



SOCIETY OF ACTUARIES

Spring 2014 Application for Actuarial Exams
Exam MLC, EA-1 and EA-2L



Canadian Institute of Actuaries

Registration Deadline: March 25, 2014
NO LATE APPLICATIONS WILL BE ACCEPTED

EXAM FEES ARE NON-REFUNDABLE

Exam MLC is jointly sponsored by the SOA and the CIA

SOA ID #: <i>For Office Use Only</i>	I have previously registered for exams with the SOA: <input type="checkbox"/> Yes <input type="checkbox"/> No		_____	
	<input type="checkbox"/> Check here if you <u>do not</u> want to receive information from third party vendors		month	day
	Check your primary address: <input type="checkbox"/> Home <input type="checkbox"/> Work		_____	
	<input type="checkbox"/> I wish to receive exam results via text message to my mobile telephone. (Only available for U.S. and Canada-based mobile phone carriers.)		Date of Birth	
Last Name/Family Name/Surname		First Name		Middle Name
If a different name was used on a previous application, print it here:				
Address	Organization Name (only if company is primary address)/ Street or P.O. Box			
	City	State/Province	Zip/Postal Code	Country
	Daytime Telephone/Mobile Telephone		E-Mail (Required)	
School	Print school name if currently enrolled	City/State/Postal Code	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	Degree/Anticipated Degree/Expected Year of Graduation
Employer Information	Company Name of Actuarial Employer		<input type="checkbox"/> Yes, I work in the property/casualty field <input type="checkbox"/> No, I do not work in the property/casualty field	
	Street or P.O. BOX (required if paying by company check)	City	State/Province/Country	Zip/Postal Code
<p>"I have read the rules and regulations concerning the examination(s) for which I am applying and agree to be bound by them. I acknowledge that I have read and agree to adhere to the SOA Code of Conduct for Candidates as well as the CAS Code of Professional Ethics for Candidates for jointly sponsored exams. I also agree that the results of any examination(s) which I take, and any action taken as a result of my conduct (such as irregularity, violation or cheating, and any hearings thereon) may, at the sole discretion of the CAS or SOA, be disclosed to any other bona fide actuarial organization that has a legitimate interest in such results and/or actions."</p>				
Signature _____ (Your signature is <u>required</u> for this application to be valid)				
Exam Center Name and Code Number: (see SOA Exam Center List for center locations and codes)				
<input type="checkbox"/> Exam MLC Tuesday, April 29 8:30 a.m. – 12:45 p.m.		<input type="checkbox"/> EA-1 - Tuesday, May 6 8:30 a.m. – 11:00 a.m. \$230		
Exam Fee: \$375		<input type="checkbox"/> EA-2, Segment L - Tuesday, May 6 1:00 p.m. – 3:30 p.m. \$230		
Full-time Student Discounted Fee: \$300		*Exams EA-1, EA-2 L, and EA-2 F are jointly sponsored by the American Society of Pension Actuaries, the Joint Board for the Enrollment of Actuaries, and the Society of Actuaries. Each of these sponsoring organizations reserves the right to set its own passing score for the successful completion of the examination for membership or enrollment purposes.		
INTL Discount Fee (Qualified Countries): \$300				
Total Fees (all fees in U.S. dollars) \$ _____				
If paying by credit card (Indicate One): <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa (Candidates paying by credit card are encouraged to use online registration www.soa.org)				
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): _____				

Survey for Exam MLC candidates only	1. Which associate level credential are you currently pursuing? <input type="checkbox"/> ACAS (Associate of the Casualty Actuarial Society) <input type="checkbox"/> ASA (Associate of the Society of Actuaries) <input type="checkbox"/> Undecided	2. How likely are you to pursue the Chartered Enterprise Risk Analyst (CERA) credential? <input type="checkbox"/> Very likely <input type="checkbox"/> Somewhat likely <input type="checkbox"/> Not Very likely <input type="checkbox"/> Not at All likely <input type="checkbox"/> Undecided	3. Which of the following fellowship level tracks do you intend to pursue? <input type="checkbox"/> Finance/ERM <input type="checkbox"/> Group and Health <input type="checkbox"/> Investment <input type="checkbox"/> Individual Life and Annuities <input type="checkbox"/> Retirement Benefits <input type="checkbox"/> Fellowship with the Casualty Actuarial Society (FCAS) <input type="checkbox"/> Not planning on earning a fellowship from CAS or SOA <input type="checkbox"/> Undecided
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**INSTRUCTIONS FOR COMPLETING APPLICATION FOR PRELIMINARY ACTUARIAL EXAMINATIONS
Exam MLC, EA-1 and EA-2L**

Mail check or money order payments with application to:

Preliminary Actuarial Examinations
P.O. Box 95600
Chicago, IL 60694-5600 U.S.A.

ALL OVERNIGHT DELIVERIES

Society of Actuaries, Customer Service Center
475 N. Martingale Road, Suite 600
Schaumburg, IL 60173

Application forms may also be faxed to: 847.273.8529

REGISTRATION DEADLINE: Applications must be received by: March 25, 2014

(Candidates with special needs requiring accommodations must submit a written request with their application.)

