

**RELEASE OF INFORMATION FROM THE ACTUARIAL BOARD FOR
COUNSELING AND DISCIPLINE (ABCD) TO SOCIETY OF ACTUARIES TO
VERIFY CERTIFICATION**

I certify that I have not been notified that I am the subject of any ongoing ABCD investigation. I give permission for authorized representatives of the Society of Actuaries to request of ABCD and for ABCD to provide information to them to confirm or refute this certification. I understand that any information may disqualify me from the SOA election and may be shared with SOA voting membership, if deemed appropriate by the SOA.

PRINTED NAME

SIGNATURE

DATE