

American Society of Pension Professionals & Actuaries Application for Credentialed Membership Upgrade/Addition

**Join Now!
Questions?
Call 800-308-6714**

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 Education (CE) 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

Work Phone: _____ Fax: _____

Home Phone: _____ Home ZIP Code (for government affairs purposes): _____

Work Email Address: _____ Date of Birth: _____

Personal Email Address: _____

Current ASPPA Credential(s) held or Affiliate Membership:

- FSPA/FSEA CPC QKC QPFC/CPFA APM
 MSPA/MSEA QPA QKA TGPC Affiliate

Application for:

- CPC (Certified Pension Consultant)
 I am an APA (Accredited Pension Administrator)
 QPA (Qualified Pension Administrator)
 I am an ERPA (IRS ERPA Enrollment No: _____)
 QKC (Qualified 401(k) Consultant)
 QKA® (Qualified 401(k) Administrator)
 NQPA (Non-Qualified Plan Advisor)
 APM (Associated Professional Member)
 TGPC (Tax Exempt & Government Plan Consultant)
 I am an Attorney (Jurisdiction: _____)
 I am a CPA (Jurisdiction: _____)
 QPFC (Qualified Plan Financial Consultant)
 CPFA® (Certified Plan Fiduciary Advisor)
 401(k) Rollover Specialist ((k)RS™)

Which professional credentials do you hold? (Choose all that apply)

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

Which position best describes your job function?

- Accountant/Plan Auditor Advisor – 403(b)/457 Plan Institutional Trainer Wholesaler (External)
 Actuary Attorney Recordkeeper Other: _____
 Advisor 401(k) Home Office (BD, RIA, DCIO) TPA/Plan Administrator

Which business most closely describes your place of employment?

- Accounting Educational Institution Investment Consulting TPA
 Actuarial/Employee Benefits Government Entity Investment Provider TPA – Producing
 Bank/Savings & Loan Human Resources Legal Other: _____
 Brokerage Industry Training Mutual Fund/DCIO
 Computer/Software Insurance Agency Plan Sponsor
 Consulting Insurance Provider Recordkeeper

Please indicate the SEC or state insurance licenses you currently hold:

Series 6 Series 7 Series 65 State life or annuity insurance license: _____
State License number

Requirements for ASPPA affiliate members to become credentialed:

Current ASPPA credentialed members applying for an additional credential have no additional experience requirement and do not complete this section.

QKA, QKC, QPA, CPC:

- I have completed Retirement Plan Fundamentals (RPF) and earned my certificate; **Or**
 My manager attests that I have at least three years of experience in retirement plan-related matters.

Manager's Name: _____

Title: _____ Company: _____

Manager's Signature: _____

ASPPA credentialed member? Yes No

Code of Conduct:

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:

- \$100 Application Processing Fee
 Add NAPA Membership \$100 (dues through 12/31)
 Add NTSA Membership \$100 (dues through 12/31)

I am paying by: Check Money Order Mastercard Visa Amex Discover

Name as it appears on card: _____

Card No.: _____ Exp. Date: _____

Signature: _____

Remit Payments:

Paying by check? Please send your completed application to: ASPPA, P.O. Box 34725, Alexandria, VA, 22334-0725.

Paying by credit card? Please fax your completed application to 703.516.9308 or email accountsreceivable@usaretirement.org.

Questions? Please call us at 800.308.6714.

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. Consequently, for 2024, 15% of your dues are non-deductible in accordance with this provision.