

Application for NAIIRPA Membership

Thank you for your interest in membership in the National Association of Independent Retirement Plan Advisors (NAIRPA). NAIIRPA's mission is to:

- Educate policymakers in Washington concerning the role of retirement plan advisors, the importance of independence, and what it really means to be "independent."
- Impact policymaking affecting retirement plans for which independent retirement plan advisors have unique expertise (e.g., retirement plan investment and fiduciary issues).

Please complete this application and submit it to Kara Getz, Director of Congressional Relations, at kgetz@asppa.org (or fax it to 703.516.9308). Once the application has been approved in accordance with rules established by NAIIRPA's Board, you will be informed of your firm's acceptance and will be invoiced for annual dues as provided below. Every NAIIRPA member is entitled to a single seat on the NAIIRPA Board, but two representatives of a member firm may participate in NAIIRPA meetings.

Applicant Information:

Name of Firm: _____

Firm Address: _____

Firm Website: _____

Firm Board Representative

Name: _____

Address: _____ **City, State, Zip:** _____

E-mail: _____ **Phone No.:** _____ **Cell No.:** _____

I attest that the following statements are true concerning the investment advisory services that my firm* provides to qualified retirement plans:

- The firm agrees that 100 percent of compensation for any **new** client engagements for retirement plan services will either:
 - not be received directly or indirectly from any financial services firms; or
 - be derived subject to a fee agreement that is not affected by the selection of vendors or investments in any given plan, and fees are assessed pursuant to one or more of the following formats:
 - Flat-dollar basis (e.g., \$10,000 per year);
 - Flat percentage of total plan assets basis (e.g., 20 basis points per year); or
 - Per-participant basis (e.g., \$40 per participant per year)
- With respect to all client engagements for retirement plan services, the firm agrees in writing to serve as a plan fiduciary within the meaning of ERISA.
- With respect to all client engagements for retirement plan services, the firm agrees to clearly disclose all fees expected to be received in connection with such services in advance of any engagement and all such fees actually received at least annually thereafter.
- The firm is not directly or indirectly part of a controlled group that includes a financial services firm that manufactures investments

**The same rules would apply to all firms that are part of the same controlled group.*

Dues:

Please indicate your dues level (**check one**):

- My firm agrees to pay annual dues at the initial level of \$3,000
- My firm agrees to pay annual dues at the voluntary level of \$5,000 to help support NAIIRPA's mission

Signature:

Please sign and date this application and submit it as instructed above.

Signature of Board Representative (or Alternate): _____

Date: _____