



# Contribute to IFAPAC in 3 EASY WAYS

Name \_\_\_\_\_

NAIFA Member # \_\_\_\_\_

Company \_\_\_\_\_

Title \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

| CLUB LEVEL<br>Annual Contribution | Monthly<br>Contribution |
|-----------------------------------|-------------------------|
| Capitol (\$5,000)                 | \$417                   |
| Emissary (\$2,500 to \$4,999)     | \$210                   |
| Diplomat (\$1,000 to \$2,499)     | \$84                    |
| Envoy (\$500 to \$999)            | \$42                    |
| Statesman (\$300 to \$499)        | \$25                    |
| Ambassador (\$200 to \$299)       | \$17                    |
| Century (\$100 to \$199)          | \$10                    |

★ *Minimum of \$210 qualifies for Congressional Council membership*

### Bank Account Draft

**Monthly Bank Draft Amount**  
\$ \_\_\_\_\_ (\$10.00 minimum)

CHANGE OF ACCOUNT ONLY

Account # \_\_\_\_\_

Routing # \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

*PLEASE PROVIDE A VOIDED CHECK*

### Credit Card or Check

**Monthly Credit Card Amount**  
\$ \_\_\_\_\_ (\$25.00 minimum)

**One-time Amount**  
\$ \_\_\_\_\_

Credit Card     Check

THIS IS A PERSONAL CARD

Visa     MasterCard     American Express     Discover

Account # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

### IFAPAC MONTHLY GIVING PROGRAM AUTHORIZATION

I agree to enroll in one of IFAPAC's monthly giving programs and do hereby authorize IFAPAC to withdraw from my account the amount specified every month. Monthly credit card withdrawals will occur on the 20th of each month while bank drafts will occur on or about the 10th of each month. This authorization will remain in effect until revoked by me in writing and, until IFAPAC receives such notice, I agree that IFAPAC shall be fully protected in honoring such withdrawals. If any such check be dishonored, IFAPAC shall be under no liability whatsoever.

**UPGRADE YOUR MONTHLY CONTRIBUTION**

I am currently enrolled in one of IFAPAC's Monthly Giving Programs and would like to **change my monthly withdrawal amount** from \$ \_\_\_\_\_ to: (circle one)

**\$417    \$210    \$120    \$85    \$45    \$25    \$20    \$17    \$15    Other \$ \_\_\_\_\_**

## Instructions

**Return form, contributions and/or voided check by:**

**Fax:** 703-770-8151

**Email:** IFAPAC@naifa.org

**Mail:** IFAPAC  
P.O. Box 759063  
Baltimore, MD 21275-9063

Contributions to IFAPAC are voluntary and contributed to candidates for elective office. Your contributions will be divided between your state association IFAPAC and IFAPAC National, if you have directed NAIFA to do so (see reverse side). Club types listed above are merely suggestions. You can contribute more or less than the suggested amount. The amount contributed will not benefit or disadvantage you in any way. You have the right to refuse to contribute without reprisal. Corporate contributions to IFAPAC's political fund are prohibited. Contributions to IFAPAC are not deductible for federal income tax purposes. For NAIFA-Massachusetts members, the division of funds will be 50%/50% up to the state limit of \$500 per calendar year.



# Political Action Committee **MEMBER DIRECTIVE**

## NAIFA Member Directive Regarding the Use of IFAPAC Contributions

Both SEC and FINRA “pay to play” rules are currently in effect. These rules are designed to limit the influence of political contributions by investment advisers, broker-dealers and certain of their associated persons in the awarding of advisory contracts by state and local governments. Among other things, the rules prohibit investment advisers, broker-dealers and certain of their associated persons from receiving compensation for services provided to a state or local government for two years following political contributions to certain state or local officials.

In response to the rules, a number of companies have adopted compliance requirements that limit contributions by investment adviser representatives and registered representatives of broker-dealers to political action committees (PACs) and state or local officials. You must check with your company’s compliance department regarding any limitations on your ability to make political contributions under the pay-to-play rules. (If you are covered by the rules, your compliance department may limit your contribution to only NAIFA’s federal PAC. If you are not covered, your compliance department should permit your contribution to be shared between NAIFA’s federal PAC and your state association PAC.)

After you have consulted your compliance department, please check the applicable box below to instruct IFAPAC regarding the appropriate distribution of your IFAPAC contribution. Note: If no box is checked, your entire contribution will be directed to NAIFA’s federal PAC.

**I have read and understand this directive. (required)**

### Check one box:

*Note: If you do not check a box below, your entire contribution will be directed to NAIFA’s federal PAC.*

Please share my IFAPAC contribution between NAIFA’s federal PAC and my NAIFA state association PAC. I agree to reconfirm my compliance status and change this directive, if necessary, should I change or add companies.

**OR**

Please direct my entire contribution to NAIFA’s federal PAC, to be used only for contributions to national party committees and the campaigns of candidates (except state and local officials) for the U.S. Congress.

Contributions to IFAPAC must be personal, not corporate. Contributions made on corporate or LLC accounts will be directed in their entirety to NAIFA’s federal administrative fund to help defray the costs of administering IFAPAC. NAIFA disclaims responsibility for any damage or liability that may arise from contributions to IFAPAC based on the SEC or FINRA “Pay to Play” Rules or from any company compliance requirements related to those Rules.

NAIFA Member Signature \_\_\_\_\_

Date \_\_\_\_\_

NAIFA Member Name (please print) \_\_\_\_\_

NAIFA Member ID # \_\_\_\_\_

NAIFA Member Local Association Name \_\_\_\_\_

**Return Form to:** 2901 Telestar Court • Falls Church, VA 22042-1205 **or Fax to:** 703-770-8151

