



**Application for
FSA Modules
Open Registration**

* Modules recognized by the Canadian Institute of Actuaries

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

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
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If a different name was used on a previous application, print it here:	Check your <u>primary</u> address: <input type="checkbox"/> Home <input type="checkbox"/> Work
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Mailing Address	Organization Name (only if mailing to a company address)			
	Street or P.O. Box			
	City	State/Province	Zip/Postal Code	Country
	Daytime Telephone	E-Mail (Required)		

"I have read and I understand the terms and conditions concerning the use of online modules and agree to be bound by them. I also agree that the results of any exercise I submit, and any action taken as a result of my conduct (such as an 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 action."

Signature: _____
(Your original written signature is required for this application to be valid.)

**Application form and payment
should be sent in the same envelope**

**Mail Check, Credit Card payments or Money Order payments
(and all overnight deliveries) to:**

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

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

- Seeking credit for:
- | | |
|---|-----------|
| <input type="checkbox"/> Financial Modeling* (FM) | \$330 |
| <input type="checkbox"/> Introduction to CFE* (INTROCFE) | \$330 |
| <input type="checkbox"/> Enterprise Risk Management* (ERM) | \$330 |
| <input type="checkbox"/> Health Economics* (HE) | \$330 |
| <input type="checkbox"/> Health Foundations* (HF) | \$330 |
| <input type="checkbox"/> Introduction to ILA* (INTROILA) | \$330 |
| <input type="checkbox"/> Regulation & Taxation* (RT) | \$330 |
| <input type="checkbox"/> Regulation and Taxation – Taiwan Version (RTTW) | \$330 |
| <input type="checkbox"/> Regulation & Taxation – Hong Kong Version (RTHK) | \$330 |
| <input type="checkbox"/> Scenario Modeling* (SCENMOD) | \$330 |
| <input type="checkbox"/> Social Insurance* (SI) | \$330 |
| <input type="checkbox"/> Financial Economics, Regulation, and Law* (FERL) | \$330 |
| <input type="checkbox"/> Advanced Topics in CFE* (CFE) | \$330 |
| <input type="checkbox"/> General Insurance Applications* (GIA) | \$330 |
| <input type="checkbox"/> Pension Projections Module (PPM) | \$330 |
| <input type="checkbox"/> FSA Module Extension | \$50 each |

**Candidates eligible for two, six-month extensions (must purchase first extension to purchase second)

Canadian residents add 5% GST, PE 14%, NB,NL,ON 13%, NS 15% GST/HST

Please indicate module(s) for extension: _____

If paying by credit card, please indicate the card : American Express MasterCard Visa

Account Number: _____ CVV2 Number (**Required**): _____ Exp Date: _____

Cardholder's Name _____ Cardholder's Signature (**Required**): _____

Cardholder's billing address (if different from applicant's): _____

Please 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 at the time of processing.

CANDIDATE INFORMATION

- ◆ Indicate if you have registered previously with the Society of Actuaries by checking yes or no.
- ◆ 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 email address.

Important note regarding email address: FSA module communications to candidates will be distributed via email. It is very important that the email address you enter is accurate and active.

If you would like to change your email address, please contact the SOA Customer Service department at customerservice@soa.org

SCHOOL INFORMATION

- ◆ If you are currently enrolled in a college or university program, print your school name and code number in the spaces 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.

PRIVACY STATEMENT

- ◆ Please go to <http://www.soa.org/About/privacy-policy.aspx> to review the privacy statement.

ORIGINAL SIGNATURE

In order for this application to be valid, your **original** signature must appear on the front of this application. You may **fax** your application to **847-273-8529**. Your signature attests that you have read the terms and conditions governing the FSA modules and agree to be bound by them.

FSA MODULE FEES

FSA Modules (individual purchase) \$330 each
(Access period 12 months from date of purchase)

FSA Module Extension \$50 each
(Two, six-month extensions allowed per candidate per module). Regardless of the date the extension is purchased, the extension period begins from the date of original purchase expiration, to make the final expiration date 18 months from the date of the initial purchase.

As of January 1, 2015, the SOA is required to collect Canadian Tax where applicable.

FSA MODULES PAYMENT

- ◆ The fee for the FSA modules may be paid by check, money order, or credit card (Visa, MasterCard, or American Express). Checks should be made payable to **Society of Actuaries**. Applications should be sent to the appropriate address listed on the front of this application. Fees must be in U.S. funds or equivalent. **Note:** The amount billed to an individual's credit card will be automatically adjusted for persons who miscalculate the amount due.
- ◆ A \$25 fee will be assessed on any checks returned due to insufficient funds.

SOA CODE OF CONDUCT

By signing this application, I acknowledge that I have read the [terms and conditions](#) concerning the use of online modules 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 exercise or assessment I submit, and any action taken as a result of my

conduct (such as an 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 action.

CANCELLATIONS / REFUND POLICY:

- ◆ **Once a candidate has logged in to the online modules, no refund will be issued.**

To cancel your order go to www.soa.org, locate MY SOA on the upper right hand side of the screen. Then scroll down to view order history and select the order you wish to cancel from your order summary. Click the cancellation button and complete the form to submit your cancellation request. There is a \$100 administration fee for each cancellation issued. Your request will be processed, and you will receive your refund (less administration fees) in 2-4 weeks, in the manner in which the original payment was made.

Questions should be directed to the SOA at 847-706-3640 or email ellearn@soa.org

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:



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.