



Contribute to IFAPAC in 3 EASY WAYS

Name _____

NAIFA member # _____

Company _____

Title _____

Billing Address _____

City _____

State _____ Zip _____

I'd like my contribution to go to one of the following IFAPAC funds:

CLUB LEVEL Annual Contribution	MONTHLY Contribution
Capitol (\$5,000)	\$410
Platinum (\$2,500 to \$4,999)	\$210
Gold (\$1,000 to \$2,499)	\$100
Silver (\$600 to \$999)	\$50
Bronze (\$300 to \$599)	\$25

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

☐ Administrative

☐ Political

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

\$ _____

☐ THIS IS A PERSONAL CARD

☐ Visa ☐ Master Card ☐ American Express ☐ Discover

Account # _____

Exp. Date _____ Security Code _____

Name of 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. 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 200722
Pittsburgh PA 15251-0722**

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). Giving levels listed above are suggestions, and members may 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 60%/40% 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 advisory 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 that may be subject to restrictions imposed by the pay-to-play rules. (If you are covered by one or both of 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 chapter 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.

- ☐ **I have read and understand this directive and I agree to reconfirm my compliance status and change this directive, if necessary, should I change or add companies.**

Check one box:

- | |
|--|
| ☐ Please share my IFAPAC contribution between NAIFA's federal PAC and my NAIFA State Chapter PAC. |
| ☐ Please direct up to \$150 of my IFAPAC contribution to my NAIFA State Chapter PAC. |
| ☐ 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. |

NOTE: If you do not check a box above your entire contribution will be directed to NAIFA's federal PAC.

Contributions to IFAPAC political account must be personal, not corporate. Contributions made on corporate or LLC accounts will be directed to NAIFA's 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 # _____

Return Form to: 1000 Wilson Blvd., Suite 1890 • Arlington, VA 22209 **or Send by Email:** ifapac@naifa.org

