## Plan Sponsor Council of America Application for Plan Sponsor Membership

## **Primary Contact Information:**

Mr./Mrs./Ms. Name:	First	MI	Last	(for	mer name)
Firm:			Title:	×	,
Street Address:					
City:		State:	Zip Code	:	
Phone Number:			Cell Phor	ie:	
Email Address:			Alternate	Email:	
Secondary Contact In					
Mr./Mrs./Ms. Name:	First	MI	Last	(for	mer name)
Title:					
Street Address:	n that of primary contact)				
		State:	Zip Code	:	
Phone Number:			Email Ado	dress:	
Defined Benefit Plan Payment Information:	Sharing Plan 40 Other: I number of U.S. emp	(3(b) Plan • 457 Plan • 457 Plan	Non-Qualified	Deferred Compensation	Health Savings Accounts ual rate, July-Oct. you pay 50%, Nov
Tier: Tier 1: 1-100 employees Tier 2: 101-500 employees Tier 3: 501-1,000 employees Tier 4: 1,001-10,000 employees Tier 5: >10,000 employees Tier 6: Non-Profits (501c3), (regardless of ee#) I am paying by:	yees Governments and Edi	ucational Institutions oney Order 🛛 Credit	Regular Rate:	July-Oct. Rate:	
Name as it appears on card	l:				
					Exp. Date:
Signature:					

Please fax your completed application to 703.516.9308 or mail it to PSCA, P.O. Box 34725, Alexandria, VA, 22334-0725 or email accountsreceivable@usaretirement.org. Questions? Please call us at 800.308.6714. Dues appearing on this application not valid after 12/31/2023.

## **Tax Deductions:**

Dues, contributions or gifts to PSCA 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 2023, 10% of your dues are non-deductible in accordance with this provision.



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