



SOCIETY OF ACTUARIES

475 N. MARTINGALE RD., SUITE 600, SCHAUMBURG, IL 60173-2226

847/706-3500
847/706-3599 FAX

APPLICATION FOR WAIVER OF SOCIETY OF ACTUARIES(SOA) EXAMINATIONS BASED ON CREDIT WITH THE INSTITUTE OF ACTUARIES OF INDIA (IAI)

In order to receive waiver of SOA examinations by means of credit obtained from the Institute of Actuaries of India (IAI) this application must be completed and returned along with copies of pass lists or other appropriate verification of IAI credits to the following e-mail:

iaiwaivers@soa.org. The completed application will then be submitted to the SOA's Education Executive Group for formal approval in March (if received before February 1), June (if received before May 1), or October (if received before September 1). Please refer to the Waiver Rules for Institute of Actuaries of India (IAI) exams on the SOA website for details on eligibility for waivers.

IMPORTANT NOTE: There is a \$100.00 USD application fee required to receive the waivers for IAI Exams. The \$100.00 USD fee will be charged after the waiver application is received and before the approval of the waivers, and the fee needs to be paid in full for the waivers to be approved.

Associateship or Fellowship with the SOA is attained upon the completion of all education, examination, and further requirements as prescribed by the SOA's Board of Directors. Please see the SOA website for the current requirements for membership.

Name: _____
(last name) (first name) (middle name)

Address: _____

(city) (state) (zip or postal code) (country)

Date of Birth: _____ **E-Mail Address:** _____

Have you previously received credit for Society of Actuaries examinations? Yes No

Please indicate the exam credits from the IAI for which you are seeking SOA credit.

<u>Subject</u>	<u>Date Passed</u>	<u>Basis for Credit</u>	
Core Statistics (CS1)	_____	Exam	Exemption
Core Mathematics (CM1)	_____	Exam	Exemption
Core Business Finance (CB1)	_____	Exam	Exemption
Core Business Economics (CB2)	_____	Exam	Exemption

Signature: _____ **Date:** _____