

# Application for Credentialed Membership

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](http://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 ASPPA asap newsletter delivery): \_\_\_\_\_

E-mail Address (for government affairs purposes): \_\_\_\_\_ Date of Birth (optional): \_\_\_\_\_

## Professional Credentials (choose all that apply):

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

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

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

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

## 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

## How did you hear about ASPPA:

- Advertisement (specify): \_\_\_\_\_
- Conference (specify): \_\_\_\_\_
- Web search: \_\_\_\_\_
- Other: \_\_\_\_\_
- Referred by: \_\_\_\_\_

## Application for:

- |   |   |
|---|---|
| <input type="checkbox"/> FSPA (Fellow, Society of Pension Actuaries)    | <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) |
| <input type="checkbox"/> JBEA Enrolment 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: \_\_\_\_\_

**References:**

Existing ASPPA credentialed members, FSPA and 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 or TGPC must have at least three years of investment-related experience with retirement plans. The letters should include a description of your pension related work experience and references' contact information.

**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:**

ASPPA Benefits Council Members take a \$50 discount on the first year's dues payment.

**Payment Date:**

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

**Dues Payment:**

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

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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