

# **Application for**

# **FSA Modules**

## **Open Registration**

\* Modules recognized by the Canadian Institute of Actuaries Check here if you  $\underline{\text{do not}}$  want to receive information from third party vendors  $\Box$ I have previously registered for exams with the SOA ☐ Yes ☐ No ID #: Date of Birth month For Office Use Only year Last Name/Family Name Middle Name First Name If a different name was used on a previous application, print it here: Check your <u>primary</u> address: ☐ Home ☐ Work Mailing Address Organization Name (only if mailing to a company address) Street or P.O. Box State/Province Zip/Postal Code Country E-Mail (Required) Daytime Telephone "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.) Seeking credit for: Financial Economics\* (FE) \$200 Application form and payment Financial Modeling\* (FM) \$200 Financial Reporting\* (FR) \$200 should be sent in the same envelope Enterprise Risk Management\* (ERM) \$200 Health Economics\* (HE) \$200 Mail Check, Credit Card payments or Money Order payments Health Foundations\* (HF) \$200 Introduction to ILA\* (INTROILA) \$200 (and all overnight deliveries) to: Regulation & Taxation\* (RT) \$200 Regulation and Taxation - Taiwan Version (RTTW) \$200 Society of Actuaries Regulation & Taxation - Hong Kong Version (RTHK) \$200 Scenario Modeling\* (SCENMOD) \$200 P.O. Box 95600 Social Insurance\* (SI) \$200 Chicago, IL 60694-5600 U.S.A. Pricing, Reserving & Forecasting\* (PRF) \$200 Advanced Topics in CFE\* (CFE) \$200 **Application of Statistical Techniques (AST)** \$200 Applications may also be faxed to: +1-847-273-8529 П **FSA Module Extension** \$50 each Modules purchased on/after June 24, 2015 - eligible for two six-month extensions (first extension must be purchased to be eligible for 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 \_\_\_\_\_\_\_ Exp Date:\_\_\_\_\_ Account Number: \_\_\_ \_\_\_\_\_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.

<u>Important note regarding email address:</u> 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) \$200 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 <u>terms and conditions</u> 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 <u>SOA Code</u> of <u>Conduct for</u>

<u>Candidates</u>. 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 <a href="www.soa.org">www.soa.org</a>, 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 elearn@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.