



Pre-Actuarial Foundations & Actuarial Science Foundations Module & Retake Application

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 #: <i>For Office Use Only</i>	ID #: <i>For Office Use Only</i>	Date of Birth month day year
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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: <input type="checkbox"/> Work <input type="checkbox"/> Home	

Mailing Address	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)	

School Name - Print above if currently enrolled	SOA School Code Number	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	Expected Year of Graduation
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Employer Information	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.)

<p>Send application form and check or money orders made payable to Society of Actuaries to:</p> <p>Society of Actuaries P.O. Box 95600 Chicago, IL 60694-5600</p> <p>Applications may also be faxed to: +1-847-273-8529</p> <p>Mail credit card payments and <u>all</u> overnight deliveries to:</p> <p>Society of Actuaries c/o FAP Services 8770 W Bryn Mawr Ave, Suite 1000 Chicago, IL 60631</p>	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> Pre-Actuarial Foundations Module</td> <td style="text-align: right;">\$220</td> </tr> <tr> <td><input type="checkbox"/> Actuarial Science Foundations Module</td> <td style="text-align: right;">\$220</td> </tr> <tr> <td><input type="checkbox"/> Actuarial Science Foundations End-of-Module Assessment Retake Fee</td> <td style="text-align: right;">\$100</td> </tr> </table> <p>Canadian residents add 5% GST, PE 14%, NB, NL, ON 13%, NS 15% GST/HST</p>	<input type="checkbox"/> Pre-Actuarial Foundations Module	\$220	<input type="checkbox"/> Actuarial Science Foundations Module	\$220	<input type="checkbox"/> Actuarial Science Foundations End-of-Module Assessment Retake Fee	\$100
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All information is required.	<i>For Office Use Only:</i>	P	C
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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): _____

Instructions for Completing Pre-Actuarial Foundations/Actuarial Science Foundations Application

PREREQUISITES

Candidates must have Exam P and FM credit to register for the Pre-Actuarial Foundations Module. Candidates must have Exam P, FM, SRM, and FAM (or LTAM and STAM) and Pre-Actuarial Foundations Module credit to register for the Actuarial Science Foundations Module.

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.

PRE-ACTUARIAL FOUNDATIONS & ACTUARIAL SCIENCE FOUNDATION MODULE FEES

This Purchase includes the Module and End-of-Module Assessment for the Micro-credential of your choice. Fees for each component are:

Pre-Actuarial Foundations Module	\$220
Actuarial Science Foundations	\$220
Module End-of-Module Assessment	\$100
Retake (ASF)	

- ◆ 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 a 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

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