

Fundamentals of Actuarial Practice (FAP) Modules & Endof-Module Assessment Retake Application

I have previously registered for exams with the SOA								
CAND #: ID #:				Date of Birth				
For Office Use Only For Office		ce Use Onl				day year		
Last Name/Family Name				First Name			Middle Name	
If a different name was used on a previous application, print it here:			re:	Check your primary address:				
		□ Work □ Home						
SSe	Organization (if office address is used for mailing): Street or P.O. Box City State/Province Zip/Postal Code Country							
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i <u>ii</u>	City			rovince		Zip/Postal Code	Country	
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_	Daytime Telephone			E-Mail (Required)				
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SO			OA School	hool Code Grad		_	Expected Year of	
School Name - Print above if currently enrolled			Numb	er	Orac		Graduation	
Employer								
oloy	Employer Name					T	T	
Employer nformation	Street or P.O. Box (required if paying by company							
City State/Province/Country Zip/Postal Code I have read and agree to abide by the SOA Terms and Conditions Agreement for e-Learning Candidates. I acknowledge that I have read and agree to adhe								
the SOA Code of Conduct for Candidates and the Code of Professional Conduct, as applicable. I further agree that the results of any assessment submission,								
and any action taken as a result of my conduct (such as an irregularity, violation or cheating, and any hearings) may, at the sole discretion of the SOA, be disclosed to any other bona fide actuarial organization that has a legitimate interest in such results and/or action.								
Signature:								
(Your <u>original</u> written signature is required for this application to be valid.)								
□ FAP Modules \$520								
Send application form and check or money orders made payable to Society of Actuaries to:				☐ FAP End-of-Module Assessment Retake** \$100				
Indicate which assessment: □ Risk in Actuarial Problems								
Society P.O. B		☐ Design and Pricing of an Actuarial Solution						
Chicago, IL 60694-5600					☐ Model Selection and Solution Design			
☐ Selection of Initial Assumptions ☐ Monitoring Results								
Applications may also be faxed to: +1-847-273-8529					□ FAP Extension* \$100			
					**One retake grants access to one End-of-Module Assessment. Additional retake purchases are required if retaking more than one End-of-Module			
c/o FAP Services				Assessment.				
8770 W Bryn Mawr Ave, Suite 1000 Chicago, IL 60631				*One-time, 12-month extension				
				Canadian residents add 5% GST, PE 14%, NB, NL, ON 13%, NS 15% GST/HST				
All information is required.				For Office L	lse Only:	Р	С	
Credit card: ☐ American Express ☐ MasterCard ☐ Visa								
Account Number: Exp Date:								
Cardholder's Name Cardholder's Signature:								
Cardholder's billing address (if different from applicant's):								
HST								

Instructions for Completing Fundamentals of Actuarial Practice (FAP) Modules Application

PRE-REQUISITES

Candidates must have Exam P, FM, SRM, and FAM (or LTAM and STAM), Pre-Actuarial Foundations and Actuarial Science Foundations Module credit to register for FAP.

PRINT ALL INFORMATION

Please allow **TEN** working days for the application to arrive, if sending via post. Applications will be processed in the order in which they are received. Receipts will be sent to all registered candidates.

CANDIDATE INFORMATION

- Indicate if you have registered previously with the Society of Actuaries by checking yes or no at the top of the form.
- Enter your date of birth.
- Print your full name, including middle name, and mailing address.
- If you used a different name on your last application (e.g., a maiden name), print that name in the space provided.
- Enter your daytime telephone number and your current e-mail address.

<u>Important note regarding email addresses:</u> e-Learning communication is sent to the email address indicated on the application form, therefore it is important that the email address entered is accurate and active. Due to spam filters and technical issues beyond control of the SOA, emails may not be received by all candidates.

SCHOOL INFORMATION

- If currently enrolled in a college or university program, print the school name and code in the spaces provided.
- Indicate the student status and expected year of graduation.

EMPLOYER INFORMATION

• If employed full-time in an actuarial position, print the full name and address of the employer.

FAP FEES

FAP includes the Modules, End-of-Module Assessments and a Final Assessment. This application form is for Modules only. Fees for each component are:

FAP Modules \$520 Final Assessment (each attempt) \$1250 End-of-Module Assessment Retake \$100 Extension \$100

A one-time, one-year extension is allowed per candidate. Regardless of the date the extension is purchased, the extension period begins from the date of original purchase expiration, which makes the final expiration date 36 months from the date of the initial purchase.

- Fees must be in U.S. funds or equivalent.
- The amount billed to a credit card will be automatically adjusted for persons who miscalculate the amount due.
- ◆ A \$20 fee will be assessed on any checks returned due to insufficient funds.
- ♦ As of January 1, 2015, the SOA is required to collect Canadian Tax where applicable.

CANCELLATION/REFUND POLICY

To cancel an FAP Module registration prior to login, follow the steps below:

- Go to www.soa.org
- Select "My SOA" on the upper right side of the screen
- Scroll down to view order history
- Select the order you wish to cancel from your order summary
- Click the cancellation button and complete the form to submit your cancellation request

There is a \$100 administration fee for each cancellation issued. A refund, less administrative fees, will be issued in 2-4 weeks in the way the original payment was made.

Direct questions to SOA Customer Service at customerservice@soa.org.