



# Application for CIkR Membership

Thank you for your interest in membership in the Council of Independent 401(k) Plan Recordkeepers (CIkR). CIkR's mission is to:

- Educate governmental entities about the role played by independent recordkeepers in delivering 401(k) plans.
- Advocate legislative and regulatory initiatives that would promote the national retirement plan system, and accordingly the interests of independent recordkeepers.
- Defend against legislative and regulatory initiatives that would specifically be to the detriment of independent recordkeepers.
- Provide an opportunity to network on issues particular to independent recordkeepers.

Please complete this application and submit it to Kara Getz, Director of Congressional Relations, at kgetz@asppa.org (or fax it to 703.516.9308). Once the application has been approved in accordance with rules established by CIkR's Board, you will be informed of your firm's acceptance and will be invoiced for annual dues.

### Applicant Information:

Name of Firm: \_\_\_\_\_

Firm Address: \_\_\_\_\_

Firm Website: \_\_\_\_\_

### Firm Board Representative

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

### Firm Alternate Representative

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

I attest that the following statements are true concerning the services that my firm provides:

My firm provides retirement plan administration and recordkeeping services either directly to plan sponsors or through other retirement plan service providers. My firm does not primarily maintain their own SEC-regulated or State insurance-regulated proprietary investments.

### Dues:

My firm agrees to pay annual dues of \$15,000

### Signature:

Please sign and date this application and submit it as instructed above.

Signature of Board Representative (or Alternate): \_\_\_\_\_

Date: \_\_\_\_\_



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