

Application for Credentialed Membership Reinstatement

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 | <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 | |

Application for:

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

All reinstatement applications should be submitted with a CPE Reporting Form documenting 40 CPE credits earned within the 24 month period preceding the submission of the reinstatement application.

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:

Payment Date:

Jan. 1-Jun. 30
Jul. 1-Oct. 31
Nov. 1-Dec. 31

Dues Payment:

\$486 (dues through 12/31)
 \$243 (dues through 12/31)
 \$486 (includes next year's dues)
 \$ 50 Retired or Government Employee (dues through 12/31)

Reinstatement 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, VA, 22334-0725. Fees appearing on this form are no longer valid after December 31, 2010. After this time, contact the Membership Department to confirm the appropriate fees. Questions? Please call us at 703.516.9300 or visit us on the Web at www.asppa.org.



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