

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

Apply Now!
Questions?
Call 800.308.6714

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): _____

Email Address: _____ Date of Birth: _____

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

Signature: _____ Date: _____

Dues Payment Date:

Jan. 1 – June 30

July 1 – Oct. 31

Nov. 1 – Dec. 31

Not affiliated with a Strategic Partner*

\$590 (Dues waived through 12/31/2017)

\$295 (Dues waived through 12/31/2017)

\$590 (Includes 2018 Dues)

*Not sure if you are affiliated

with a Strategic 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: _____

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-care@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 2017, 20% of your dues are non-deductible in accordance with this provision.



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