

Apply Now!
Questions?
Call 800-308-6714

National Association of Plan Advisors

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 NAPA must be renewed annually to retain credentials. For exceptions, please refer to the ASPPA Continuing Education (CE) page at www.napa-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): _____

Email Address: _____ Date of Birth: _____

Application for:

QPFC (Qualified Plan Financial Consultant)

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"/> MCERS	<input type="checkbox"/> RFP	

Which position best describes your work?

<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 for All Applicants:

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 NAPA 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 NAPA Code of Professional Conduct, please call the NAPA office to request one.)

Signature: Date:

All reinstatement applications should be submitted with a Continuing Education Reporting Form documenting 40 credits (including 2 CE Credits in Ethics) earned within the 24-month period preceding the submission of this reinstatement application.

Payment Information:

Reinstatement Fee: \$50

Dues Information:

Payment Date:

Jan. 1 – June 30

July 1 – Oct. 31

Nov. 1 – Dec. 31

Affiliated with a Firm Partner*:

(Dues waived through 12/31/2015)

(Dues waived through 12/31/2015)

(Dues waived through 12/31/2015)

Not Affiliated with a Firm Partner:

\$470

\$235

\$470 (Include Next Year's Dues)

*Not sure if you are affiliated with a NAPA Firm Partner? Call 800.308.6714

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: NAPA, P.O. Box 34725, Alexandria, VA, 22334-0725.

Paying by credit card? Please fax your completed application to 703.516.9308.

Dues appearing on this application are not valid after December 31, 2015.

Questions? Please call us at 800.308.6714 or email customercare@asppa.org

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 2015, 20% of your dues are non-deductible in accordance with this provision.