



Understanding Not For Profit Retirement Plans

Tuesday, August 18, 2009

11:30 a.m. – 2:00 p.m.
Lunch Included

Jacksonville Marriott
4670 Salisbury Road
Jacksonville, FL 32256
(Exit Belfort/Salisbury off Butler Blvd.)
Tel. 904.296.2222

Qualifies for 2 hours of CE credit for ASPPA members. CPAs will receive CE units through sponsorship by Presser, Lahnen & Edelman, CPAs.

RSVP by August 11, 2009

GUEST SPEAKER: **Tim Hollinger, CFP, CEBS**

Tim Hollinger is the director for Principal's North and Central retirement plan office. He joined the Principal Financial Group in March 1998 and moved into the director of sales role in 2007. He is a registered representative with Princor Financial Services, with FINRA Series 7, 66 and 63 licenses as well as his state insurance licenses. Tim is a CFP® professional and holds Fellowship status as a Certified Employee Benefit Specialist (CEBS). Tim is also a current member and president of the Jacksonville chapter of the International Society of CEBS.

Program Highlights:

- How the IRS and DOL regulation changes affect retirement plans
 - Evolution
 - Final 403(b) Regulations
 - Increased fiduciary demands
- Building/maintaining a responsible retirement plan
- Possible solutions for the marketplace

ABC members attend all meetings at no cost!
The fee is \$65 per person for non-members.

Please send favorable e-mail responses to the attention of Mary Akel, QPA, QKA, at mary.akel@sungard.com. Reference "Understanding Not For Profit Retirement Plans" in the subject line. Include the first and last names of any attendees from your firm, including yourself, and the total amount due. There will be a "no show" fee of \$65 for non-member guests who do not cancel within 72 hours of the meeting. Please forward any cancellations to mary.akel@sungard.com. Complete the reservation form below and fax to the attention of Mary Akel, QPA, QKA at 904.398.6438 by April 27, 2009.

Name of Person(s) Attending: _____

Member of ABC?

- Yes
 Yes
 Yes

TOTAL AMOUNT ENCLOSED:

Company: _____

Corporate Member? Yes

Telephone: _____ Fax: _____ E-mail: _____

Method of Payment: Check Visa MasterCard American Express Discover

Name (as it appears on card): _____

Credit Card#: _____ Expiration Date: _____

Signature: _____