



SOCIETY OF ACTUARIES

8770 W. BRYN MAWR AVENUE, SUITE 1000, CHICAGO, IL 60631

847/706-3500
847/706-3599 FAX

APPLICATION FOR WAIVER OF SOCIETY OF ACTUARIES(SOA) EXAMINATIONS BASED ON CREDIT WITH OTHER ACTUARIAL ORGANIZATIONS

In order to receive waiver of SOA examinations by means of credit obtained from the Institute and Faculty of Actuaries, or Actuaries Institute of Australia, this application must be completed and returned to the SOA office along with copies of pass lists or some other appropriate verification of credits obtained. The completed application will then be submitted to the SOA's Education Executive Group for formal approval in March (if received before February 1), June(if received before May 1), or October(if received before September 1). Please refer to the Waiver Rules for Faculty and Institute exams on the SOA website for details on eligibility for waivers.

Associateship with the SOA is attained upon the completion of all Associateship education and examination requirements as prescribed by the SOA's Board of Directors, approval of *the Application for Admission as Associate* by the SOA's Board of Directors, and any further requirements that the Board of Directors may prescribe. Please see the current Associateship and Fellowship catalog for complete details on the current requirements for admission to the SOA.

If you are not a member of the Institute and Faculty of Actuaries, or Actuaries Institute of Australia, waivers will be considered under different rules. Contact the SOA's office in this situation for further details. Please note that the SOA does not have a student membership classification.

Name: _____
(last name) (first name) (middle name)

Address: _____

(city) (state) (zip or postal code) (country)

Date of Birth: _____ **E-Mail Address:** _____

Have you previously received credit for Society of Actuaries examinations? Yes No

Organization from which credits were obtained: _____

Please list credits currently obtained.

<u>Subject/Part</u>	<u>Date Passed/Exempted</u>	<u>Basis for Credit</u>	
_____	_____	Exam	Exemption
_____	_____	Exam	Exemption
_____	_____	Exam	Exemption
_____	_____	Exam	Exemption
_____	_____	Exam	Exemption
_____	_____	Exam	Exemption
_____	_____	Exam	Exemption
_____	_____	Exam	Exemption

Signature: _____ **Date:** _____