

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 link to your company website)
- 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
- Invitations to RITA webinars
- Ability to participate on RITA committees – Compliance, Operations, Legislative Relations, etc.
- Discounted conference registration rate
- Discounted RITA Institute rates for furthering education and professional development

1. SELECT YOUR MEMBERSHIP CATEGORY

MEMBERSHIP CATEGORIES

Category	Description
<input type="checkbox"/> Regular Member (voting)	The Regular Member category is open to state or federally-chartered trust companies and banks that are primarily engaged in the administration of self-directed retirement accounts, and are regulated by state or federal banking authorities. Regular Members may also include qualified third party administrators (TPAs) and entities shown on the IRS list of “Approved Nonbank Trustees and Custodians.” Qualifying TPA members are those in good standing whose custodians have title and control of IRA cash and assets. Regular Members are subject to annual Membership Fees based on total self-directed retirement account assets held.
<input type="checkbox"/> Service Member (nonvoting)	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. Service Members pay a Membership Fee of \$2,000 per year.
Membership Fees shall begin in year 1 of membership.: Regular Member Fees: <ul style="list-style-type: none"> • Are paid in two equal installments; and • Will be reduced by the total assets under administration of the TPA in the event both the custodian and administrator join. 	

RITA Annual Membership Fee for Regular Members	
Asset Range	Annual Fee
\$0 – \$250M	\$1,000
\$250M – \$500M	\$2,500
\$500M – \$750M	\$4,000
\$750M – \$1.0B	\$7,000
\$1.0B – \$1.5B	\$10,000
\$1.5B – \$2.5B	\$15,000
\$2.5B – \$4.0B	\$20,000
\$4.0B – \$6.0B	\$26,000
>\$6.0B	\$32,000

2. COMPLETE THE FOLLOWING INFORMATION

APPLICANT AND COMPANY INFORMATION

Applicant Name:

Applicant Phone:

Applicant Email:

Company Name:

- | | |
|---|---|
| <input type="checkbox"/> Trust company or bank | <input type="checkbox"/> Due diligence firm |
| <input type="checkbox"/> Third party administrator (TPA) | <input type="checkbox"/> Endowment/foundation |
| <input type="checkbox"/> Clearing firm | <input type="checkbox"/> Family office |
| <input type="checkbox"/> Depository services firm | <input type="checkbox"/> State or federal government agency |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Educator |
| <input type="checkbox"/> CPA | <input type="checkbox"/> Association |
| <input type="checkbox"/> Valuation/appraisal professional | <input type="checkbox"/> Other: (specify: _____) |
| <input type="checkbox"/> Consultant | |

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):

Names(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

Company Contacts (To appear on RITA Membership Roster)

CEO:	<input type="text"/>	Email:	<input type="text"/>	Phone:	<input type="text"/>
CFO:	<input type="text"/>	Email:	<input type="text"/>	Phone:	<input type="text"/>
President:	<input type="text"/>	Email:	<input type="text"/>	Phone:	<input type="text"/>
Compliance:	<input type="text"/>	Email:	<input type="text"/>	Phone:	<input type="text"/>
Operations:	<input type="text"/>	Email:	<input type="text"/>	Phone:	<input type="text"/>
Marketing:	<input type="text"/>	Email:	<input type="text"/>	Phone:	<input type="text"/>
Other:	<input type="text"/>	Email:	<input type="text"/>	Phone:	<input type="text"/>
Other:	<input type="text"/>	Email:	<input type="text"/>	Phone:	<input type="text"/>
Other:	<input type="text"/>	Email:	<input type="text"/>	Phone:	<input type="text"/>

Account Information (To be completed by Regular Member applicants only)

Types of Accounts/Plans Under Custody/ Administration	Number of Accounts/Plans	Asset Value Held in Accounts/Plans
IRAs	<input type="text"/>	\$: <input type="text"/>
SEPs	<input type="text"/>	\$: <input type="text"/>
CESAs	<input type="text"/>	\$: <input type="text"/>
HSAs	<input type="text"/>	\$: <input type="text"/>
401(k)s	<input type="text"/>	\$: <input type="text"/>
Defined Contribution	<input type="text"/>	\$: <input type="text"/>
Defined Benefit	<input type="text"/>	\$: <input type="text"/>
Other: <input type="text"/>	<input type="text"/>	\$: <input type="text"/>
Other: <input type="text"/>	<input type="text"/>	\$: <input type="text"/>
Other: <input type="text"/>	<input type="text"/>	\$: <input type="text"/>
Total Assets Under Custody/Administration	<input type="text"/>	\$: <input type="text"/>
If Total Assets Under Custody shown above include cash or assets held for TPAs or other Institutions, please specify	<input type="text"/>	\$: <input type="text"/>

Additional Information

How did you hear about RITA?

Other information you would like to share about your company:

3. CONDUCT DISCLOSURES

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:**

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

🔗 **Questions?**

RITA
Mike Posey, Membership Director
Phone: 512.826.5553
Email: 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

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 address
- Company website (linked to your website)

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

Regular Member Service Member

Company Name:

Company Phone Number:

Company Contact Address:

Company Website: