

Study Note Order Form Spring 2025



No Returns. Price Valid for Spring 2025 Only. Allow up to 2 weeks for delivery. Preliminary Exams Study Note are available FREE on our web site www.soa.org

Last Name _____ First Name _____

Daytime Phone _____ Email (Required) _____

Company (Only use if shipping to a company) _____

Address (items sent FEDEX- No P.O. Box - Street Address required) _____

City _____ State/Province _____ Zip/Postal Code _____

EXAMINATION	COMPLETE STUDY NOTES			REVISION STUDY NOTES <small>(These are included in the Complete sets, do not order both)</small>			TOTAL
	CODE	QTY	PRICE	CODE	QTY	PRICE	
CORPORATE FINANCE & ERM							
Enterprise Risk Management	SN-ERM24		\$315	N/A			
Foundations in CFE	SN-FD24		\$315	N/A			
Strategic Decision Making	SN-SDM25		\$315	N/A			
GROUP & HEALTH							
Group & Health Valuation & Regulation – U.S.	SN-GHVRU24		\$315	N/A			
Group & Health Valuation & Regulation – Canada	SN-GHVRC25		\$315	SN-GHVRC25R		\$40	
Group & Health Design & Pricing	SN-GHDP25		\$315	SN-GHDP25R		\$40	
Group & Health Risk Mitigation	SN-GHRM25		\$225	SN-GHRM25R		\$40	
INDIVIDUAL LIFE & ANNUITIES							
Life Financial Management – U.S.	SN-LFMU25		\$315	N/A			
Life Financial Management – Canada	SN-LFMC25		\$315	N/A			
Life Product Management	SN-LPM24		\$225	N/A			
Life ALM & Modeling	SN-LAM24		\$225	N/A			
QUANTITATIVE FINANCE & INVESTMENT							
QFI Portfolio Management	SN-QFIP24		\$315	N/A			
QFI Quantitative Finance	SN-QFIQ25		\$315	N/A			
QFI Investment Risk Management	SN-QFII25		\$225	N/A			
RETIREMENT BENEFITS							
Design & Accounting – U. S.	SN-DAU25		\$315	SN-DAU25R		\$40	
Design & Accounting – Canada	SN-DAC25		\$315	SN-DAC25R		\$40	
Funding & Regulation	SN-FR24		\$315	N/A			
Retirement Plan Investment & Risk Management	SN-RPIRM24		\$225	N/A			
Illinois residents add 10% tax							
Indiana residents add 7% tax							
Canadian residents add 5% GST (PE, NB, NL, NS 15% ON 13% GST/HST)							
Amount Due							

CREDIT CARD PAYMENTS

Society of Actuaries-Pub. Orders
8770 W Bryn Mawr Ave.,
Suite 1000
Chicago, IL 60631

CHECK PAYMENTS

Society of Actuaries
PO Box 95600
Chicago, IL 60694-5600

ONLINE PAYMENTS:

[Order Online](#)

If paying by credit card, please indicate the card:

- American Express MasterCard Visa

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

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

Cardholder's Billing Address (if different from applicant's): _____