

# 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](http://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"/> CBS™ (Cash Balance Specialist)       |
| <input type="checkbox"/> I am an APA (Accredited Pension Administrator) | <input type="checkbox"/> QKS (Qualified 401(k) Specialist)    |
| <input type="checkbox"/> QPA™ (Qualified Pension Administrator)         | <input type="checkbox"/> APM (Associated Professional Member) |
| <input type="checkbox"/> I am an ERPA (IRS ERPA Enrollment No: _____)   |                                                               |
| <input type="checkbox"/> QKA® (Qualified 401(k) Administrator)          |                                                               |
| <input type="checkbox"/> QKC® (Qualified 401(k) Consultant)             |                                                               |

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

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

### 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"/> Client Relationship Managers | <input type="checkbox"/> Salespeople            |                                                |
|                                                  | <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, QKS, QKC, CBS, 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:**

Jan. 1-June 30

July 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)

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](mailto: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.