



SOCIETY OF ACTUARIES



Canadian Institute of Actuaries



Casualty Actuarial Society

Fall 2006 Application Preliminary Actuarial Exams Exams FM, M and C

Registration Deadline: September 24, 2006

For Approved Exam Fee Discount Program Candidates

Exam FM and C are jointly sponsored by the SOA, CIA and the CAS
Exam M is jointly sponsored by the SOA and the CIA

SOA ID #: <i>For Office Use Only</i>	I have previously registered for exams with the SOA <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth _____ month day year
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Last Name/Family Name	First Name	Middle Name
If a different name was used on a previous application, print it here:		

Mailing Address for confirmation and grade results	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 <input type="checkbox"/> Graduate	Expected Year of Graduation
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Employer Information	Company Name of Actuarial Employer	<input type="checkbox"/> Yes, I work in the property/casualty field <input type="checkbox"/> No, I do not work in the property/casualty field		
	Street or P.O. BOX (required if paying by company check)	City	State/Province/Country	Zip/Postal Code

Exam Center Name and Code Number:

Mail check or money order payments with application to:

Preliminary Actuarial Examinations
P.O. Box 95600
Chicago, IL 60694-5600 U.S.A.

Mail credit card payments, and all overnight deliveries to:

Preliminary Actuarial Examinations
c/o Society of Actuaries, Exam Dept.
475 N. Martingale Road, Suite 600
Schaumburg, IL 60173

Fax application to: 847-273-8518

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|---|------------------------------|--------------|
| <input type="checkbox"/> Exam FM | Wednesday, November 8 | \$75 |
| | 8:30 a.m. – 10:30 a.m. | |
| <input type="checkbox"/> Exam M | Tuesday, November 7 | \$230 |
| | 8:30 a.m. – 12:30 p.m. | |
| <input type="checkbox"/> Exam C | Monday, November 6 | \$230 |
| | 8:30 a.m. – 12:30 p.m. | |

Total Fees (all fees in U.S. dollars) \$ _____

Exam Fee Discount Approval Code (Print Above)

Method (Indicate One): ☐ Personal Check/Money Order ☐ Company Check ☐ Credit Card **For office use only: P C**

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): _____

"I have read the rules and regulations concerning the examination(s) for which I am applying and agree to be bound by them. I also agree that the results of any examination(s) which I take, and any action taken as a result of my conduct (such as irregularity, violation or cheating, and any hearings thereon) may, at the sole discretion of the CAS or SOA, be disclosed to any other bonafide actuarial organization that has a legitimate interest in such results or action."

Signature: _____

(Your written signature is required for this application to be valid)

INSTRUCTIONS FOR COMPLETING APPLICATION FOR PRELIMINARY ACTUARIAL EXAMINATIONS

Exams FM, M and C

REGISTRATION DEADLINE: All Fall applications must be received by: **September 24, 2006 (due to the weekend applications will be accepted on Monday, September 25, 2006)**

(Candidates with special needs requiring accommodations must submit a written request with their application.)

Please allow **TEN WORKING DAYS** for the application to arrive; otherwise, the use of an overnight courier is strongly recommended. Postmark dates will not be considered. Applications received after the deadline will NOT be accepted. When using an overnight courier, send the application directly to the SOA street address (see directions for Credit Card Payments), as a courier will not deliver to a post office box.

CANDIDATE NAME and ADDRESS:

- Indicate if you have registered previously with the Society of Actuaries by checking yes or no.
- Print your full name (include middle name), your date of birth, address, daytime telephone number and e-mail address.
- If you used a different name on your last application (e.g., a maiden name), print that name in the space provided.

SCHOOL INFORMATION:

- Please refer to the SOA college/university code list. If you are currently enrolled in a college or university program, print your school name and SOA code number in the spaces provided. If your college/university is not listed, please print your school name and leave the code number blank.
- 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.
- Indicate if you work in the property/casualty field by checking either yes or no.

EXAMINATION SCHEDULE:

- Indicate the examination(s) you wish to write by placing a check mark (✓) in front of the desired exam.

CENTER INFORMATION:

- Refer to the list of examination centers. Print the center name and number in the spaces provided. If a test center is cancelled or filled to capacity, candidates will be reassigned to the nearest available center.

**Please check our Web site: www.soa.org periodically for updated center information.
Center locations are subject to change prior to the exam date.**

EXAMINATION FEES:

- Exam fees may be paid by check, money order, or credit card (Visa, MasterCard, or American Express). Checks should be made payable to **Preliminary Actuarial Examinations**. Applications should be sent to the appropriate address listed on the front of this application. Fees must be in U.S. funds or equivalent. Exam results are not released until the account is paid in full. **Note:** The amount billed to an individual's credit card will be automatically adjusted for persons who miscalculate the amount due. **Fees are not transferable from one session to another.**
- A **\$20.00** fee will be assessed on any checks returned due to insufficient funds.
- **Center Change Request:** A *non-refundable* **\$60.00** administrative fee is required from candidates who request a change in center from their initial application. You must contact the exam department for approval to change your center.
- **Refund Request:** A candidate who submits an application for an examination but does not write that examination may submit a written request for a refund. A \$30 (U.S.) administrative fee is assessed on all refunds. This *reduced* refund fee is available only to candidates approved for the discount program. The deadline for refund requests to reach Preliminary Actuarial Examinations is three weeks (21) days after the date that the specific exam was administered. Refund requests may be sent via e-mail to refund@soa.org or by fax to 847-273-8518. Change of center fees and fees for writing at specially arranged centers will not be refunded.
- A **\$30 (U.S.) administrative fee is assessed on all refunds/cancellations. The administrative fee will be charged on any applications resulting in a returned check or declined credit card even in the event of a cancellation.**

ORIGINAL SIGNATURE: In order for this application to be valid, your signature must appear on the front of this application.

TICKETS OF ADMISSION / RECEIPTS: Tickets of Admission will be e-mailed and mailed. This letter serves as your receipt, contains your candidate number and exam location. You may bring the e-mailed or mailed version with you to check-in on exam day. You will receive one ticket of admission and candidate number for each exam registered for.

CHANGE OF ADDRESS: Report any change of address to the Exam Department promptly to ensure you receive your Ticket of Admission letter, grades, or other important mailings. (FAX 847-273-8518, Phone 847-706-3583, or exams@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

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.

Retain your candidate number to access results on the SOA hotline / SOA Web Sites.