

Study Note Order Form Spring 2017

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

No Returns. Price Valid for Spring 2017 Only. Allow up to 2 weeks for delivery



Last Name _____ First Name _____

Daytime Phone _____ Email (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 _____

EXAMINATION	COMPLETE STUDY NOTES			REVISION STUDY NOTES <small>(These are included in the Complete sets, do not order both)</small>			TOTAL
	CODE	QTY	PRICE	CODE	QTY	PRICE	
CORPORATE FINANCE & ERM							
Enterprise Risk Management	SN-ERM17		\$350	SN-ERM17R		\$40	
Foundations in CFE	SN-F16		\$350	N/A			
Strategic Decision Making	SN-SDM17		\$350	SN-SDM17R		\$40	
GENERAL INSURANCE							
Financial and Regulatory Environment, US	SN-FREU17		\$95	SN-FREU17R		\$40	
GROUP & HEALTH							
Group & Health Advanced	SN-GHA17		\$350	SN-GHA17R		\$40	
Group & Health Core – U.S.	SN-GHCU16		\$350	N/A			
Group & Health Core – Canada	SN-GHCC16		\$350	N/A			
Group & Health Specialty	SN-GHS16		\$250	N/A			
INDIVIDUAL LIFE & ANNUITIES							
Life Finance & Valuation – U.S.	SN-LFVU17		\$350	SN-LFVU17R		\$40	
Life Finance & Valuation – Canada	SN-LFVC17		\$350	SN-LFVC17R		\$40	
Life Pricing	SN-LP16		\$350	N/A			
Life Risk Management	SN-LRM16		\$250	N/A			
QUANTITATIVE FINANCE & INVESTMENT							
QFI Advanced	SN-QFIA16		\$350	N/A			
QFI Core	SN-QFIC17		\$350	SN-QFIC17R		\$40	
Investment Risk Management	SN-QFII17		\$250	SN-QFII17R		\$40	
RETIREMENT BENEFITS							
Design & Accounting – U. S.	SN-DAU17		\$350	SN-DAU17R		\$40	
Design & Accounting – Canada	SN-DAC17		\$350	SN-DAC17R		\$40	
Funding & Regulation	SN-FRC16		\$350	N/A			
Retirement Plan Investment & Risk Management	SN-RPIRM16		\$250	N/A			
							Total
							Illinois residents add 10% tax
							Indiana residents add 7% tax
							Canadian residents add 5% GST (PE, NB, NL, ON, NS 15% GST/HST)
							Amount Due

CREDIT CARD PAYMENTS
Society of Actuaries-Pub. Orders
475 N. Martingale, Suite 600
Schaumburg, IL 60173
Or fax to (847) 273- 8529

CHECK PAYMENTS
Society of Actuaries
PO Box 95600
Chicago, IL 60694-5600

METHOD (indicate one) PERSONAL CHECK/MONEY ORDER COMPANY CHECK CREDIT CARD **FOR OFFICE USE ONLY** P C

If paying by credit card, please indicate the card:

American Express MasterCard 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): _____