



## ATPA Registration Application

### October-December 2024 Assessment Window

**Registration Deadline: November 30, 2024**

NO LATE APPLICATIONS WILL BE ACCEPTED

Details for completing this application are on the reverse side.  
Please **PRINT** all information.

For Office Use Only:  
CAND NO.

ID NO.

I have previously registered for exams with the SOA:  Yes  No

I do **not** wish to receive information from third party vendors.

Check your primary address:  Home  Work

If a **different name** was used on a previous application, print it here:

Date of Birth

Month

Day

Year

Last Name/Family Name/Surname **(Required)**

First Name **(Required)**

Middle Name **(Optional)**

Mailing Address

Organization Name (only if a company address)

Street or P.O. Box

City

State/Province

Zip/Postal Code

Country

Business/Home Telephone **(Required)**

Mobile Telephone **(Required)**

E-Mail **(Required)**

School

Print school name if currently enrolled

City/State/Postal Code

Undergraduate

Graduate

Degree/Anticipated Degree/Expected Year of Graduation

Exam

### ATPA Window: October 1–December 30, 2024

**U.S.A., Canada, or International** (Circle your exam location and check the appropriate box below)

Exam Fee: \$1125.00 USD–ATPAV102024

International Discount Exam Fee (Qualified Countries): \$850.00 USD–ATPAV102024

Check for list at [www.soa.org](http://www.soa.org), International Examination Fee Discount Program.

**Canadian residents add 5% GST, PE 15%, NB 15%, NL 15%, ON 13%, NS 15% GST/HST <sup>2/3/2017</sup>**

Signature **(Required)**

I have read the [Rules for Computer-Based Testing](#) concerning the examination(s) for which I am applying, including the [Rules and Regulations for Paper/Pencil Exams](#) if applicable, and agree to be bound by them. I acknowledge that I have read and agree to adhere to the [SOA Code of Conduct for Candidates](#). I also agree that the results of any examination(s) which I take, and any action taken as a result of my conduct (such as irregularity, violation or cheating, and any hearings thereon) 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 actions.

Signature: \_\_\_\_\_

Payment

If paying by credit card (Indicate One):  American Express  MasterCard  Visa

(Candidates paying by credit card are encouraged to use online registration)

Account Number: \_\_\_\_\_ CVV2 Number **(Required)** \_\_\_\_\_ Exp Date **(Required)** \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Cardholder's Signature **(Required)** \_\_\_\_\_

Cardholder's billing address (if different from applicant's) \_\_\_\_\_

**Mail check or money order with application to:**

Society of Actuaries  
P.O. Box 95600  
Chicago, IL 60694-5600

**Application forms may also be faxed to: +1-847-273-8529**

## Instructions for Completing Application for Computer-Based Testing

**Registration Deadline for October-December 2024 ATPA- November 30, 2024**

Please **PRINT** all information. Please allow **TEN WORKING DAYS** for the application to arrive; otherwise, the use of an overnight courier is strongly recommended. Postmark dates will **NOT** be considered. Applications received after the deadline will **NOT** be accepted. Late candidates will be contacted regarding their registration status. Late applications will be returned to the candidate with a full refund. When using an overnight courier, send application directly to the SOA street address (see directions for credit card payments) as a courier will not deliver to a post office box.

### CANDIDATE INFORMATION

- Indicate if you have registered previously for an exam with the SOA by checking yes or no.
- If you used a different name on your last application (e.g., a maiden name), print that name in the space provided.
- Print your first and last name as it appears on your valid government issued ID (middle name optional), your date of birth, address, daytime telephone number, and valid e-mail address.
- Candidates requiring testing accommodations must submit a written request with their application.  
<https://www.soa.org/Education/Exam-Req/Exam-Day-Info/testing-accommodations.aspx>

### SCHOOL INFORMATION

- If you are currently enrolled in a college or university program, print your school name, city, state, and postal code in the space provided.
- Indicate your student status and the year in which you expect to graduate.

### EMPLOYER INFORMATION

- If you are employed in an actuarial position full-time, print the full name and address of your employer.

### INTERNATIONAL DISCOUNT PROGRAM

- Details regarding Examination and Study Material Fee Discount Program can be found at <http://www.soa.org/education/general-info/registration/edu-examination-fee-discount.aspx>

### PRIVACY POLICY

- Please go to <https://www.soa.org/legal/privacy-policy/> to review the privacy policy.

