Fall 2004 Application for Actuarial Exams
Courses 5 and 8
Registration Deadline: September 24, 2004

I have previously registered for exams with the SOA

☐ Yes  ☐ No

CAND #:  ID #:  Date of Birth

For Office Use Only  For Office Use Only  month  day  year

Last Name/Family Name  First Name  Middle Name

If a different name was used on a previous application, print it here:

Organization Name (only if mailing to a company address)
Department of Financial Mathematics, School of Mathematical Sciences

Street or P.O. Box  Peking University, Beijing 100871
City  Beijing  State/Province  Beijing  Zip/Postal Code 100871  Country  P.R.China

Daytime Telephone  E-Mail

Company Name of Actuarial Employer  Country

Street or P.O. Box (required if paying by company check)

Candidates may not register for more than two examinations under the discount program

Exam Fee Discount Approval Code:

☐ Course 5  - Wednesday, October 27
  8:30 a.m. – 11:45 a.m.  1:30 p.m. – 4:40 p.m.
(00-221000-00000-101)  $125

☐ Course 8  - Thursday, October 28
  8:30 a.m. – 11:45 a.m.  1:30 p.m. – 4:45 p.m.
(00-224000-00000-101)  $175

Please select one Course 8 practice area:

☐ 8F  (Finance & Enterprise Risk Management) – finance extension
☐ 8E  (Finance & Enterprise Risk Management) – enterprise risk mgmt extension
☐ 8G  (Health, Group Life & Managed Care) – health & group life extension
☐ 8M  (Health, Group Life & Managed Care) – managed care extension
☐ 8IU  (U.S. Individual Insurance)
☐ 8IC  (Canadian Individual Insurance)
☐ 8V  (Investments)

☐ 8RU  (U.S. Retirement Benefits Comprehensive)
  8:30 a.m. – 11:45 a.m.  1:30 p.m. – 3:10 p.m.
(00-224000-00000-101)  $100

☐ 8RC  (Canadian Retirement Benefits Comprehensive)
  8:30 a.m. – 11:45 a.m.  1:30 p.m. – 3:10 p.m.
(00-224000-00000-101)  $100

☐ 8P  (Retirement Benefits, Pension Funding Mathematics)
  2:00 p.m. – 3:40 p.m.
(00-224000-00000-101)  $75

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

Mail Check or Money Order payments to:
Society of Actuaries
P.O. Box 95668
Chicago, IL 60694  U.S.A.

Mail Credit Card payments (and all overnight deliveries) to:
Society of Actuaries, Exam Department
475 N. Martingale Road – Suite 600
Schaumburg, IL 60173  U.S.A.

"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 original written signature is required for this application to be valid. A photocopy or facsimile of your signature is not acceptable.)
INSTRUCTIONS FOR COMPLETING APPLICATION FOR ACTUARIAL EXAMINATIONS
COURSES 5 and 8

REGISTRATION DEADLINE: All Fall applications must be received by: September 24, 2004
(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. Late applications will be returned to the candidate with a full refund. 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 SOA 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.

EMPLOYER INFORMATION:
- If you are employed in an actuarial position full-time, print the full name and address of your employer.

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

TEST 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.

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 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. 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 $50.00 administrative fee is required from candidates who request a change in center from their initial application. Requests for center changes will not be considered after September 24.
- Refund Request: A $50.00 administrative fee will be assessed to all refunds. Candidates must submit written refund request or e-mail refund@soa.org by December 31, 2004. These reduced change of center and refund fees are available only to candidates approved for the discount program. Refunds are processed approximately 6 weeks after exams are administered.

ORIGINAL SIGNATURE: In order for this application to be valid, your original signature must appear on the front of this application. A photocopy or facsimile of your signature is not acceptable.

TICKETS OF ADMISSION / RECEIPTS: Tickets of Admission will be mailed beginning September 1. The top half of your ticket serves as your receipt and contains your candidate number.

CHANGE OF ADDRESS: Report any change of address to the Exam Department promptly to ensure you receive your Ticket of Admission, grades, or other important mailings. (FAX 847-706-3599, Phone 847-706-3583, or e-mail exams@soa.org).

Remember to retain your Candidate Number to access results on the SOA Hotline [SOA Website]