

Application for Credentialed Membership Upgrade/Addition

All credentialed members are subject to continuing education requirements of 40 hours each two-year-cycle. Membership in ASPPA must be renewed annually to retain credentials. For exceptions, please refer to the ASPPA Continuing Professional (CPE) page at www.asppa.org.

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 provided below)

I am the owner of the business noted above.

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Business

ASPPA membership labels are sold upon request. Please check the box if you do not want your name and address distributed.

Work Phone: _____ Fax: _____

Home Phone: _____ Home Zip Code: _____
(for government affairs purposes)

E-mail Address: _____ Date of Birth: _____
(for ASPPA asap newsletter delivery)

Professional Credentials (choose all that apply):

- | | | | | | | | | |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|--------------------------------|-------------------------------|------------------------------|---------------------------------------|
| <input type="checkbox"/> AAMS | <input type="checkbox"/> ARPC | <input type="checkbox"/> CFP | <input type="checkbox"/> CLU | <input type="checkbox"/> CRC | <input type="checkbox"/> EA | <input type="checkbox"/> MSFS | <input type="checkbox"/> RFP | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> AEP | <input type="checkbox"/> ARPS | <input type="checkbox"/> CFS | <input type="checkbox"/> CMFC | <input type="checkbox"/> CRPC | <input type="checkbox"/> ERPA | <input type="checkbox"/> PFS | <input type="checkbox"/> RIA | _____ |
| <input type="checkbox"/> APA | <input type="checkbox"/> CEBS | <input type="checkbox"/> ChFC | <input type="checkbox"/> CPA | <input type="checkbox"/> CRS | <input type="checkbox"/> Esq. | <input type="checkbox"/> RFC | <input type="checkbox"/> RP | _____ |
| <input type="checkbox"/> APR | <input type="checkbox"/> CFA | <input type="checkbox"/> CIMA | <input type="checkbox"/> CRA | <input type="checkbox"/> CRPS | <input type="checkbox"/> MCERS | | | |

Position (choose the one that most closely describes your position):

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Educator | <input type="checkbox"/> Manager/Marketing | <input type="checkbox"/> Staff/Marketing |
| <input type="checkbox"/> Actuary | <input type="checkbox"/> Financial Planner | <input type="checkbox"/> Manager/Prod Sales | <input type="checkbox"/> Staff/Prod Sales |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Investment Advisor | <input type="checkbox"/> Manager/Technical | <input type="checkbox"/> Staff/Technical |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Institutional Broker | <input type="checkbox"/> New Business Development | <input type="checkbox"/> Third Party Admin |
| <input type="checkbox"/> Consultant/Plan Design | <input type="checkbox"/> Insurance Broker/Agent | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Third Party Admin-Producer |
| <input type="checkbox"/> Daily Conversion Specialist | <input type="checkbox"/> Investment Manager | <input type="checkbox"/> President | <input type="checkbox"/> Vice President |
| <input type="checkbox"/> Daily Processor/
Recordkeeper | <input type="checkbox"/> Manager/Admin | <input type="checkbox"/> Plan Administrator | <input type="checkbox"/> Wholesale Mutual Fund |
| <input type="checkbox"/> Executive | <input type="checkbox"/> Manager/Supervisor
Consulting Services | <input type="checkbox"/> Registered Representative | |
| | | <input type="checkbox"/> Staff/Admin | |

Type of Business (choose the one that most closely describes your type of business):

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Other Financial Services
Company | <input type="checkbox"/> Insurance Company | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Actuarial/Employee Benefits
Company | <input type="checkbox"/> Government Entity | <input type="checkbox"/> Investment Firm | <input type="checkbox"/> Plan Sponsor |
| <input type="checkbox"/> Brokerage Firm | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Industry Training Provider | <input type="checkbox"/> Recordkeeping Company |
| <input type="checkbox"/> Bank/Savings & Loan | <input type="checkbox"/> Insurance Agency | <input type="checkbox"/> Legal Firm | <input type="checkbox"/> Third Party Admin Firm |
| <input type="checkbox"/> Computer/Software Firm | <input type="checkbox"/> Investment Consulting Firm | <input type="checkbox"/> Mutual Fund Company | <input type="checkbox"/> Third Party Admin -
Producing TPA |
| <input type="checkbox"/> Educational Institution | | <input type="checkbox"/> Other Consulting Firm | |

Please indicate the SEC or state insurance license you currently hold:

Series 6 Series 7 Series 65 State life or annuity insurance license: _____
State License number

Currently:

- FSPA APM
 MSPA Affiliate
 CPC
 QPA
 QKA
 QPFC
 TGPC

Application for:

- FSPA (Fellow, Society of Pension Actuaries)
 MSPA (Member, Society of Pension Actuaries)
 JBEA Enrollment No: _____
 CPC (Certified Pension Consultant)
 I am an APA (Accredited Pension Administrator)
 QPA (Qualified Pension Administrator)
 QKA (Qualified 401(k) Administrator)
- QPFC (Qualified Plan Financial Consultant)
 TGPC (Tax-Exempt & Governmental Plan Consultant)
 APM (Associated Professional Member)
 I am an Attorney Jurisdiction: _____
 I am a CPA Jurisdiction: _____
 I am a CLU I am a ChFC
 Other (specify): _____

I understand that to be considered for FSPA or MSPA membership in the American Society of Pension Professionals & Actuaries I must have high ethical standards and must not be under investigations or have had sanctions imposed against me 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 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: _____

References:

Existing ASPPA credentialed members, FSPA or MSPA candidates do not need to provide references when applying for initial or additional credentials. However, credentialed members applying for QPFC or TGPC must provide the required license, credential and/or documented work experience information, along with this application.

All other applicants for ASPPA credentialed membership must provide two professional references from individuals familiar with your qualifications. Credentialed ASPPA members are preferred. If applying for CPC, QPA, QKA, QPFC, TGPC or APM please attach a letter of recommendation from each reference that verifies the necessary work experience requirement (three years for CPCs and APMs, two years for QPAs and QKAs). QPFCs and TGPCs must have at least two years of retirement plan experience and one of the following: Series 6, 7 or 65 license, State-life or annuity insurance license, or those with the IAR or RIA credentials. All others applying for QPFC must have at least three years of investment-related experience with retirement plans and at least three years of experience in connection with tax-exempt and/or governmental plans for TGPC.

Code of Ethics:

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 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 Code of Professional Conduct, please call the ASPPA office to request one.)

Signature: _____ Date: _____

Payment Information:

Application Processing Fee: \$50

I am paying by Check Money Order Mastercard Visa Amex Discover

Name as it appears on card: _____

Card No.: _____ Exp. Date: _____

Signature: _____

Remit Payments:

Please send your completed application to: ASPPA, P.O. Box 34725, Alexandria, Virginia 22334-0725. Questions? Please call us at 703.516.9300, fax us at 703.516.9308 or visit us on the Web at www.asppa.org.



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