

Application for Paper-and-Pencil Version of Exam C at Limited Exam Centers: October 2014 <i>— Only for use at the test centers listed below. —</i> Registration Deadline for Exam C: August 28, 2014 NO LATE APPLICATIONS WILL BE ACCEPTED.				 Canadian Institute of Actuaries		 Society of Actuaries	
Details for completing this application are on the reverse side. Please PRINT all information.			For Office Use Only: CAND NO.		ID NO.		
I have previously registered for exams with the SOA: ☐ Yes ☐ No Check your <u>primary</u> address: ☐ Home ☐ Work If a different name was used on a previous application, print it here:			Date of Birth		_____ Month Day Year		
Last Name/Family Name/ Surname			First Name		Middle Name Suffix		
Mailing Address	Organization Name (only if a company address)						
	Street or P.O. Box						
	City		State/Province		Zip/Postal Code Country		
	Business Telephone		Home Telephone		E-Mail (Required)		
☐ Yes, I work in the property/casualty field. ☐ No, I do not work in the property/casualty field. ☐ I do not wish to receive information from third party vendors.			☐ I wish to receive exam results via text message to my mobile telephone. (Only available for U.S. and Canada-based mobile phone carriers.)				
School	Print school name if currently enrolled		City/State/Postal Code		☐ Undergraduate ☐ Graduate		
	Degree/Anticipated Degree/Expected Year of Graduation						
Exam Centers (select one)	☐ Exam C (traditional paper & pencil version), October 9, 2014 8:30 AM – 12:00 PM ☐ Exam Fee: US\$375 ☐ Full-Time Student Exam Fee: US\$300						
	☐ 0818-Fredricton, NB ☐ 0858-Regina, SK ☐ 0908-Bridgetown, Barbados ☐ 0940-Kingston, Jamaica ☐ 0828-Kingston, ON ☐ 0893-Windsor, ON ☐ 0918-Colombo, Sri Lanka ☐ 0962-Nassau, Bahamas ☐ 0965-Port-of-Spain, Trinidad						
Signature (Required)	"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." Signature: _____						
Survey	1. Which associate level credential are you currently pursuing? ☐ ACAS (Associate of the Casualty Actuarial Society) ☐ ASA (Associate of the Society of Actuaries) ☐ Undecided		2. How likely are you to pursue the Chartered Enterprise Risk Analyst (CERA) credential? ☐ Very likely ☐ Somewhat likely ☐ Not Very likely ☐ Not at All likely ☐ Undecided		3. Which of the following fellowship level tracks do you intend to pursue? ☐ Finance/ERM ☐ Group and Health ☐ Investment ☐ Individual Life and Annuities ☐ Retirement Benefits ☐ Fellowship with the Casualty Actuarial Society (FCAS) ☐ Not planning on earning a fellowship from CAS or SOA ☐ Undecided		
Payment	If paying by credit card (Indicate One): ☐ American Express ☐ MasterCard ☐ Visa (Candidates paying by credit card are encouraged to use online registration www.soa.org)						
	Account Number: _____ CVV2 Number (Required): _____ Exp Date (Required): _____						
	Cardholder's Name _____ Cardholder's Signature (Required): _____ Cardholder's billing address (if different from applicant's): _____ _____						

Mail check or money order with application to:

Society of Actuaries
P.O. Box 95600
Chicago, IL 60694-5600

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

**Instructions for Completing Application for Paper-and-Pencil
Administration at Limited Canadian and International Locations**

Registration Deadline: Exam C—August 28, 2014

Please **PRINT** all information.

This application form may **ONLY** be used by those registering for an exam at one of the limited traditional exam centers listed on the application form. Other candidates must use the application for Computer-Based Testing. Please allow **TEN WORKING DAYS** for the application to arrive; otherwise, the use of an overnight courier is strongly recommended. Postmark dates will **NOT** be considered. Applications received after the deadline will **NOT** be accepted. Late applications will be returned to the candidate with a full refund. When using an overnight courier, send 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 PREFERRED ADDRESS

- Indicate if you have registered previously for an exam with the SOA by checking yes or no.
- If you used a different name on your last application (e.g., a maiden name), print that name in the space provided.
- Print your full name (include middle name), your date of birth, address, daytime telephone number, and e-mail address. All correspondence will be sent to your preferred address.

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.

SCHOOL INFORMATION

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

EMPLOYER INFORMATION

- Indicate if you work in the property/casualty field.

EXAMINATION and CENTERS

- Register for the exam by placing a check mark (✓) in front of the desired exam location.

EXAMINATION FEES

- Exam fees may be paid by check, money order, or credit card (American Express, MasterCard, or Visa). Checks should be made payable to **Preliminary Actuarial Exams**. Applications should be sent to the appropriate address listed on the front of this application. Fees must be in U.S. funds or equivalent. **NOTE:** The amount billed to an individual's credit card will be automatically adjusted for persons who miscalculate the amount due. **Fees are not transferable from one session to another.**
- If paying by credit card, the candidate must include the CVV2 number (see details below under "Additional Credit Card Information—CVV2 Number"). Candidates with a balance due will not be permitted to register for future examination sessions until outstanding debts are paid in full.
- A \$25 fee will be assessed on any checks returned due to insufficient funds.
- **NO REFUNDS:** Preliminary Actuarial Exams/SOA does not offer refunds for its examinations. No part of a fee paid to the Preliminary Actuarial Exams/SOA for examination registration will be refunded or transferred to a later exam period should the candidate not appear for the exam. The Preliminary Actuarial Exams/SOA does recognize that emergency events may occur that are outside a candidate's control. In those cases, the SOA will consider these situations on a case-by-case basis. Candidates finding themselves in such a situation should contact SOA Customer Service at customerservice@soa.org.

SIGNATURE

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

ACKNOWLEDGEMENT LETTER/TICKET OF ADMISSION

After your registration has been processed, you will receive an automatic acknowledgement letter by e-mail. This letter serves as your ticket of admission and contains your candidate number and exam center name and number. Please use this letter for admittance on your exam date. This is the **only** ticket of admission you will receive.

CHANGE OF ADDRESS and/or E-MAIL ADDRESS

- Report any change of address to the SOA Customer Service Department (Customerservice@soa.org or 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 (see below).

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 on the SOA Web Site.

If you need assistance, you may contact the SOA Customer Service Center by phone at 888.697.3900 between the hours of 8:00 a.m. and 5:00 p.m. central time.

You may also email your message to the SOA Customer Service Center at CustomerService@soa.org.

Updated: November 14, 2012

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