

American Society of Pension Professionals & Actuaries

Application for Credentialed Membership Reinstatement

All credentialed members are subject to continuing professional education requirements of 40 credits each two-year cycle, including 2 credits in ethics. Membership in ASPPA must be renewed annually to retain credentials. For exceptions, please refer to the ASPPA Continuing Professional Education (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 noted below)

Title: _____ I am the owner

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: _____

Professional Credentials (choose all that apply):

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

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

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Accountant/Plan Auditor | <input type="checkbox"/> Investment Professional - 401(k) Plan | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Actuary | <input type="checkbox"/> Investment Professional - 403(b)/457 Plan | _____ |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Plan Administrator or Consultant | _____ |

Role (choose the one that most closely describes your role):

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

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

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

Application for:

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

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 ASPPA 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 ASPPA 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:

Input boxes for dues amounts and options like 'Retired or Government Employee' and 'Add NAPA Benefits'.

Reinstatement Fee:

Input box for reinstatement fee amount.

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 or fax it to 703.516.9308. Fees appearing on this form are no longer valid after December 31, 2012.

Tax Deductions:

Dues, contributions or gifts to ASPPA 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.