

SOCIETY OF ACTUARIES

8770 W. BRYN MAWR AVENUE, SUITE 1000
CHICAGO, IL 60631
847/706-3500

APPLICATION FOR ADMISSION AS FELLOW BY MUTUAL RECOGNITION

This application must be submitted to the Society of Actuaries (SOA) for approval by its Board of Directors as a requirement for admission as a Fellow of the SOA by mutual recognition as well as for assessment of the candidate having met the prescribed requirements agreed upon by the Institute and Faculty of Actuaries (UK and Scotland), the Institute of Actuaries (Australia), Society of Actuaries in Ireland, and the Society of Actuaries.

1. Full Name _____
(last name) (first name) (middle name)
 2. Birth date ____/____/____
(month) (day) (year)
 3. Address _____
(street)

(city/town) (province/state) (postal/zip code)
 4. Email _____
 5. Year of attaining Fellowship: F.I.A. _____ F.F.A. _____ F.I.A.A. _____
 6. Did you attain Fellowship in the indicated organization by means of the education and examination program of that organization?
Yes _____ No _____ If no, please explain _____
 7. Explain the nature of your current practice _____
 8. Have you completed the Continuing Professional Development (CPD) requirement of the SOA or its equivalent within the past 5 years? Please explain in detail what you have done to satisfy this requirement by attaching separate documentation.
Yes _____ No _____
 9. Have you completed the SOA's Fellowship Admission Course (or comparable course) within the last 5 years? If you have not completed a professionalism course within the last 5 years and feel you have equivalent formal exposure to professionalism issues, please explain in detail what you have done to satisfy this requirement by attaching separate documentation.
Yes _____ No _____ If comparable course, please explain _____
 10. Have you ever been determined to be subject to professional discipline? If so, please explain _____

- (Note: If discipline procedures are pending, do not apply at this time.)**
11. Have you ever been penalized by a court of law or government regulator? If so, please explain _____

I hereby certify that the above answers are correct and that I have reviewed the SOA "Code of Professional Conduct". I will adhere to professional standards and the "Code of Professional Conduct" in the performance of my actuarial duties.

Signature _____

Date _____