The use of on-line registration (www.soa.org) is strongly recommended. Fax 847-273-8529, or an overnight courier is also an option to ensure delivery. If sending by regular mail, please allow at least **TEN WORKING DAYS** for the application to arrive. Postmark dates will not be considered. Applications received after the deadline will NOT be accepted. When using an overnight courier, send the application directly to the SOA street address (see directions for Credit Card Payments), as a courier will not deliver to a post office box.

CANDIDATE NAME and ADDRESS:

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

SCHOOL INFORMATION:

- If you are currently enrolled in a college or university program, print your school name, city, state, and postal code in the spaces provided.
- Indicate your student status, degree, and the year in which you expect to graduate.

EMPLOYER INFORMATION:

- If you are employed in an actuarial position full-time, print the full name and address of your employer.
- Indicate if you work in the property/casualty field by checking either yes or no.

INTERNATIONAL DISCOUNT PROGRAM

- Details regarding Examination and Study Material Fee Discount Program can be found at <http://www.soa.org/education/general-info/registration/edu-examination-fee-discount.aspx>

RECEIVING EXAM RESULTS VIA TEXT MESSAGE:

- [This feature is available only for United States and Canada-based mobile phone carriers.] By checking the box, you agree to receive results for all exams via text message. In order to receive a text message you must enter your mobile telephone number. Pass/Fail results will be sent via text message after passing candidate numbers are released. Individual scores will not be delivered via text message. Standard text messaging rates apply.

EXAMINATION SCHEDULE:

- Indicate the examination(s) you wish to write by placing a check mark (✓) in front of the desired exam.

CENTER INFORMATION:

- Refer to the list of examination centers. Print the center name and number in the spaces provided. If a test center is cancelled or filled to capacity, candidates will be reassigned to the nearest available center.

**Please check our Web site: www.soa.org periodically for updated center information.
Center locations are subject to change prior to the exam date.**

EXAMINATION FEES:

- Exam fees may be paid by check, money order, or credit card (Visa, MasterCard, or American Express). Checks should be made payable to **Preliminary Actuarial Examinations**. Applications should be sent to the appropriate address listed on the front of this application. Fees must be in U.S. funds or equivalent. Exam results are not released until the account is paid in full. **Note:** The amount billed to an individual's credit card will be automatically adjusted for persons who miscalculate the amount due. **Fees and registrations are not transferable from one session to another.** Candidates with a balance due will not be permitted to register for future examination sessions until outstanding debts are paid in full.
- A **\$25.00** fee will be assessed on any checks returned due to insufficient funds.
- **Center Change Request:** A *non-refundable* **\$60.00** administrative fee is required from candidates who request a change in center from their initial application. You must contact the exam department for approval to change your center.
- **EXAM FEES ARE NON-REFUNDABLE** - The Society of Actuaries (SOA) does not offer refunds for its examinations. No part of a fee paid to the SOA for examination registration will be refunded or transferred to a later exam period should the candidate not appear for the exam. For details please see SOA Examination Refund Policy at <http://www.soa.org/education/exam-req/registration/edu-refunds.aspx>

SIGNATURE: In order for this application to be valid, your signature must appear on the front of this application.

ACKNOWLEDGEMENT LETTER/TICKETS OF ADMISSION/RECEIPT: An Acknowledgement Letter, which serves as your Ticket of Admission will be e-mailed to you. The Acknowledgement Letter also serves as your receipt and contains your candidate number, exam center name and number. You must bring the e-mailed copy with you to check-in on exam day. You will receive one acknowledgement letter and candidate number for each exam registered for.

CHANGE OF ADDRESS and/or E-MAIL ADDRESS: Report any change of address to the SOA Customer Service Department (Customerservice@soa.org 888-697-3900) to ensure you receive important mailings.

ADDITIONAL CREDIT CARD INFORMATION—CVV2 NUMBER

How to find your credit card's CVV2 number:

On a **Visa** or **MasterCard**, please turn your card over and look in the signature strip. You will find (either the entire 16-digit string of your card number, OR just the last 4 digits), followed by a space, followed by a 3-digit number. That 3-digit number is your CVV2 number (see below). On **American Express** Cards, the CVV2 number is a 4-digit number that appears above the end of your card number

What is CVV2?

CVV2 is a security measure we require for all transactions. Since a CVV2 number is listed on your credit card, but is not stored anywhere, the only way to know the correct CVV2 number for your credit card is to physically have possession of the card itself. All VISA, MasterCard and American Express cards made in the United States in the past 5 years have a CVV2 number.

Visa & MasterCard:



This number is printed on MasterCard and Visa cards in the signature area of the back of the card. (it is the last 3 digits AFTER the credit card number in the signature area of the card). **If you cannot read your cvv2 number, you will have to contact the issuing institution.**

American Express:



American Express cards show the CVV2 printed above and to the right of the imprinted card number on the front of the card.

NOTE: For European or Asian credit cards that do not have a CVV2 number, please enter 000 as your CVV2 number.

Retain your candidate number to access results at <http://examresults.soa.org>