



Jointly sponsored by the Society of Actuaries and the Canadian Institute of Actuaries

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	year
	Check your <u>primary</u> 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
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If a **different name** was used on a previous application, print it here:

Address	Organization Name (only if a company address)/Street or P.O. Box			
	City	State/Province	Zip/Postal Code	Country
	Daytime Telephone/Mobile Telephone		E-Mail (Required)	

Employer Information	Company Name of Actuarial Employer			Country
	Street or P.O. BOX (required if paying by company check)	City	State/Province	Zip/Postal Code

"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 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: _____
(Your signature is required for this application to be valid.)

Exam Center Name and Code Number: (see SOA Exam Center List for center locations and codes)				
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Wednesday, April 29 8:30 a.m. – 11:45 a.m. and 1:30 p.m. – 3:45 p.m.	Thursday, April 30 8:30 a.m. – 11:45 a.m. and 1:30 p.m. – 3:45 p.m.
Exam Fee: \$1,025 INTL Discount Fee (Qualified Countries): \$775	Exam Fee: \$1,025 INTL Discount Fee (Qualified Countries): \$775
<input type="checkbox"/> CFEFD: – Foundations of CFE <input type="checkbox"/> QFICORE: – Quantitative Finance & Investment Core <input type="checkbox"/> ILALP: – Individual Life & Annuities Life Pricing <input type="checkbox"/> RETFRC: – Retirement Benefits Funding & Regulation, Canada <input type="checkbox"/> GHCORU: – Group & Health Core, U.S. <input type="checkbox"/> GHCORC: – Group & Health Core, Canada <input type="checkbox"/> GIIRR: – GI Introduction to Ratemaking & Reserving	<input type="checkbox"/> CFESDM: – CFE Strategic Decision Making, Complete <input type="checkbox"/> QFIADV: – Quantitative Finance & Investments Advanced <input type="checkbox"/> ILALFVU: – ILA Life Finance & Valuation, U.S. <input type="checkbox"/> ILALFVC: – ILA Life Finance & Valuation, Canada <input type="checkbox"/> RETDAU: – Retirement Benefits Design & Accounting, U.S. <input type="checkbox"/> RETDAC: – Retirement Benefits Design & Accounting, Canada <input type="checkbox"/> GHADV: – Group & Health Advanced <input type="checkbox"/> GIFREU: – GI Financial & Regulatory Environment – U.S.

Canadian residents add 5% GST, PE 14%, NB, NL, ON 13%, NS 15% GST/HST

Total Fees (all fees in U.S. dollars) \$ _____

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): _____

INSTRUCTIONS FOR COMPLETING APPLICATION FOR ACTUARIAL EXAMINATIONS
FSA Exams

Mail check or money order payments
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

REGISTRATION DEADLINE: All applications must be received by: March 25, 2015

(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. Faxing 847-273-8529 or an overnight courier are also options 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 **SOA** 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.

EMPLOYER INFORMATION:

- If you are employed in an actuarial position full-time, print the full name and address of your employer.

RECEIVING EXAM RESULTS VIA TEXT MESSAGE:

- [This feature is available only for United States-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.

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 **Society of Actuaries**. 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 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 FSA 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 serves as your receipt and contains your candidate number, exam center name and number. You must bring the e-mailed version with you to check-in on exam day. You will receive one acknowledgement letter and candidate number for each exam for which you registered.

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>