



BOARD DIRECTOR DISCLOSURE AND AUTHORIZATION

Please read this form carefully. It has been provided to you because the Society of Actuaries or one of its subsidiaries (collectively the “Company”) intends to request a background check in connection with the consideration of your appointment to the Board of Directors.

Consumer reports may be obtained from a third party consumer reporting agency, **Mintz Group LLC, dba Mintz Group**. These reports may contain information relating to your character, general reputation, personal characteristics and mode of living. The types of reports which may be requested from consumer reporting agencies under this policy may include credit reports, criminal records checks, public court records checks, driving records, verifications of your education and employment history, qualifications, professional licensing and certification, honesty and other personal characteristics, including inquiries relating to any complaints, charges, reports or investigations of employment related misconduct. Additionally, these reports may contain publicly available information regarding your use of online social media, the content that you contribute to social media, and any other publicly available information about you on the Internet. Social media include social networking websites, professional networking websites, video and image-sharing websites, blogs and personal websites. The information contained in these reports may be obtained by a consumer reporting agency or from public-records sources.

Please provide the following further information for use by the background check agency:

Name: (First, Middle, Last)	Current Home Address:
Other Name(s) Used (such as maiden name):	Previous Address within Past 20 Years:
Social Security Number:	Next Most-Recent Address within Past 20 Years:
Drivers License Number: State:	Date of Birth: Place of Birth:

Have you ever been convicted of a crime (including a guilty plea or a plea of nolo contendere?)

_____Yes _____No

If your answer is yes, please provide the date and nature of the crime, the date of conviction and the location of the Court and relevant court records. *NOTE: you are under no obligation to disclose convictions that you have confirmed have been sealed, erased, expunged by court order, or are otherwise protected from disclosure by state law.*

I HAVE CAREFULLY READ AND UNDERSTAND THIS DISCLOSURE AND AUTHORIZATION FORM AND HEREBY AGREE TO ITS TERMS.

Name: _____ Date: _____
(Please Print)

Signature: _____