### EXAMINATION

- Register for the exam by placing a check mark (✓) in front of the appropriate exam.
- Once downloaded, the ATPA Assessment must be completed within 96 hours or, if downloaded less than 96 hours before a submission deadline, by the deadline for submitting that version of the ATPA Assessment. If your assessment clock expires, you are no longer eligible to submit the ATPA Assessment before the current deadline. You will be required to wait until the next version of the ATPA Assessment becomes available for download.
- You must adhere to the SOA Terms and Conditions Agreement for e-Learning Candidates, which can be viewed at: <https://www.soa.org/497c62/globalassets/assets/files/edu/2023/2023-elearning-terms-conditions.pdf>

### EXAMINATION FEES

- Exam fees may be paid by check, money order, or credit card (American Express, MasterCard, or Visa). Checks should be made payable to **Preliminary Actuarial Exams**. Applications should be sent to the appropriate address listed on the first page. Fees must be in U.S. funds or equivalent. Letters of Confirmation used for scheduling appointments are not released until the account is paid in full. **NOTE:** The amount billed to an individual's credit card will be automatically adjusted for persons who miscalculate the amount due. **Fees are not transferable from one session to another.** Candidates with a balance due will not be permitted to register for future examination sessions until outstanding debts are paid in full.
- If paying by credit card, the candidate must include the CVV2 number (see details below under "Additional Credit Card Information—CVV2 Number").
- A **\$25** fee will be assessed on any checks returned due to insufficient funds.
- **NO REFUNDS:** Preliminary Actuarial Exams/SOA does not offer refunds for its examinations. No part of a fee paid to the Preliminary Actuarial Exams/SOA for examination registration will be refunded or transferred to a later exam period should the candidate not appear for the exam or not have the proper identification which precludes taking the exam. The Preliminary Actuarial Exams/SOA does recognize that events may occur that are outside a candidate's control.
  - Exception: Preliminary Actuarial Exams/SOA recognizes that unforeseen emergencies may occur that directly influence a candidate's ability to take an exam on an appointed day. We will consider these situations on a case-by-case basis. Candidates finding themselves in such a situation should contact SOA Customer Service at [customerservice@soa.org](mailto:customerservice@soa.org).

## SIGNATURE

- For this application to be valid, your signature must appear on the front of this application.

## CHANGE OF ADDRESS and/or E-MAIL ADDRESS

Login to My SOA from our home page, [www.soa.org](http://www.soa.org) to update your record as needed. If you experience any difficulties contact SOA Customer Service at [customerservice@soa.org](mailto:customerservice@soa.org) or +1-888-697-3900 for assistance.

*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.

## ADDITIONAL CREDIT CARD INFORMATION—CVV2 NUMBER

### How to find your credit card's CVV2 number:

On a **Visa** or **MasterCard**, please turn your card over and look in the signature strip. You will find (either the entire 16-digit string of your card number, OR just the last 4 digits), followed by a space, followed by a 3-digit number. That 3-digit number is your CVV2 number (see below). On **American Express** Cards, the CVV2 number is a 4-digit number that appears above the end of your card number (see below).

### What is CVV2?

CVV2 is a security measure we require for all transactions. Since a CVV2 number is listed on your credit card, but is not stored anywhere, the only way to know the correct CVV2 number for your credit card is to physically have possession of the card itself. All VISA, MasterCard and American Express cards made in the United States have a CVV2 number.

### Visa & MasterCard:



CVV2  
Num

This number is printed on MasterCard and Visa cards in the signature area of the back of the card. (it is the last 3 digits AFTER the credit card number in the signature area of the card). **If you cannot read your CVV2 number, you will have to contact the issuing institution.**

### American Express:



4 Digit Card Verification Number

American Express cards show the CVV2 printed above and to the right of the imprinted card number on the front of the card.

**NOTE:** For European or Asian credit cards that do not have a CVV2 number, please enter 000 as your CVV2 number.

If you need assistance, you may contact SOA Customer Service  
+1-888-697-3900 between the hours of 8:00 a.m. and 5:00 p.m. central time.

You may also email your message to SOA Customer Service at [customerService@soa.org](mailto:customerService@soa.org).