

Application for Membership Upgrade/Addition

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.

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):

- AAMS APR CEBS CFS CLU CRA CRSP MSFS RFP Other: _____
- AEP ARPC CFA ChFC CMFC CRC EA PFS RIA _____
- APA ARPS CFP CIMA CPA CRPC Esq. RFC RP _____

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

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

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

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

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

Currently:

- FSPA Affiliate
- MSPA
- CPC
- QPA
- QKA
- QPFC
- APM

Application for:

- FSPA (Fellow)
- MSPA (Enrolled Actuary Member)
 JBEA Enrollement No: _____
- CPC (Certified Pension Consultant)
 I am an APA (Accredited Pension Administrator)
- QPA (Qualified Pension Administrator)
- QKA (Qualified 401(k) Administrator)
- QPFC (Qualified Plan Financial Consultant)
- APM (Associated Professional Member)
 I am an Attorney Jurisdiction: _____
 I am a CPA Jurisdiction: _____
 I am a CLU I am a ChFC
- 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:

ASPPA credentialed members do not need to provide references when applying for additional credentials. However, credentialed members applying for QPFC must provide the required license, credentialed and/or documented work experience information, along with this application.

Affiliates please provide two professional references from individuals familiar with your qualifications. Credentialed ASPPA members are preferred. If applying for CPC, QPA, QKA, APM or QPFC, 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 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 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: If you are retired or a government employee, remit dues of \$50 a year.

Application Processing 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, Virginia 22334-0725. Questions? Please call us at 703.516.9300, fax us at 703.516.9308 or visit us on the Web at www.asppa.org.



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