**NAPA Leadership Council Nomination Form**

**Your Information:**

Name:

Company:

Business Address:

City:       State:       ZIP:

Email Address:

**Nominee’s Information:**

Name:

Company:

Business Address:

City:       State:       ZIP:

Email Address:

Broker-Dealer or RIA Affiliation:

1. What year did the nominee start servicing retirement plans?
2. What year did the nominee start in the financial services industry?
3. What percentage of the nominee’s financial services business is retirement plan business?
4. Number of retirement plans advised:
5. Assets under management in retirement plans, including IRAs:
6. Number of participants nominee advises:
7. Number of plan sponsors nominee advises:
8. Nominee’s retirement plan compensation model: [ ]  Fee Only [ ]  Commission Only [ ]  Hybrid

Please state why you feel this individual qualifies for consideration for a seat on NAPA’s Leadership Council:

Other Comments:

**Please submit this form to** **tcornett@asppa.org** **by December 15, 2013.**