American Society of Pension Professionals & Actuaries Application for Credentialed Membership

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./W (circle one)	1s. Name: Fir	st	MI			Last		(former name)		
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□ I am □ QPA™ ((□ I am □ QKA® ((ion for: (Certified Pension Cons an APA (Accredited Pe Qualified Pension Admi an ERPA (IRS ERPA Er Qualified 401(k) Adminis Qualified 401(k) Consul	ension Administra nistrator) nrollment No: strator)			QKS (™ (Cash Balance Qualified 401(k) (Associated Prof	Specialist)	er)		
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Which position best describesJury job function?Accountant/Plan AuditorAdvisor – 403(b)/457 PlanActuaryAttorneyAdvisor 401(k)Client Relationship ManagersHome Office (BD, RIA, DCIO)								 Wholesaler (External) Other: 		
 Which business most close Accounting Actuarial/Employee Benefits Bank/Savings & Loan Brokerage Computer/Software 		 ely describes your place of emplo Consulting Educational Institution Government Entity Human Resources Industry Training 		oloymen	 Insurance Agency Insurance Provider Investment Consulting Investment Provider Legal 		 Mutual Fund/DCIO Plan Sponsor Recordkeeper TPA TPA – Producing Other:			
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QKA, QKS	CCC Requirements: 5, QKC, CBS, QPA, CI ompleted Retirement Pla lager attests that I have	an Fundamentals			,	State d matters.		License number		
Manager's	Name:									
Title:	Title:Company:									
	Signature:									

ASPPA credentialed member? Yes 🗖 No 🗖

4401 North Fairfax Drive, Suite 600 Arlington, VA 22203 P 703.516.9300 F 703.516.9308 www.asppa.org

Application for Credentialed Membership

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? **D** No **D** 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.)

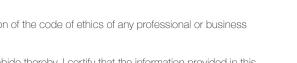
Signature:		Date:				
Payment Information: ASPPA Benefits Council Mem	nbers receive a \$50 discount on the first ye	ear's dues payment.				
Payment Date:	Dues Payment:					
Jan. 1-June 30	🖬 \$720 (dues through 12/31)	□ \$100 Retired or Government Employee (dues through 12/31)				
July 1-Oct. 31	🗅 \$360 (dues through 12/31)	Add NAPA Membership (\$100 — Dues through 12/31)				
Nov. 1-Dec. 31	□\$720 (includes next year's dues)	Add NTSA Membership (\$100 — Dues through 12/31)				
I am paying by:	🗅 Check 🗖 Money Order 📮 Mast	ercard 🗖 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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