



# 3 Easy Ways to Contribute to IFAPAC

Contribute to IFAPAC by Bank Account Draft, Credit Card or Check

Name \_\_\_\_\_  
 NAIFA Member # \_\_\_\_\_  
 Company \_\_\_\_\_  
 Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_

CLUB LEVEL Annual Contribution	Monthly 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

MONTHLY		ANNUALLY
Bank Account Draft	OR	Credit Card
Monthly Amount \$ _____ (\$10.00 minimum)		Annual Amount \$ _____ (\$42.00 minimum)
<input type="checkbox"/> CHANGE OF ACCOUNT ONLY Name of Depositor on Bank Records _____ Account # _____ Routing # _____ Signature _____ Date _____ <i>Please provide a voided check</i>		<input type="checkbox"/> THIS IS A PERSONAL CARD <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> 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 \$ \_\_\_\_\_**

OR

### Check

Annual Amount \$ \_\_\_\_\_

## 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.



# 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.

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 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.

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

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

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