



**Fundamentals of Actuarial Practice (FAP)
Modules 1 – 8**

**Current FAP Modules will
discontinue March 31, 2020**

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**

CAND #: <i>For Office Use Only</i>	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: Work Home

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)	

School Name - Print above if currently enrolled	SOA School Code Number	<input type="checkbox"/> Undergraduate	Expected Year of Graduation
		<input type="checkbox"/> Graduate	

Employer Information	Company Name of Actuarial Employer:		
	Street or P.O. Box (required if paying by company check)	City	State/Province/Country Zip/Postal Code

"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.)

<p align="center">Application Form and Payment should be sent in the same envelope</p> <p>Mail Check or Money Order payments to: Society of Actuaries P.O. Box 95600 Chicago, IL 60694-5600</p> <p>Applications may also be faxed to: 847-273-8529</p> <p>Mail Credit Card payments (and <u>all</u> overnight deliveries) to: Society of Actuaries c/o FAP Services 475 N. Martingale Road – Suite 600 Schaumburg, IL 60173</p>	<p>FAP Modules 1 - 8 \$300</p> <p>FAP Extension \$100</p> <p>*Extensions purchased will give candidates access until March 31, 2020, unless full extension period ends before.</p> <p>Canadian residents add 5% GST, PE 14%, NB,NL,ON 13%, NS 15% GST/HST</p> <p align="center">All candidates will receive access to all modules.</p>
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<i>For Office Use Only:</i>	P	C
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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): _____

Instructions for Completing Application for Fundamentals of Actuarial Practice (FAP) Modules 1-8

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.

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: FAP communications to candidates will be distributed via email. It is very important that the email address you enter is accurate and active. The SOA will email to the email address indicated by the candidate on the FAP registration form. However, due to unavoidable technical difficulties that may occur beyond our control such as personal and company spam filters, some candidates may not be able to receive their email. 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 FAP course (modules and assessments) and agree to be bound by them.

FAP FEES

FAP includes Modules 1-8, Interim Assessment and a Final Assessment. This application form is for Modules only. Fees for each component are:

Modules 1-8	\$300 (all candidates pay the same fee)
Interim Assessment	\$600
Final Assessment	\$1200
Interim Assessment or Final Assessment Retake	\$500

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

FAP FEE MODULES 1-8

- ◆ The fee for the FAP Modules may be paid by check, money order, or credit/debit 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 \$20 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:

- ◆ Refund request: FAP Module applicants may cancel their registration online prior to logging in to the FAP modules. 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 Customer Service department at customerservice@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:



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.