Fundamentals of Actuarial Practice (FAP) Modules 1 – 8

Recognized by the Canadian Institute of Actuaries

I have previously registered for exams with the SOA ☐ Yes ☐ No  Check here if you do not want to receive information from third party vendors ☐

CAND #: For Office Use Only
ID #: For Office Use Only
Date of Birth  month day year

Last Name/Family Name
First Name
Middle Name

If a different name was used on a previous application, print it here:
Check your primary address:
☐ Work ☐ Home

Organization (if office address is used for mailing):
Street or P.O. Box
City
State/Province
Zip/Postal Code
Country
Daytime Telephone
E-Mail (Required)

☐ Undergraduate ☐ Graduate
Expected Year of Graduation

School Name - Print above if currently enrolled
SOA School Code Number

Employer Name
Street or P.O. Box (required if paying by company check)
City
State/Province/Country
Zip/Postal Code

I have read and agree to abide by the SOA Terms and Conditions Agreement for e-Learning Candidates. I acknowledge that I have read and agree to adhere to the SOA Code of Conduct for Candidates and the Code of Professional Conduct, as applicable. I further agree that the results of any assessment submission, and any action taken as a result of my conduct (such as an irregularity, violation or cheating, and any hearings) 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 action.

Signature: ____________________________________________
(Your original written signature is required for this application to be valid.)

Send application form and check or money orders made payable to Society of Actuaries to:
Society of Actuaries
P.O. Box 95600
Chicago, IL 60694-5600

FAP Modules 1 - 8  $300
FAP Modules 6 - 8  $300
FAP Extension*  $100
One-time, 12-month extension

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

All candidates will receive access to Modules 1-8.

Applications may also be faxed to: +1-847-273-8529
Mail credit card payments and all overnight deliveries to:
Society of Actuaries
c/o FAP Services
475 N. Martingale Road – Suite 600
Schaumburg, IL 60173

All information is required.

Credit card: ☐ American Express ☐ MasterCard ☐ Visa
Account Number: ___________ — ___________ — ___________ — ___________ CVV2 Number: ___________ Exp Date: ___________
Cardholder’s Name: ______________________________________ Cardholder’s Signature: ______________________________________
Cardholder’s billing address (if different from applicant’s): ____________________________________________________________

For Office Use Only:  P  C
Instructions for Completing Fundamentals of Actuarial Practice (FAP) Modules 1-8 Application

PRINT ALL INFORMATION

Please allow TEN working days for the application to arrive, if sending via post. Applications will be processed in the order in which they are received. Receipts will be sent to all registered candidates.

CANDIDATE INFORMATION

♦ Indicate if you have registered previously with the Society of Actuaries by checking yes or no at the top of the form.
♦ Enter your date of birth.
♦ Print your full name, including middle name, and mailing address.
♦ If you used a different name on your last application (e.g., a maiden name), print that name in the space provided.
♦ Enter your daytime telephone number and your current e-mail address.

Important note regarding email addresses: e-Learning communication is sent to the email address indicated on the application form, therefore it is important that the email address entered is accurate and active. Due to spam filters and technical issues beyond control of the SOA, emails may not be received by all candidates.

SCHOOL INFORMATION

♦ If currently enrolled in a college or university program, print the school name and code in the spaces provided.
♦ Indicate the student status and expected year of graduation.

EMPLOYER INFORMATION

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

FAP FEES

FAP includes Modules 1-8, End-of-Module Assessments and a Final Assessment. This application form is for Modules only. Fees for each component are:

- Modules 1-8: $300 (all candidates pay the same fee)
- End-of-Module Assessments: $600
- Final Assessment: $1200
- End-of-Module Assessment Retake: $200
- FAP Extension: $100

A one-time, one-year extension is allowed per candidate. Regardless of the date the extension is purchased, the extension period begins from the date of original purchase expiration, which makes the final expiration date 36 months from the date of the initial purchase.

♦ Fees must be in U.S. funds or equivalent.
♦ The amount billed to a credit card will be automatically adjusted for persons who miscalculate the amount due.
♦ A $20 fee will be assessed on any checks returned due to insufficient funds.
♦ As of January 1, 2015, the SOA is required to collect Canadian Tax where applicable.

CANCELLATION/REFUND POLICY

To cancel an FAP Module registration prior to login, follow the steps below:

♦ Go to www.soa.org
♦ Select “My SOA” on the upper right side of the screen
♦ Scroll down to view order history
♦ Select the order you wish to cancel from your order summary
♦ Click the cancellation button and complete the form to submit your cancellation request

There is a $100 administration fee for each cancellation issued. A refund, less administrative fees, will be issued in 2-4 weeks in the way the original payment was made.

Direct questions to SOA Customer Service at customerservice@soa.org.