

Study Note Order Form Fall 2009

No Returns. Price Valid for Fall 2009 Only. Allow up to 2 weeks for delivery

Last Name _____ First Name _____
 Daytime Phone (required) _____ E-mail (required) _____
 Company (Only use if shipping to a company) _____
 Address (Items sent FEDEX- No P.O. BOX - Street address required) _____
 City _____ State/Province _____
 Zip/Postal Code _____ Country _____

Study notes for the Preliminary Exams are available FREE on our web site www.soa.org

Examination	Complete Study Notes			Revision Study Notes <small>(included in the Complete Sets)</small>			Total
	Code	QTY	Price	QTY	Price	Code	
Advanced Finance / ERM	SN-FE09		\$375		N/A		
Financial Economic Theory and Engineering	SN-FET09		\$380		\$70	SN-FET09R	
Group and Health, DP	SNDP-GH09		\$300		N/A		
Individual Life and Annuities, DP, U.S.	SNDP-IU09		\$300		\$70	SNDP-IU09R	
Individual Life and Annuities, DP, Canada	SNDP-IC09		\$325		\$80	SNDP-IC09R	
Retirement Benefits, DP, U.S.	SNDP-RU09		\$350		\$80	SNDP-RU09R	
Retirement Benefits, DP, Canada	SNDP-RC09		\$375		\$145	SNDP-RC09R	
Study Note 600-99-99 Commutation Functions	600		\$10				

EA-2, A
 Links to the study notes will be available in the current Joint Board Program Booklet.
<http://www.soa.org/education/exam-req/edu-exam-ea-detail.aspx>

CREDIT CARD PAYMENTS:

Society of Actuaries—Publication Orders
 475 N. Martingale, Suite 600
 Schaumburg, IL 60173
 Or fax to (847) 273-8526

CHECK PAYMENTS:

Society of Actuaries
 PO Box 95668
 Chicago, IL 60694

Total	
Illinois residents add 10% tax	
Indiana residents add 7% tax	
Canadian residents add 5% GST <small>(NB, NL and NS add 13% GST/HST)</small>	
Amount Due	

Method (indicate one):	<input type="checkbox"/> Personal Check /Money Order	<input type="checkbox"/> Company Check	<input type="checkbox"/> Credit Card	For office Use Only	P	C
If Paying by credit card, please indicate the card:	<input type="checkbox"/> American Express	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa			
Account Number: _____	CVV2 Number (Required): _____	Exp. Date (Required): _____				
Cardholder's Name _____	Cardholder's Signature (Required): _____					
Cardholder's billing Address (if different from applicant's): _____						