

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

American Society of Pension Professionals & Actuaries Application for Credentialed Membership Reinstatement

All credentialed members are subject to continuing education requirements of 40 credits (including 2 credits in Ethics/Professionalism) each two-year cycle. Membership in ASPPA must be renewed annually to retain credentials. For exceptions, please refer to the ARA Continuing Education (CE) page at www.asppa-net.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: _____

For which credential(s) are you applying?

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

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

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

Which position best describes your job function?

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

Which business most closely describes your place of employment?

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

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

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: _____

CE Verification:

I certify that my ARA Continuing Education (CE) Transcript contains the necessary credits to reinstate my inactive credential(s) (40 credits, including 2 ethics, earned within the 24-month period preceding the submission of this reinstatement application). It is my responsibility to self-report any non-ARA CE and verify all entries in my transcript are both accurate and meet ARA CE guidelines. (If you have any questions regarding your CE, call the ASPPA office at 703.516.9300)

Signature: _____ Date: _____

Payment Information:

Payment Date:

Jan. 1-Jun. 30

Jul. 1-Oct. 31

Nov. 1-Dec. 31

Dues Payment:

\$720 (dues through 12/31)

\$360 (dues through 12/31)

\$720 (includes next year's dues)

\$100 Retired or Government Employee (dues through 12/31)

\$100 Reinstatement

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.

Dues appearing on this application are not valid after December 31, 2024.

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.



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