Apply Now!
Questions?
Call 800-308-6714

National Tax-deferred Savings Association
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 ARA must be renewed annually to retain credentials. For exceptions, please refer to the NTSA Continuing Education (CE) page at www.ntsa-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:

❑ TGPC (Tax-Exempt & Governmental Plan Consultant)

Which professional credentials do you hold? (Choose all that apply)

❑ AAMS	❑ ARPC	❑ CFA	❑ CIMA	❑ CRA	❑ CRSP	❑ FCA	❑ MSFS	❑ RIA
❑ AEP	❑ ARPS	❑ CFP	❑ CLU	❑ CRC	❑ EA	❑ FSA	❑ PFS	❑ RP
❑ APA	❑ ASA	❑ CFS	❑ CMFC	❑ CRPC	❑ ERPA	❑ MAAA	❑ RFC	❑ Other:
❑ APR	❑ CEBS	❑ ChFC	❑ CPA	❑ CRS	❑ Esq	❑ MCRS	❑ RFP	______________

Which position best describes your work?

❑ Accountant/Plan Auditor	❑ Advisor — 403(b)/457 Plan	❑ Institutional Trainer	❑ Wholesaler (External)
❑ Actuary	❑ Attorney	❑ Recordkeeper	❑ Other:
❑ Advisor — 401(k)	❑ 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 license you currently hold:

❑ Series 6 ❑ Series 7 ❑ Series 65 ❑ State life or annuity insurance license: ______________ ______________
State License number

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: ______________

CE Verification:

I certify that my ARA Continuing Education (CE) Transcript contains the necessary credits to reinstate my inactive credential(s) (40 credits, including 2 ethics, earned within the 24-month period preceding the submission of this reinstatement application). It is my responsibility to self-report any non-ARA CE and verify all entries in my transcript are both accurate and meet ARA CE guidelines. (If you have any questions regarding your CE, call the NTSA office at 703.516.9300)

Signature: ______________________________ Date: ______________

Payment Information:

Payment Date:	Affiliated with a Strategic Partner*:	Not Affiliated with a Strategic Partner:	
Jan. 1 – June 30	❑ Dues through 12/31/2019	❑ $595	❑ $50 Reinstatement
July 1 – Oct. 31	❑ Dues through 12/31/2019	❑ $298	*Unsure if you are affiliated with a Strategic Partner? Call 800.308.6714
Nov. 1 – Dec. 31	❑ Dues through 12/31/2019	❑ $595 (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: ____________________

Remit Payments:

Paying by check? Please send your completed application to: NTSA, 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, 2019.
Questions? Please call us at 800.308.6714.

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 2019, 20% of your dues are non-deductible in accordance with this provision.

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