



# Plan Sponsor Council of America

Part of the American Retirement Association

## Membership Information & Application

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email address: \_\_\_\_\_ Type of business: \_\_\_\_\_

Name and Title of Primary Contact: \_\_\_\_\_

Name, Title, Phone & Email of Secondary Contact: \_\_\_\_\_

Does your company derive any of its income from providing services to plan sponsors for their defined contribution plan needs? **Y / N**

Please indicate the total number of employees at your company eligible to participate in your DC plan(s). Please also indicate the type(s) of plan(s) you have and the number of eligible employees for each plan. Each plan type below is a separate plan, not components of one plan. Complete all that apply.

**Total employees eligible to participate: \_\_\_\_\_ (if no plan, please state total employees)**

	<u>Plan type</u>	<u>Plan type description</u>	<u>Total employees eligible for plan</u>
Profit Sharing		Funded only by company contributions	_____
401(k)		Funded by participant contributions or by participant contributions and fixed company matches	_____
Combination		Funded by participant contributions and variable company matches and contributions	_____
Cash		Profit sharing distribution taxable as W-2 wages	_____

### 2018 Dues Schedule

<u>Total employees eligible to participate</u>	<u>PSCA Annual Dues</u>
1-174	\$383
175-299	\$641
300-499	\$840
500-749	\$1,061
750-999	\$1,260
1,000-2,499	\$1,470
2,500-5,000	\$1,680
5,001-67,000	\$1,680 <b>plus \$47 for every full 1,000 eligible employees over 5,000</b>
68,000+	\$4,641
Member Affiliate dues	\$350

*Note: Dues are for 12 months of membership from the time you join.*

Annual Dues: \$ \_\_\_\_\_ I have enclosed a check payable to PSCA

Please charge my credit card:  Visa  MasterCard  American Express

Credit Card No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Address if different from that on top of form: \_\_\_\_\_