



Examination and Study Material Fee Discount Program Application

Please print or type:

Last Name/Family Name			First Name			Middle Name		
Maiden Name, if applicable				Date of Birth		<i>day</i>	<i>month</i>	<i>year</i>
Company								
Mailing Address								
City			Postal Code			Country		
Phone Number				E-mail address				

If you have taken Society of Actuaries examinations previously, please check here:

If you are a property/casualty candidate, please check here:

Candidates need only apply once for this program; if you have been approved previously and continue to meet the criteria outlined in the program information, please do not resubmit an application. Applications will be accepted via email. A handwritten signature is required below.

I certify that the above information is correct. I confirm that I am a current full-time resident of the stated country. I attest to the need for financial assistance; I attest to being personally responsible for the payment of all examination and study material fees and will not be reimbursed by an employer, a company or another individual or entity. I attest that I will adhere to all of the terms and conditions of this program and I understand that my participation can be terminated if I violate the terms and conditions.

Signature: _____

Date: _____

RETURN TO:

Kim Tice
Education Administrator
Society of Actuaries
475 North Martingale Road Suite 600
Schaumburg, IL 60173-2226 USA
Fax: 847/273-8516
e-mail: ktice@soa.org

For SOA Use Only
ID Number

***** Please allow 10 business days for processing *****