



SOCIETY OF ACTUARIES

2012–2013 CPD ATTESTATION FORM

NAME:

ADDRESS:

CITY, STATE AND ZIP CODE:

E-MAIL ADDRESS:

☐ I certify that I have fulfilled the SOA Continuing Professional Development Requirement for the period 2012–2013 by meeting one or more of the following:

- ☐ the Basic Requirement provisions of Section B.
- ☐ the Qualification Standards for Actuaries Issuing Statements of Actuarial Opinion in the United States.
- ☐ the Canadian Institute of Actuaries' Qualification Standard–Requirements for Continuing Professional Development.
- ☐ Category 1 or 2 of the CPD Scheme of the Institute and Faculty of Actuaries (U.K.).
- ☐ the Continuing Professional Development Standard of the Institute of Actuaries of Australia.

☐ I certify that I have not fulfilled the SOA CPD Requirement for the period 2012–2013.

Signature: _____ Date: _____

Please send the completed form by e-mail to customerservice@soa.org or by fax to 847.273.8529.