

Apply Now!
Questions?
Call 800-308-6714

American Society of Enrolled Actuaries (ASEA)

Application for Credentialed Membership

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

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): _____

Work Email Address: _____ Date of Birth: _____

Personal Email Address: _____

Application for:

MSEA (Member, Society of Enrolled Actuaries)

FSEA (Fellow, Society of Enrolled Actuaries)

JBEA Enrollment No: _____

Which professional Credential(s) do you hold?

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

Which position best describes your job function?

- | | | |
|--|--|---------------------------------------|
| <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 FSEA or MSEA membership in the American Society of Pension Professionals & Actuaries (ASPPA) and the American Society of Enrolled Actuaries (ASEA), I must be an enrolled actuary in good standing with the JBEA, have high ethical standards and must not be under investigation(s) or have had any sanctions imposed against me by the Actuarial Board for Counseling and Discipline (ABCD). I hereby give my consent to ASPPA 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: _____

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 ASEA office to request one.)

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:

- \$750 (dues through 12/31)
- \$375 (dues through 12/31)
- \$750 (includes next year's dues)
- \$100 Retired or 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, 2024.

Questions? Please call us at 800.308.6714.

Tax Deductions:

Dues, contributions or gifts to ASEA 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 2024, 15% of your dues are non-deductible in accordance with this provision.



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