Choose your membership level

LIMRA and LOMA
Receive all LOMA and LIMRA membership access and benefits.

□ LIMRA Access to LIMRA research, committees/study groups,

conferences, and member pricing for the product distribution areas of your company.

LOMA Access to LOMA education and training, committees, conferences, and member pricing for the operations areas of your company.

Optional membership

□ Life Insurers Council (LIC)

Smaller life companies face different challenges and require different solutions than larger carriers. The LIC provides a network that facilitates the opportunity for smaller companies to ask questions and share best practices with their peers at similar companies.

Information about your company

Company Name				
Company Address				NAIC ID Number
City		State or Province	Country	Postal or ZIP Code
Website Address		Phone Number		Date Founded
Mailing Address (if different)				
City		State or Province	Country	Postal or ZIP Code
Companies to be Included in the Membership				
Reason for Joining				
Who in your company	First	Last	Emo	il

will be our primary contact?	Name	Name	
Who in your company should receive the membership invoice?	First Name	Last Name	Email

Information about your business

Please indicate the approximate percentage of your organization's revenue attributed to each of the following lines of business (total should 100%)

	nce (Individual Life, , P&C, etc.)	Workplace Benefits (Group, Worksite, Voluntary Benefits)	Retirement
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Please identify the most senior executive responsible for each business line:

	First Name	Last Name	Email
Insurance			
Workplace Benefits			
Retirement, Institutional			
Retirement, Retail			

Membership announcement

Once your membership is fully processed (membership dues have been paid), may we announce your membership on social media (LinkedIn, Facebook, Twitter)? OYes ONO Company Name

U.S./Canada Membership Application

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Questions? Information about your leadership This information will be used to provide relevant industry updates and networking opportunities to senior leaders in your organization. LIMRA Sean O'Donnell First Name Last Name Email Phone: 860-298-3913 **Chief Executive Officer or President** Email: sodonnell@limra.com Chairman LOMA **Chief Actuary** Membership Dues Analyst, LOMA Phone: Chief Compliance/Legal Officer 770-984-3744 **Chief Customer Experience Officer** Email: **Chief Customer Service Officer** members@loma.org **Chief Financial Officer Chief Human Resources Officer** Chief Information Technology Officer Chief Learning & Development Officer Chief Marketing/Data Officer Chief of Operations Chief Product Management/Development Officer **Chief Retirement Officer** Chief Sales/Distribution Officer **Chief Strategic Planning Officer Chief Underwriting Officer**

By completing this application, I understand that

Head of Group Benefits

- LIMRA and LOMA reserve the right to review a membership application and only accept members that serve the best interest of its membership.
- The amount of the annual dues shall be established each year by the Board of Directors.
- For LIMRA and LOMA or for LIMRA-only membership applications, a US\$300 application fee will be added to the dues invoice. All membership dues will be in U.S. funds.

Application completed by

First Name	Last Name	Print Form
Phone	Title	
Email		Email Form

