



Three Easy Ways to Contribute to IFAPAC

CLUB TYPE	ANNUAL CONTRIBUTION	MONTHLY BANK DRAFT
Capitol	\$5,000	\$416.00/month
Emissary	\$2,500 to \$4,999	\$210.00/month
Diplomat	\$1,000 to \$2,499	\$84.00/month
Envoy	\$500 to \$999	\$42.00/month
Statesman	\$300 to \$499	\$25.00/month
Ambassador	\$200 to \$299	\$17.00/month
Century	\$100 to \$199	\$8.50/month
Investor	\$50 to \$99	\$5.00/month (minimum for bank draft)

Name _____ NAIFA Member # _____
 Company _____
 Address _____
 City _____ State _____ Zip _____

I would like to make my contribution in one annual amount:

Enclosed is my personal check for \$ _____

Please charge my personal (circle one) Visa MasterCard American Express Discover

Account # _____ Exp. Date _____ Security Code _____

For a single, annual amount \$ _____ Signature _____

(PLEASE NOTE: WE CANNOT CHARGE CREDIT CARDS MONTHLY)

MONTHLY BANK DRAFT AUTHORIZATION

I currently give on bank draft at \$ _____ a month. Please increase my monthly contribution to \$ _____ per month.

Signature _____

I would like to enroll in the monthly bank draft plan. Enclosed is my check for the first month's payment. I have completed the information requested below.

I hereby authorize IFAPAC to withdraw from my account the amount specified below every 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. In consideration of IFAPAC's compliance with such request and authorization, I agree that IFAPAC's treatment of each such check and IFAPAC's rights in respect to it, shall be the same as if it were signed personally by me and that if any such check be dishonored, IFAPAC shall be under no liability whatsoever even though such dishonor results in the forfeiture of IFAPAC membership.

WHEN SIGNING UP FOR BANK DRAFT, REMEMBER TO ENCLOSE A VOIDED CHECK

- Name of depositor as shown on bank records _____
- Account number _____ Routing number _____
- Name of bank and address of bank branch where account is maintained _____
- Amount of draft per month \$ _____
- Signature of depositor (s) as shown on bank records: _____ Date _____
(if joint) _____

Return form & contributions (or voided check) to: IFAPAC; 2901 Telestar Court; Falls Church, VA 22042-1205 or fax bank draft application with voided check or credit card contribution to 703-770-8151. Contribute online at www.naifa.org/ifapac.

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). 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.

(See reverse side to complete the NAIFA Member Directive for IFAPAC contributions)



NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS – POLITICAL ACTION COMMITTEE

NAIFA Member Directive Regarding the Use of IFAPAC Contributions



On March 14, 2011, an SEC “pay to play” rule designed to limit the influence of political contributions by investment advisers and certain associated persons in the awarding of advisory contracts by state and local governments went into effect. Among other things, the rule prohibits investment advisers 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 rule, a number of companies have adopted compliance requirements that limit contributions by investment adviser representatives 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 rule. (If you are covered by the rule, 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 boxes below to instruct IFAPAC regarding the appropriate distribution of your IFAPAC contribution. *Note: If you do not check a box, your entire contribution will be directed to NAIFA’s federal PAC.*

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

CHECK ONE BOX:

Please continue to 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.

NAIFA Member Signature _____ Date _____

NAIFA Member Name (please print) _____ NAIFA Member ID # _____

NAIFA Member Local Association Name _____

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 NAIFA’s federal PAC. NAIFA disclaims responsibility for any damage or liability that may arise from contributions to IFAPAC based on the SEC “Pay to Play” Rule or from any company compliance requirements related to that Rule.