

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 20 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 NAPA 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) CPFA (Certified Plan Fiduciary Advisor)

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 20 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 12/31/2018)

(Dues waived through 12/31/2018)

(Dues waived through 12/31/2018)

Not Affiliated with a Firm Partner:

\$595

\$297.50

\$595 (Includes 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 or email accountsreceivable@usaretirement.org.

Dues appearing on this application are not valid after December 31, 2018.

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 2018, 20% of your dues are non-deductible in accordance with this provision.



4245 North Fairfax Drive, Suite 750
Arlington, VA 22203
P 703.516.9300 F 703.516.9308
www.napa-net.org