

RITA encourages those that are directly or indirectly engaged in the self-directed retirement or financial services industry, including product and service providers, to become a member. RITA's membership calendar runs from January 1 – December 31.

All Membership Categories receive these exclusive value-added benefits:

- Company listing in RITA's online Member Directory (with links to your company website and social media sites)
- Member-only access to RITA's website
- Use of the RITA-designed membership credential for the appropriate member category
- Industry updates, alerts and breaking news on regulatory, compliance and other timely issues
- Access to industry best practices
- Invitations to RITA-sponsored webinars
- Ability to participate on RITA committees – Compliance, Operations, Legislative Relations, etc.
- Discounted conference registration rate
- Access to any member-only sessions at RITA conferences for Regulated and Associate Members
- Discounted RITA Institute rates for furthering education and professional development

1. Select your Membership Category		
MEMBERSHIP CATEGORIES		
Category	Annual Dues	Description
<input type="checkbox"/> Full Member (voting)	\$ 600*	This membership category is for state or federally-chartered trust companies and banks that are primarily engaged in the custody and administration of self-directed retirement accounts, and are state or federally-chartered and regulated by state or federal banking authorities.
<input type="checkbox"/> Associate Member (voting)	\$ 300*	This membership category is for third party administrators (TPAs), entities shown on the IRS list of "Approved Nonbank Trustees and Custodians", brokerage/clearing firms, depositories and others that are engaged in the administration of self-directed retirement accounts or safekeeping of retirement assets. An Associate Member may or may not be regulated.
<input type="checkbox"/> Service Member (nonvoting)	\$ 800	<p>This membership category is for a wide variety of individuals and companies that provide ancillary services or products to the self-directed retirement or financial services industry. It also is open to those that have a general interest in expanding their knowledge of self-directed retirement accounts.</p> <ul style="list-style-type: none"> • Individual broker/dealer registered representatives and RIAs • Attorneys and CPAs • Due diligence firms • Valuation/appraisal professionals • Real estate professionals • Endowments/foundations and family offices • Consultants • Pension fund managers • State and federal government agencies • Educators from universities and colleges • Associations that focus on financial, investment, savings, retirement or alternative asset issues • Others that provide related services or non-investment products

* In addition to annual dues, Full Members and Associate Members are subject to annual assessment fees based on total assets under custody/administration, as set forth in RITA's **Membership Information** disclosure. Assessment fees:

- Shall begin in year 1 of membership,
- Are subject to annual review and determination by the Board and may be adjusted based on the Association's budget and strategic plans, and
- Will be reduced by the total assets under administration of the TPA in the event both the custodian and administrator join.

2. Complete the following information

APPLICANT AND COMPANY INFORMATION

Applicant Name:

Applicant Phone:

Applicant Email:

Company Name:

Type of Company:

- Trust company or bank
- Third party administrator (TPA)
- Clearing firm
- Depository services firm
- Broker dealer
- Registered representative
- Registered Investment Advisor (RIA)
- Attorney
- CPA
- Valuation/appraisal professional

- Consultant
- Due diligence firm
- Real estate professional
- Endowment/foundation
- Family office
- Pension fund manager
- State or federal government agency
- Educator
- Association
- Other: (specify: _____)

Business Phone:

Business Fax:

Business Location:

City:

State:

ZIP Code:

Mailing Address (if different than above):

City:

State:

ZIP Code:

Company Website:

Length of Time in Business:

Number of Employees:

Name of Parent/Holding Company (if any):

Name(s) of Company Owners:

Other Professional Association Memberships:

Regulatory Affiliation:

For Trust Companies and Banks:

- State Banking Authority: specify State _____
- OCC
- FDIC

For Others:

- FINRA-registered
- SEC-registered
- Other: specify _____



MEMBERSHIP APPLICATION

COMPANY CONTACTS (To appear on RITA Membership List)		
CEO	Email	Phone
CFO	Email	Phone
President	Email	Phone
Compliance	Email	Phone
Operations	Email	Phone
Marketing	Email	Phone
Other:	Email	Phone
Other:	Email	Phone
Other:	Email	Phone
ACCOUNT INFORMATION (To be completed by Full Member and Associate Member applicants only)		
Types of Accounts/Plans Under Custody/Administration	Number of Accounts/Plans	Asset Value Held in Accounts/Plans
IRAs		\$
SEPs		\$
CESAs		\$
HSAs		\$
401(k)s		\$
Defined Contribution		\$
Defined Benefit		\$
Other: _____		\$
Other: _____		\$
Other: _____		\$
Total Assets Under Custody/Administration		\$
If Total Assets Under Custody shown above include cash or assets held for TPAs or other Institutions, please specify:		\$

ADDITIONAL INFORMATION

How did you hear about RITA?

Other information you would like to share about your company:

3. Conduct Disclosures and Code of Ethics Attestation

Have you, your firm, or any principals of your firm been found guilty of a felony, violation of securities or insurance regulations, or disciplinary action by any state or federal authorities or agencies?

No Yes - If yes, please explain: _____

By signing this Application below, I certify that I have read, accept and agree to the RITA Code of Ethics as shown on RITA's website, www.ritaus.org.

4. Signature

I certify that the information provided in this Application is true and correct to the best of my knowledge, and I agree to abide by the RITA Code of Ethics as shown on RITA's website, www.ritaus.org. In addition, I will fully comply in using the appropriate RITA membership category on all forward-facing marketing materials, websites, or communications which I (or my company) may sponsor.

Signature of Applicant:

Title of Applicant:

Date:



Email Application to: Mike Posey, RITA Membership Director
mposey@ritaus.org

AND



Send Check for Payment with Application to: Retirement Industry Trust Association
RITA Treasurer
c/o Gary Anetsberger
2001 Spring Road, Suite 700
Oak Brook, IL 60523



Questions:

RITA
Mike Posey, Membership Director
Phone: 512.826.5553
Email: mposey@ritaus.org

**MEMBER DIRECTORY LISTING
ON RITA WEBSITE**

As part of your RITA membership, your company name will be listed on RITA’s online Member Directory at www.RITAUS.org. Your company listing may also include:

- Your RITA membership category
- Company phone number
- Company contact name
- Company website (linked to your website)
- Company social media links

Please complete the following information as it should appear in your online Member Directory listing:

Member

Associate Member

Service Member

Company Name _____

Company Phone Number _____

Company Contact Name _____

Company Website _____

Company Social Media Links:

	Facebook	
	Twitter	
	LinkedIn	
	YouTube	