

American Society of Pension Professionals & Actuaries

Application for Credentialed Membership

Apply 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: _____

Application for:

- | | |
|---|--|
| <input type="checkbox"/> CPC (Certified Pension Consultant)
<input type="checkbox"/> I am an APA (Accredited Pension Administrator) | <input type="checkbox"/> APM (Associated Professional Member) |
| <input type="checkbox"/> QPA (Qualified Pension Administrator)
<input type="checkbox"/> I am an ERPA (IRS ERPA Enrollment No: _____) | <input type="checkbox"/> TGPC (Tax Exempt & Government Plan Consultant)
<input type="checkbox"/> I am an Attorney (Jurisdiction: _____) |
| <input type="checkbox"/> QKC (Qualified 401(k) Consultant) | <input type="checkbox"/> I am a CPA (Jurisdiction: _____) |
| <input type="checkbox"/> QKA® (Qualified 401(k) Administrator) | <input type="checkbox"/> QPFC (Qualified Plan Financial Consultant) |
| <input type="checkbox"/> NQPA (Non-Qualified Plan Advisor) | <input type="checkbox"/> CPFA® (Certified Plan Fiduciary 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"/> Consulting | <input type="checkbox"/> Insurance Agency | <input type="checkbox"/> Mutual Fund/DCIO |
| <input type="checkbox"/> Actuarial/Employee Benefits | <input type="checkbox"/> Educational Institution | <input type="checkbox"/> Insurance Provider | <input type="checkbox"/> Plan Sponsor |
| <input type="checkbox"/> Bank/Savings & Loan | <input type="checkbox"/> Government Entity | <input type="checkbox"/> Investment Consulting | <input type="checkbox"/> Recordkeeper |
| <input type="checkbox"/> Brokerage | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Investment Provider | <input type="checkbox"/> TPA |
| <input type="checkbox"/> Computer/Software | <input type="checkbox"/> Industry Training | <input type="checkbox"/> Legal | <input type="checkbox"/> TPA – Producing |
| | | | <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

Experience Requirements:

- 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:

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

Payment Date:

Dues Payment:

- Jan. 1-June 30
- July 1-Oct. 31
- Nov. 1-Dec. 31

- \$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)
- 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.
- 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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