

Apply Now!  
Questions?  
Call 800-308-6714

# National Tax-deferred Savings Association Application for New Credentialed Membership (TGPC)

Membership in NTSA must be renewed annually.

Mr./Mrs./Ms. Name: \_\_\_\_\_  
(circle one) First MI Last (former name)

Company: \_\_\_\_\_ Title: \_\_\_\_\_  
(provide company name, even if home address is noted below)

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: \_\_\_\_\_

## Which position best describes your work?

403(b)/457 Advisor  Wholesaler (External)  TPA  Home Office (Provider, Broker-Dealer)  Accountant  Attorney  Other: \_\_\_\_\_

## Company, Broker-Dealer or RIA Affiliation:

Company: \_\_\_\_\_  Broker-Dealer: \_\_\_\_\_  RIA: \_\_\_\_\_  
(Company Name) (Broker-Dealer Name) (RIA Firm Name)

## What 403(b)/457 plan markets do you serve?

K-12  Healthcare  Religious  University/College  Government  Other: \_\_\_\_\_

## Please indicate the licenses you currently hold:

Series 6  Series 7  Series 24  Series 26  Series 63  Series 65  Series 66  Life Insurance  Health Insurance

## Additional Requirements to Apply for Your TGPC:

Two letters of recommendation from two references that verify a minimum of two years experience in retirement plan-related matters and one of the following: a Series 6, 7 or 65 license; a State-life or annuity insurance license; or IAR or RIA credentials. TGPC candidates without these licenses or credentials must attach two letters of recommendation from two references that verify a minimum of three years experience in retirement plan-related matters.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Payment Information:

### Payment Date:

Jan. 1-Jun. 30

Jul. 1-Oct. 31

Nov. 1-Dec. 31

### Dues Payment:

\$670 (dues through 12/31)

\$100 Retired or Government Employee (dues through 12/31)

\$335 (dues through 12/31)

\$670 (includes next year's dues)

I am paying by:

Check  Money Order  Mastercard  Visa  Amex  Discover

Name as it appears on card: \_\_\_\_\_

Card No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please fax your completed application to 703.516.9308 or mail it to NTSA, P.O. Box 34725, Alexandria, VA, 22334-0725. **Questions?** Please call us at 800.308.6714 or email [customer@ntsa-net.org](mailto:customer@ntsa-net.org).

## Tax Deductions:

Dues, contributions or gifts to NTSA 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.



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