

INSURED RETIREMENT INSTITUTE

Membership Contact Form

Welcome to the Insured Retirement Institute (IRI) – your trusted source of all things pertaining to annuities, insured retirement strategies and retirement planning. Please take a moment to complete the following so that your company is accurately reflected in our member database, and your employees can receive the full benefits of membership.



MEMBER COMPANY CONTACT INFORMATION		
Company Name:		
Company Address:		
City:	State:	ZIP Code:
Phone:	E-mail:	Fax:
Are you interested in Enterprise Discount ¹ ?		
If yes, what are your affiliated companies?		
<i>For Insurers:</i> Total Annuity Assets		
<i>For Distributors:</i> Number of Financial Advisors		
<i>For Asset Managers:</i> Total Annuity Assets – Separate and General Account:		
<i>For Solution Providers:</i> Indicate membership type below		
ORGANIZATION TYPE (PLEASE CHECK ONLY ONE)		
<input type="checkbox"/> Bank <input type="checkbox"/> Broker/Dealer <input type="checkbox"/> Wirehouse	<input type="checkbox"/> Insurance Company <input type="checkbox"/> Investment/Asset Management	<input type="checkbox"/> Service Provider – Partner <input type="checkbox"/> Service Provider – Associate <input type="checkbox"/> Other _____
PRIMARY CONTACT INFORMATION		
Name:		Title:
Address (If different from company address):		
City:	State:	ZIP Code:
Phone:	E-mail:	
SIGNATURE OF PRIMARY CONTACT		
Name (printed):		
Signature:		Date:

¹ We are offering an umbrella membership package that includes a 50% reduction in the fees of affiliated entities of the primary member. The primary member would be the anchor membership – insurer, distributor or asset manager – which is the highest dues paying entity. This will be calculated on a case by case basis.

REQUIRED FOR MEMBERSHIP APPLICATION



PLEASE PROVIDE THE FOLLOWING CONTACTS WITHIN YOUR COMPANY		
<i>We are in the process of updating our database with the most current and up to date information</i>		
PRESIDENT OR HEAD OF RETIREMENT PRODUCT/DISTRIBUTION DIVISION		
Name:	Title:	
Address <i>(If different from company address)</i> :		
City:	State:	ZIP Code:
Phone:	E-mail:	
CHIEF OPERATIONS OFFICER		
Name:	Title:	
Address <i>(If different from company address)</i> :		
City:	State:	ZIP Code:
Phone:	E-mail:	
CHIEF MARKETING OFFICER		
Name:	Title:	
Address <i>(If different from company address)</i> :		
City:	State:	ZIP Code:
Phone:	E-mail:	
CHIEF COMPLIANCE OFFICER		
Name:	Title:	
Address <i>(If different from company address)</i> :		
City:	State:	ZIP Code:
Phone:	E-mail:	
CHIEF TECHNOLOGY OFFICER		
Name:	Title:	
Address <i>(If different from company address)</i> :		
City:	State:	ZIP Code:
Phone:	E-mail:	
HEAD OF PUBLIC RELATIONS		
Name:	Title:	
Address <i>(If different from company address)</i> :		
City:	State:	ZIP Code:
Phone:	E-mail:	
HEAD OF GOVERNMENT AND REGULATORY AFFAIRS		
Name:	Title:	
Address <i>(If different from company address)</i> :		
City:	State:	ZIP Code:
Phone:	E-mail:	

ADDITIONAL CONTACTS FOR MEMBERSHIP



ADDITIONAL CONTACTS TO ADD TO MEMBER DATABASE		
<i>These Individuals Will Receive Member Benefits</i>		
Name:		Title:
Address (If different from company address):		
City:	State:	ZIP Code:
Phone:	E-mail:	
Name:		Title:
Address (If different from company address):		
City:	State:	ZIP Code:
Phone:	E-mail:	
Name:		Title:
Address (If different from company address):		
City:	State:	ZIP Code:
Phone:	E-mail:	
Name:		Title:
Address (If different from company address):		
City:	State:	ZIP Code:
Phone:	E-mail:	
Name:		Title:
Address (If different from company address):		
City:	State:	ZIP Code:
Phone:	E-mail:	
Name:		Title:
Address (If different from company address):		
City:	State:	ZIP Code:
Phone:	E-mail:	
Name:		Title:
Address (If different from company address):		
City:	State:	ZIP Code:
Phone:	E-mail:	
Name:		Title:
Address (If different from company address):		
City:	State:	ZIP Code:
Phone:	E-mail:	
Name:		Title:
Address (If different from company address):		
City:	State:	ZIP Code:
Phone:	E-mail:	