

National Association for Plan Advisors

2011/2012 Affiliate Membership Application

Join Now!
Questions?
Call 800-308-6714

Membership must be renewed annually.

Mr./Mrs./Ms. Name: _____
(circle one) First MI Last (former name)

Company: _____ Title: _____
(provide company name, even if home address is noted below)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Business

NAPA 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: _____

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

Advisor Wholesaler (External) Home Office (Provider, Broker-Dealer, TPA) Accountant Attorney Other _____

Broker-Dealer or RIA Affiliation (if applicable):

Broker-Dealer _____ (Broker-Dealer Name) RIA _____ (RIA Firm Name)

Business Model:

Fee Only Commission Only Hybrid Fee and Commission

Number of Defined Contribution Plans:

Less Than 10 10 – 25 26 – 100 More than 100

Defined Contribution Assets Under Management

Less Than \$1 Million \$10 Million – \$24.9 Million \$75 Million – \$99.9 Million More than \$1 Billion
 \$1 Million – \$4.9 Million \$25 Million – \$49.9 Million \$100 Million – \$149.9 Million
 \$5 Million – \$9.9 Million \$50 Million – \$74.9 Million \$150 Million – \$1 Billion

Top 3 Provider Affiliates (please list):

Years of DC Experience:

What year did you start with DC plans? _____

Primary Market Served Based on Plan Assets

Less Than \$5 Million \$16 Million – \$50 Million More Than \$100 Million
 \$6 Million – \$15 Million \$51 Million – \$100 Million

Licenses (Please indicate which you currently hold, if applicable):

Series 6 Series 24 Series 63 Series 66
 Series 7 Series 26 Series 65 Life Insurance
 Health Insurance

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: _____

Dues Information:

Membership Through
December 31, 2012

Firm is a Founding Partner*:

\$195 (dues waived through 12/31/2012)

Firm is not a Founding Partner*:

\$395: First member from
your firm to join**
 \$275: Each additional member**

*** Not sure if your firm is a NAPA Partner?
** Not sure if you are the first to join?
Call 800-308-6714**

I am paying by Check Money Order Mastercard Visa Amex Discover

Name as it appears on card: _____

Card No.: _____ Exp. Date: _____

Signature: _____

Please fax your completed application to 703.516.9308 or mail it to NAPA, P.O. Box 34725, Alexandria, VA, 22334-0725. Fees appearing on this form are no longer valid after December 31, 2011. After this time, contact the Customer Support Department to confirm the appropriate fees. Questions? Please call us at 800.308.6714 or email customersupport@asppa.org

Tax Deduction:

Dues, contributions or gifts to NAPA 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. Consequently, for 2011, 27% of your dues are non-deductible in accordance with this provision.



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