

THE INDIANA BENEFITS CONFERENCE, INC.

Application for Membership

To apply for membership, please complete this application, have a sponsoring member of IBC complete Part III, then return this application, the annual dues notice and your check payable to The Indiana Benefits Conference, Inc. to:

**Heidi Chapman
The Indiana Benefits Conference, Inc.
c/o Krieg DeVault LLP
One Indiana Square, Suite 2800
Indianapolis, Indiana 46204**

Name: _____

Address: _____

Firm/Company: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Phones: Office _____ Fax _____ Mobile _____

I. CLASSIFICATION

- | | | | |
|----------|---------------------|----------|---------------------|
| A) _____ | Attorney | D) _____ | Plan Administrator |
| B) _____ | Public or Certified | E) _____ | Employee Benefit |
| _____ | Public Accountant | F) _____ | Consultant |
| | | | Actuary |
| C) _____ | Asset Manager | G) _____ | Trust Administrator |

II. ESTIMATED EXPERIENCE/RESPONSIBILITY

Nominee must have had at least two years' experience in or responsibility for the development, financing, funding or administration of pension, profit sharing or other employee benefit plans.

A) Current Occupation: _____

B) How Long: _____

C) Prior Occupational Experience: _____

<u>From</u>	<u>To</u>	<u>Firm</u>	<u>Duties</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

D) Estimate of nominee's business or professional activity spent relative to employee benefit plans:

20% or less _____ 20%-50% _____ Over 50% _____

E) Describe employee benefit plan activities of nominee during last 36 months:

III. SPONSORSHIP

Nominees must be sponsored by one member of the Indiana Benefits Conference.

Sponsor Name _____

A) How long have you known the nominee in a business or professional relationship? _____

B) Have you worked directly with the nominee in the employee benefit plan matters? _____

C) Respective of the specific purpose of this organization, do you believe the nominee to be sufficiently experienced in and committed to the industry to benefit from and contribute to **Indiana Benefits Conference**? _____

I hereby request that, under my sponsorship, _____ be considered for membership in IBC.

SPONSOR:

Signature

Name of Employer

APPROVED:

BOARD OF DIRECTORS

DATE: _____