

Contribute to IFAPAC Via Monthly Bank Draft

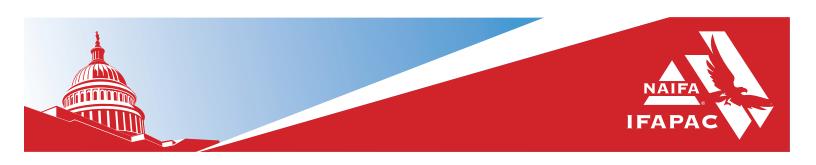
ANNUAL CONTRIBUTION CLUB TYPE	MONTHLY BANK DRAFT AMOUNT
Capitol (\$5,000)	\$417 / month
Emissary (\$2,500 to \$4,999)	\$210 / month
Diplomat (\$1,000 to \$2,499)	\$84 / month
Envoy (\$500 to \$999)	\$42 / month
Statesman (\$300 to \$499)	\$25 / month
Ambassador (\$200 to \$299)	\$17 / month
Century (\$100 to \$199)	\$8.50 / month

Na	e NAIFA Member #	
Со	pany	
Ad	ress	
Cit	State Zip	
	Monthly Bank Draft Authorization	
autl with resp	by authorize IFAPAC to withdraw from my account the amount specified below every month. Bank drafts will occur on or about the 10th of each month. This rization 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 rawals. 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 cit 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 dishonor results in the forfeiture of IFAPAC membership.	1
	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.	ıe
	CHANGE OF ACCOUNT ONLY	
	When signing up for bank draft, remember to enclose a voided check	
1.	Name of depositor as shown on bank records	
2.	Account number Routing number	
3.	Name of bank and address of bank branch where account is maintained	
4.	Amount of draft per month \$	
5.	Signature of depositor (s) as shown on bank records: Date	
	Upgrade	
	am currently enrolled in IFAPAC's Monthly Automatic Payment Program and would like to change my monthly withdrawl amour from \$ to: (circle one)	ıt
\$4	\$210 \$120 \$85 \$45 \$25 \$20 \$17 \$15 \$12 Other \$	
Sig	ature of Depositor (as shown on bank records)	
_	Local Association Name	

Return form with voided check to IFAPAC at the address below, by fax to 703-770-8151, or email at IFAPAC@naifa.org

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.

(See Reverse Side to Complete the NAIFA Member Directive for IFAPAC Contributions)



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.
- Please direct my entire contribution to NAIFA's federal PAC, to be used <u>only</u> 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	

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or Complete Online at: www.NAIFA.org/ifapac/directive.html

You will need your NAIFA ID number to complete transaction