



**October 2020 Exam FM  
Paper and Pencil Application  
at Limited/Select Exam Centers**  
— Only for use at the test centers listed below. —  
**Registration Deadline: Tuesday, September 15, 2020**  
**NO LATE APPLICATIONS WILL BE ACCEPTED.**

*Recognized by the Canadian Institute of Actuaries*

Details for completing this application are on the reverse side. Please <b>PRINT</b> all information.	For Office Use Only: CAND NO.	ID NO.								
I have previously registered for exams with the SOA: <input type="checkbox"/> Yes <input type="checkbox"/> No Check your <u>primary</u> address: <input type="checkbox"/> Home <input type="checkbox"/> Work If a <b>different name</b> was used on a previous application, print it here:	<b>Date of Birth</b>	<table style="width:100%; border: none;"> <tr> <td style="border: none; width: 25%; text-align: center;">____</td> <td style="border: none; width: 25%; text-align: center;">____</td> <td style="border: none; width: 25%; text-align: center;">____</td> <td style="border: none; width: 25%; text-align: center;">____</td> </tr> <tr> <td style="border: none; text-align: center;">Month</td> <td style="border: none; text-align: center;">Day</td> <td style="border: none; text-align: center;">Year</td> <td style="border: none;"></td> </tr> </table>	____	____	____	____	Month	Day	Year	
____	____	____	____							
Month	Day	Year								

Last Name/Family Name/ Surname <b>(Required)</b>	First Name <b>(Required)</b>	Middle Name <b>(Optional)</b>
--	------------------------------	-------------------------------

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

<input type="checkbox"/> I do <b>not</b> wish to receive information from third party vendors.	<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.)
--	--

<b>School</b>	Print school name if currently enrolled	City/State/Postal Code	<input type="checkbox"/> Undergraduate	Degree/Anticipated Degree/Expected Year of Graduation
			<input type="checkbox"/> Graduate	

<b>Exam Centers (select one)</b>	<b>Paper/Pencil Exam FM October 14, 2020 8:30 AM – 11:30 AM</b>			
	<input type="checkbox"/> <b>Canada &amp; International Exam Fee: \$250.00 USD</b> <input type="checkbox"/> <b>International Discount Exam Fee (Qualified Countries): \$200.00 USD</b> Check for list at <a href="http://www.soa.org">www.soa.org</a> , International Examination Fee Discount Program. <b>Canadian residents add 5% GST, PE 15%, NB 15%, NL 15%, ON 13% NS 15% GST/HST <small>2/3/2017</small></b>			
	<input type="checkbox"/> 0809-Yaounde, Cameroon	<input type="checkbox"/> 0899-Quito, Ecuador	<input type="checkbox"/> 0934-Harare, Zimbabwe	<input type="checkbox"/> 0941-Nicosia, Cyprus
<input type="checkbox"/> 0818-Fredricton, NB	<input type="checkbox"/> 0900-Abidjan, Cote d'Ivoire	<input type="checkbox"/> 0935-Tegucigalpa, Honduras	<input type="checkbox"/> 0946-Khartoum, Sudan	
<input type="checkbox"/> 0893-Windsor, ON	<input type="checkbox"/> 0908-Bridgetown, Barbados	<input type="checkbox"/> 0940-Kingston, Jamaica	<input type="checkbox"/> 0962-Nassau, Bahamas	
	<input type="checkbox"/> 0928-Hamilton, Bermuda		<input type="checkbox"/> 0968-Reduit, Mauritius	

<b>Signature (Required)</b>	I have read the <a href="#">Rules and Regulations</a> concerning the examination(s) for which I am applying, including the <a href="#">Rules for Computer Based Testing</a> if applicable, and agree to be bound by them. I acknowledge that I have read and agree to adhere to the <a href="#">SOA Code of Conduct for Candidates</a> . 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 SOA, be disclosed to any other bona fide actuarial organization that has a legitimate interest in such results and/or actions.
	<b>Signature:</b> _____

<b>Payment</b>	<b>If paying by credit card</b> (Indicate One): <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa (Candidates paying by credit card are encouraged to use online registration)
	Account Number: _____ CVV2 Number <b>(Required)</b> : _____ Exp Date: _____ Cardholder's Name _____ Cardholder's Signature <b>(Required)</b> : _____ 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  
 475 N. Martingale Road, Suite 500, Mailroom  
 Schaumburg, IL 60173  
**Application forms may also be faxed to: +1-847-273-8529**

## Instructions for Completing Application for Paper-and-Pencil Administration at Limited/Select Canadian and International Locations

**Registration Deadline for October 2020 Exam FM — Tuesday, September 15, 2020**

Please **PRINT** all information. 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 candidates will be contacted regarding their registration status. 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 INFORMATION

- 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 first and last name as it appears on your valid government issued ID (middle name optional), your date of birth, address, primary telephone number, and primary email address.
- Candidates requiring testing accommodations must submit a written request with their application.  
<https://www.soa.org/Education/Exam-Reg/Exam-Day-Info/testing-accommodations.aspx>

### SCHOOL INFORMATION

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

### EMPLOYER INFORMATION

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

### INTERNATIONAL DISCOUNT PROGRAM

- Details regarding Examination and Study Material Fee Discount Program can be found at <http://www.soa.org/education/general-info/registration/edu-examination-fee-discount.aspx>

### 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. 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.

### PRIVACY POLICY

- Please go to <https://www.soa.org/legal/privacy-policy/> to review the privacy statement.

### EXAMINATION and CENTERS

- Register for the exam by placing a check mark (✓) in front of the desired exam location. All exams are administered in English except in Canada. Exam books for Canadian test centers are bilingual.

### 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 **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. **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.
- If paying by credit card, the candidate must include the CVV2 number (see details below under "Additional Credit Card Information—CVV2 Number").
- A \$25 fee will be assessed on any checks returned due to insufficient funds.
- **NO REFUNDS:** The 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 (a) not appear for the exam or (b) not have valid identification at the time of the exam. The SOA does recognize that 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](mailto:customerservice@soa.org).

### SIGNATURE

- 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 email. 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.

## CHANGE OF ADDRESS and/or E-MAIL ADDRESS

Login to My SOA from our home page, [www.soa.org](http://www.soa.org) to update your record as needed. If you experience any difficulties contact SOA Customer Service at [customerservice@soa.org](mailto:customerservice@soa.org) or +1-888-697-3900 for assistance.

## 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 have a CVV2 number.

### Visa & MasterCard:



**CVV2  
Num**

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:



**4 Digit Card Verification Number**

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>.

If you need assistance, you may contact SOA Customer Service  
+1-888-697-3900 between the hours of 8:00 a.m. and 5:00 p.m. central time.

You may also email your message to SOA Customer Service at [customerservice@soa.org](mailto:customerservice@soa.org).