



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

I have previously registered for exams with the SOA Yes No Check here if you do not want to receive information from third party vendors

CAND #: <i>For Office Use Only</i>		ID #: <i>For Office Use Only</i>		Date of Birth		
				month	day	year
Last Name/Family Name			First Name			Middle Name
If a different name was used on a previous application, print it here:			Check your primary address: <input type="checkbox"/> Work <input type="checkbox"/> Home			
Mailing Address	Organization (if office address is used for mailing):					
	Street or P.O. Box					
	City		State/Province		Zip/Postal Code	Country
	Daytime Telephone		E-Mail (Required)			
School Name - Print above if currently enrolled		SOA School Code Number		<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	Expected Year of Graduation	
Employer Information	Employer Name					
	Street or P.O. Box (required if paying by company check)		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 adhere to 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 original written signature is required for this application to be valid.)

Send application form and check or money orders made payable to Society of Actuaries to: Society of Actuaries P.O. Box 95600 Chicago, IL 60694-5600		<input type="checkbox"/> FAP Modules \$500 <input type="checkbox"/> FAP End-of-Module Assessment Retake** \$100 Indicate which assessment: <input type="checkbox"/> Risk in Actuarial Problems <input type="checkbox"/> Design and Pricing of an Actuarial Solution <input type="checkbox"/> Model Selection and Solution Design <input type="checkbox"/> Selection of Initial Assumptions <input type="checkbox"/> Monitoring Results <input type="checkbox"/> FAP Extension* \$100 <small>**One retake grants access to one End-of-Module Assessment. Additional retake purchases are required if retaking more than one End-of-Module Assessment.</small> <small>*One-time, 12-month extension</small>	
Applications may also be faxed to: +1-847-273-8529		Canadian residents add 5% GST, PE 14%, NB, NL, ON 13%, NS 15% GST/HST	
Mail credit card payments and <u>all</u> overnight deliveries to: Society of Actuaries c/o FAP Services 475 N. Martingale Road – Suite 600 Schaumburg, IL 60173			
All information is required.		<i>For Office Use Only:</i>	P
Credit card: <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa			
Account Number: _____		CVV2 Number: _____	Exp Date: _____
Cardholder's Name: _____		Cardholder's Signature: _____	
Cardholder's billing address (if different from applicant's): _____		HST _____	

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.

Important note regarding email addresses: 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	\$500
Final Assessment	\$1200
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.