

# Fundamentals of Actuarial Practice (FAP) Modules & Endof-Module Assessment Retake Application

I have previously	registered for exams with the SOA $\Box$ Ye	s 🗆 No	Check	here if yo	ou <u>do not</u> want	to receive information from	third party vendors	
CAND #: ID #:								
For Office Use Only For Office L			e Use Only	,	Date of Bir		day year	
Last Name/Family Name				First Name Middle Name				
If a <b>different name</b> was used on a previous application, print it here:			):	Check your primary address:				
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SS	Organization (if office address is used for mailing):							
Mailing Address								
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School Name	- Print above if currently enrolled	30	Numb			duate	Graduation	
er on					•			
Employer Information	Employer Name							
form								
	Street or P.O. Box (required if paying by comp check)		City			State/Province/Country	Zip/Postal Code	
I have read and agree to abide by the <u>SOA Terms and Conditions Agreement for e-Learning Candidates</u> . I acknowledge that I have read and agree to adhere to the <u>SOA Code of Conduct for Candidates</u> and the Code of Professional Conduct, as applicable. I further agree that the results of any assessment submission,								
and any action tal	ken as a result of my conduct (such as an irr other bona fide actuarial organization that ha	egularity, v	violation or	cheating	g, and any hea	rings) may, at the sole discr		
disclosed to any c		s a legium			Tesuits and/or			
Signature:								
	our <u>original</u> written signature is required for this app	lication to b	pe valid.)					
					Modules	\$540		
	cation form and check or money ord	ers mad	<u>^</u>			ule Assessment Retake		
	payable to Society of Actuaries to:		I	Indicate which assessment:				
Society of Actuaries				<ul> <li>Risk in Actuarial Problems</li> <li>Design and Pricing of an Actuarial Solution</li> </ul>				
	P.O. Box 95600 Chicago, IL 60694-5600				☐ Model Selection and Solution Design			
Cilicago, IL 00034-3000				Selection of Initial Assumptions				
Applications may also be <b>faxed</b> to: +1-847-273-8529			29	In Monitoring Results     FAP Extension*     \$100				
Mail credit card payments and <u>all</u> overnight deliveries to:				**One retake grants access to one End-of-Module Assessment. Additional				
Society of Actuaries				retake purchases are required if retaking more than one End-of-Module				
c/o FAP Services 8770 W Bryn Mawr Ave, Suite 1000				Assessment. *One-time, 12-month extension for qualified curriculums.				
Chicago, IL 60631				Canadian residents add 5% GST, PE 14%, NB, NL, ON 13%, NS 15% GST/HST				
All information is required.					e Use Only:		С	
Credit card:  American Express  MasterCard  Visa								
Account Number:								
Cardholder's Name Cardholder's Signature:								
Cardholder's billing address (if different from applicant's):								
HST								

# Instructions for Completing Fundamentals of Actuarial Practice (FAP) Modules Application

# PREREQUISITES

There are no prerequisites for FAP.

# 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.

<u>Important note regarding email addresses:</u> 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 the Modules, End-of-Module Assessments and a Final Assessment. This application form is for Modules only. Fees for each component are:

FAP Modules	\$540
Final Assessment (each attempt)	\$1290
End-of-Module Assessment Retake	\$100
Extension	\$100

A one-time, one-year extension is allowed per candidate for qualified curriculums. 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 <u>www.soa.org</u>
- 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.