

# CIEBA

The Committee on Investment  
of Employee Benefit Assets

## Membership Application

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

	Assets (millions)	Participants (thousands)
Defined Benefit		
Defined Contribution		

### *Please Choose*

- General Membership**  
Apply for membership and pay CIEBA annual dues of \$495. Please note you will be billed for Annual dues once your application is received.
- Working Group Membership**  
Apply for membership and pay CIEBA Working Group annual dues of \$4,995. Please note you will be billed for Annual dues once your application is received.

*You will also automatically become a member of the Association for Financial Professionals once you join CIEBA*

CIEBA membership is limited exclusively to ERISA-governed corporate plan sponsors. CIEBA members are required to:

- Be the senior person in your company with primary responsibility for the investment of ERISA-governed employee benefit assets.
- Be employed by a corporation with \$1 billion in revenues or with \$250 million or more benefit plan investments under management.
- Participate in CIEBA's annual profile survey on asset allocation for defined benefit and contribution plans. Individual responses are confidential. The survey is conducted in spring of each year.

**MY PAYMENT IS ENCLOSED FOR \$ \_\_\_\_\_**  
(Payable in U.S. Dollars)

*Please make check payable to CIEBA/AFP and mail to CIEBA/AFP, P.O. Box 64714, Baltimore, MD 21264*

*Or fax your credit card information to 301.907.2864.*

- Bill Me
- Check Enclosed
- American Express  Diners Club  MasterCard  Visa

Card No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**CIEBA**  
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of Employee Benefit Assets

  
**Association for  
Financial Professionals®**

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