

Study Note Order Form Spring 2019

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Last Name _____ First Name _____
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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-ERM19		\$350	SN-ERM19R		\$40	
Foundations in CFE	SN-F18		\$350	N/A			
Strategic Decision Making	SN-SDM19		\$350	SN-SDM19R		\$40	
GENERAL INSURANCE							
Financial and Regulatory Environment, US	SN-FRE19		\$95	SN-FRE19R		\$40	
GROUP & HEALTH							
Group & Health Advanced	SN-GHA19		\$350	SN-GHA19R		\$40	
Group & Health Core – U.S.	SN-GHCU18		\$350	N/A			
Group & Health Core – Canada	SN-GHCC18		\$350	N/A			
Group & Health Specialty	SN-GHS18		\$250	N/A			
INDIVIDUAL LIFE & ANNUITIES							
Life Finance & Valuation – U.S.	SN-LFVU19		\$350	SN-LFVU19R		\$40	
Life Finance & Valuation – Canada	SN-LFVC19		\$350	SN-LFVC19R		\$40	
Life Pricing	SN-LP18		\$350	N/A			
Life Risk Management	SN-LRM18		\$250	N/A			
QUANTITATIVE FINANCE & INVESTMENT							
QFI Advanced	SN-QFIA18		\$350	N/A			
QFI Quantitative Finance	SN-QFIQ19		\$350	SN-QFIQ19R		\$40	
Investment Risk Management	SN-QFII19		\$250	SN-QFII19R		\$40	
RETIREMENT BENEFITS							
Design & Accounting – U. S.	SN-DAU19		\$350	SN-DAU19R		\$40	
Design & Accounting – Canada	SN-DAC19		\$350	SN-DAC19R		\$40	
Funding & Regulation	SN-FR19		\$350	SN-FR19R		\$0	
Retirement Plan Investment & Risk Management	SN-RPIRM18		\$250	N/A			
							Total
							Illinois residents add 10% tax
							Indiana residents add 7% tax
							Canadian residents add 5% GST (PE, NB, NL, NS 15% ON 13% GST/HST)
							Amount Due

CREDIT CARD PAYMENTS

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475 N. Martingale, Suite 600
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Online: <https://www.soa.org/education/exam-reg/syllabus-study-materials/edu-study-notes.aspx>
Or fax to (847) 273- 8529

CHECK PAYMENTS

Society of Actuaries
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Chicago, IL 60694-5600

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

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American Express MasterCard Visa

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Cardholder's Billing Address (if different from applicant's): _____