which professional credentials do you hold? (Choose all that apply)

- AAMS  ARPC  CFA  CIMA  CRA  CRSP  FCA  MSFS  RIA  
 AEP  ARPS  CFP  CLU  CRC  EA  FSA  PFS  RP  
 APA  ASA  CFS  CMFC  CRPC  ERPA  MAAA  RFC  Other: \_\_\_\_\_  
 APR  CEBS  ChFC  CPA  CRS  Esq  MCERS  RFP \_\_\_\_\_

### Which position best describes your work?

- Accountant/Plan Auditor  Advisor – 403(b)/457 Plan  Institutional Trainer  Wholesaler (External)  
 Actuary  Attorney  Recordkeeper  Other: \_\_\_\_\_  
 Advisor – 401(k)  Home Office (BD, RIA, DCIO)  TPA/Plan Administrator \_\_\_\_\_

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

- Accounting  Educational Institution  Investment Consulting  TPA  
 Actuarial/Employee Benefits  Government Entity  Investment Provider  TPA – Producing  
 Bank/Savings & Loan  Human Resources  Legal  Other: \_\_\_\_\_  
 Brokerage  Industry Training  Mutual Fund/DCIO \_\_\_\_\_  
 Computer/Software  Insurance Agency  Plan Sponsor \_\_\_\_\_  
 Consulting  Insurance Provider  Recordkeeper \_\_\_\_\_

### 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

### Reference Requirements:

ASPPA credentialed members applying for CPC, QPA, QPFC, CPFA, TGPC 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, or APM 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.

### 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.

**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 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
- 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@usaretirement.org](mailto:accountsreceivable@usaretirement.org).

**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 2019, 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  
[www.asppa-net.org](http://www.asppa-net.org)