

# Plan Sponsor Council of America Application for Service Provider Membership

**Apply Now!**  
**Questions?**  
**Call 703.516.9300 x112**

## Primary Contact Information:

Mr./Mrs./Ms. Name: \_\_\_\_\_  
(circle one) First MI Last (former name)  
Firm: \_\_\_\_\_ Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Alternate Email: \_\_\_\_\_

## Secondary Contact Information:

Mr./Mrs./Ms. Name: \_\_\_\_\_  
(circle one) First MI Last (former name)  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
(if different from that of primary contact)  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Plan Demographics:

1. What is the total number of U.S. employees at your company? \_\_\_\_\_
2. What is your industry? \_\_\_\_\_
3. What types of retirement plans does your company sponsor for employees? *(Check all that apply)*  
☐ 401(k) Plan ☐ Profit Sharing Plan ☐ 403(b) Plan ☐ 457 Plan ☐ Non-Qualified Deferred Compensation ☐ Health Savings Accounts  
☐ Defined Benefit Plan ☐ Other: \_\_\_\_\_
4. Do you offer: ☐ 3(21) advisory services ☐ 3(38) advisory services

## Payment Information:

Dues are based on the total number of U.S. employees at your company. If you join Jan.-June you pay 100% of the annual rate, July-Oct. you pay 50%, Nov.-Dec. you pay 100% but renewal will be 1+ year later

### 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: Law Firms (regardless of number of employees)

### Regular Rate:

☐ \$825  
☐ \$1,100  
☐ \$2,740  
☐ \$3,285  
☐ \$4,375  
☐ \$2,740

### July-Oct. Rate:

☐ \$413  
☐ \$550  
☐ \$1,370  
☐ \$1,643  
☐ \$2,188  
☐ \$1,370

I am paying by: ☐ Check ☐ Money Order ☐ Credit Card

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

Card No.: \_\_\_\_\_ CVV: \_\_\_\_\_ 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](mailto: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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**[www.psc.org](http://www.psc.org)**