

Computer-Based Testing Application for the October 2014

Administration of Exam FM

Registration Deadline: September 4, 2014

NO LATE APPLICATIONS WILL BE ACCEPTED.



Canadian
Institute of
Actuaries



Society
of Actuaries

Details for completing this application are on the reverse side. Please PRINT all information.	For Office Use Only: CAND NO.	ID NO.
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I have previously registered for exams with the SOA: <input type="checkbox"/> Yes <input type="checkbox"/> No Check your <u>primary</u> address: <input type="checkbox"/> Home <input type="checkbox"/> 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	First Name	Middle Name	Suffix
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Primary Address	Organization Name (only if a company address)			
	Street or P.O. Box			
	City	State/Province	Zip/Postal Code	Country
	Business/Home Telephone	Mobile Telephone	E-Mail (Required)	

<input type="checkbox"/> Yes, I work in the property/casualty field. <input type="checkbox"/> No, I do not work in the property/casualty field. <input type="checkbox"/> I do <u>not</u> wish to receive information from third party vendors.	<input type="checkbox"/> I wish to receive exam results via text message to my mobile telephone. (Only available for U.S. and Canada-based mobile phone carriers.)
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School	Print school name if currently enrolled	City/State/Postal Code	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	Degree/Anticipated Degree/Expected Year of Graduation
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Exam	<input type="checkbox"/> Outside Canada: Exam FM (FMEL) by CBT: October 16-27, 2014 exam window <input type="checkbox"/> In Canada (except Québec City, PQ) Exam FM (FMFL) by CBT: October 16-27, 2014 exam window <input type="checkbox"/> In Québec City, PQ, Canada: Exam FM/2 (FM2FL) by CBT: October 15-16, 2014 exam window
	<input type="radio"/> Exam Fee: US\$225 <input type="radio"/> INTL Discount Fee: US\$190 (Qualified Countries)

Signature (Required)	"I have read the rules and regulations concerning the examination(s) for which I am applying 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 as well as the CAS Code of Professional Ethics for Candidates for jointly sponsored exams. 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 CAS or SOA, be disclosed to any other bona fide actuarial organization that has a legitimate interest in such results and/or actions."
	Signature: _____

Survey	1. Which associate level credential are you currently pursuing? <input type="checkbox"/> ACAS (Associate of the Casualty Actuarial Society) <input type="checkbox"/> ASA (Associate of the Society of Actuaries) <input type="checkbox"/> Undecided	2. How likely are you to pursue the Chartered Enterprise Risk Analyst (CERA) credential? <input type="checkbox"/> Very likely <input type="checkbox"/> Somewhat likely <input type="checkbox"/> Not Very likely <input type="checkbox"/> Not at All likely <input type="checkbox"/> Undecided	3. Which of the following fellowship level tracks do you intend to pursue? <input type="checkbox"/> Finance/ERM <input type="checkbox"/> Group and Health <input type="checkbox"/> Investment <input type="checkbox"/> Individual Life and Annuities <input type="checkbox"/> Retirement Benefits <input type="checkbox"/> Fellowship with the Casualty Actuarial Society (FCAS) <input type="checkbox"/> Not planning on earning a fellowship from CAS or SOA <input type="checkbox"/> Undecided
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Payment	Method (Indicate One): <input type="checkbox"/> Personal Check/Money Order <input type="checkbox"/> Company Check <input type="checkbox"/> Credit Card
	If paying by credit card, please indicate the card : <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa
	Account Number: _____ CVV2 Number (Required): _____ Exp Date: _____
	Cardholder's Name _____ Cardholder's Signature (Required): _____ Cardholder's billing address (if different from applicant's): _____

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

Preliminary Actuarial Examinations
P.O. Box 95600
Chicago, IL 60694-5600

**Send credit card payments and ALL OVERNIGHT DELIVERIES
or fax application to:**

Preliminary Actuarial Examinations
c/o Society of Actuaries, Customer Service Center
475 N. Martingale Road, Suite 600
Schaumburg, IL 60173
Fax Number: 847.273.8529

Instructions for Completing Application for Computer-Based Testing

Registration Deadline: Exam FM—September 4, 2014

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 NAME and PREFERRED ADDRESS

- 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 full name as it appears on your government issued ID, your date of birth, address, daytime telephone number, and valid e-mail address.

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

- Indicate if you work in the property/casualty field.

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>

RECEIVING EXAM RESULTS VIA TEXT MESSAGE

- This feature is available only for United States and Canada-based mobile phone carriers. By checking the box, you agree to receive results for all exams via text message. In order to receive a text message you must enter your mobile telephone number. Pass/Fail results will be sent via text message after passing candidate numbers are released. Individual scores will not be delivered via text message. Standard text messaging rates apply.

EXAMINATION

- Register for the exam by placing a check mark (✓) in front of the appropriate exam. All exams are administered in English except in Canada. For all test centers in Canada, exams are bilingual with questions viewed in English with an option to switch to French.

SCHEDULE YOUR APPOINTMENT AT THE TEST CENTER

- After your registration has been processed, you will receive an automatic acknowledgement letter by e-mail that includes your candidate/eligibility number for this administration. The candidate/eligibility number included on the automated acknowledgement will **NOT** be activated immediately. Once the number has been activated, SOA will e-mail you a letter of confirmation. At that time, you should **immediately** make an appointment at a Prometric computer-based testing center. Details will be provided with the confirmation.

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. The Preliminary Actuarial Exams/SOA does recognize that events may occur that are outside a candidate's control. In those cases, there are two options that may be available:
- **Rescheduling Options for CBT:** Because computer-based exams are administered over several days, candidates have the option to reschedule their test appointment **within the same** testing window provided that the request is made by noon of the second business day before the scheduled appointment, and also provided there is a seat available. To reschedule a CBT appointment, candidates must follow the directions provided at <http://www.soa.org/Education/Exam-Req/Exam-Day-Info/edu-cbt-add-rules.aspx>.

- **Emergency Situations.** 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.

SIGNATURE

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

CHANGE OF ADDRESS and/or E-MAIL ADDRESS

- Report any change of address to the SOA Customer Service Department (Customerservice@soa.org or 888.697.3900) to ensure that you receive important mailings.

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 in the past 5 years have a CVV2 number.

Visa & MasterCard:



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:



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.

Retain your candidate number to access results on the SOA Web Site.

If you need assistance, you may contact the SOA Customer Service Center by phone at 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 the SOA Customer Service Center at CustomerService@soa.org.

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