

Application for FAP Final Assessment

| Candidate Information | Check here if you <u>do</u> | o not want to receive | Date of |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------|---------------------------------------|
| | information from thir | d party vendors 🛛 | Birth: Month Day Year |
| CAND #: | ID #: | | Check your primary address: □ Work |
| For Office Use Only | For Office Use Only | | □ Home |
| If a different name was used on a previous application, print it here: | | | |
| Last Name / Family Name | Fir | st Name | Middle Name |
| Organization (if office address is used for mailing): | | | |
| Address: | | | |
| City: | State/Province: | Zip/Postal Code: | Country |
| Daytime TEL: E-MAIL: | | | |
| I have read and agree to abide by the <u>SOA Terms and Conditions Agreement for eLearning Candidates</u> . I acknowledge that I have read and agree to adhere to the <u>SOA Code of Conduct for Candidates</u> and the Code of Professional Conduct, as applicable. I further agree that the results of any Final 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. | | | |
| (Your <u>original</u> written signature is required for this application to be valid.) | | | |
| ☐ Final Assessment Fee: \$1200 Canadian residents add 5% GST, PE 14%, NB,NL,ON 13%, NS 15% GST/HST You may fax your registration to 1-847-273-8529 Or, send application and CHECK payments to: | | | |
| Society of Actuaries P.O. Box 95600, Chicago, IL 60694-5600 | | | |
| | | | |
| OR If using OVERNIGHT DELIVERY or if paying by CREDIT CARD, send application to: | | | |
| Society of Actuaries c/o FAP Services 475 North Martingale Road Suite 600 Schaumburg, IL 60173 | | | |
| | | | |
| Indicate the credit card: American Expr All fields are required. | ess 🛛 MasterCard 🔲 \ | ⁄isa | |
| Account Number: | | | CVV2 number |
| Expiration Date: / Cardholder's Printed Name | | | |
| Cardholder's Signature: | | | |
| Cardholder's complete billing address (if different from applicant's): | | | |
| City State/Province Zip/Postal Code Country | | | |

FAP Final Assessment

Candidates taking the FAP Final Assessment must first complete all required modules, associated module activities, and have submitted all End-of-Module Assessments. The Final Assessment is designed for a level of candidate effort of approximately 25 hours. For details on submission deadlines, please refer to the <u>SOA Terms and Conditions for e-Learning Candidates</u>.

Cancellations/Refund Policy

To cancel a Final Assessment registration prior to login, please email customerservice@soa.org.

There is a \$100 administration fee for each cancellation issued. A refund will be issued, less administrative fees, in 2-4 weeks in the way the original payment was made.

If a Final Assessment is not submitted by the deadline as described in the <u>SOA Terms and Conditions for</u> e-Learning Candidates, the Assessment will NOT be accepted, and you will need to register to retake the Final Assessment and submit appropriate fees. Refunds will not be issued for failing to submit the Final Assessment by the deadline.

Direct questions to customerservice@soa.org