

# 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](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: \_\_\_\_\_

### Current ASPPA Credential(s) held or Affiliate Membership:

- FSPA/FSEA  CPC  CBS  QKA  QPFC/CPFA  APM  
 MSPA/MSEA  QPA  QKC  QKS  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: \_\_\_\_\_)  
 QKA® (Qualified 401(k) Administrator)  
 QKC® (Qualified 401(k) Consultant)  
 CBST™ (Cash Balance Specialist)  
 QKS (Qualified 401(k) Specialist)  
 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  ARPS  CFS  CPA  CRSP  FSA  PFS  RP  
 AEP  ASA  ChFC  CRA  EA  MAAA  RFC  Other: \_\_\_\_\_  
 APA  CEBS  CIMA  CRC  ERPA  MCRS  RFP  
 APR  CFA  CLU  CRPC  Esq  MSFS  RIA  
 ARPC  CFP  CMFC  CRS  FCA  N(k)S

### 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)  Client Relationship Managers  Salespeople  
 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, 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:**

- \$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](mailto: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.