

For office use  
only

I.D.  
NUMBER

CANDIDATE  
NUMBER

VALID FOR FEB 1999  
& MAY 1999 ONLY

# APPLICATION FOR ACTUARIAL EXAMINATIONS 100 & 110

Administered by the Casualty Actuarial Society & the Society of Actuaries  
(This application is invalid after May 1999)

FEBRUARY 1999

MAY 1999

Please read all the information on the attached instruction sheet before completing this form.

## PRINT OR TYPE ALL INFORMATION

Have you registered for actuarial examinations before: Yes  No

1. A. \_\_\_\_\_ 2. Date of Birth \_\_\_\_\_  
Last Name/Family Name First Name Middle Name Month Day Year

B. Name used on a previous application: \_\_\_\_\_ 3. Daytime Telephone No. \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ (area code)

4. Mailing Address \_\_\_\_\_  
Organization Name (if applicable) Street or P. O. Box  
City or Town State or Province Zip or Zone Country

5. A. If a full-time student, name and number of college/university presently attending \_\_\_\_\_   
Code Number  
B. Student Status:  Undergraduate Student  Graduate student Expected date of graduation \_\_\_\_\_  
Month and Year  
C.  Check here if you do not wish your name to appear on the Unemployed Students List.

6. Name of actuarial employer \_\_\_\_\_  
Employer's Name Street or P. O. Box  
City or Town State or Province Zip or Zone Country

7. Check the examinations you will take during this period.  
\$50.00  Exam 100-Calculus & Linear Algebra  February 9, 1999  May 11, 1999  
\$50.00  Exam 110-Probability & Statistics  February 9, 1999  May 11, 1999

8. Center and center number where you wish to take examinations: \_\_\_\_\_   
See reverse side for center listing City State or Province Center Number

Disabled persons who need special testing arrangements must contact the Society of Actuaries by the application deadline.

9. In taking these examinations, I wish to receive credit from (check all boxes that apply):  
 Casualty Actuarial Society (1)  Society of Actuaries (2)

10.  I wish to order the required Society calculator for \$25.00.

11. Enter fees in the boxes below. Payment must be in U.S. funds or equivalent or registration may be delayed.

Total of All Fees	Exam Fees	Other Fees	Calculator
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(office use only) P \_\_\_\_\_ C \_\_\_\_\_ K \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Charge my  MasterCard  Visa # \_\_\_\_\_ Mo \_\_\_\_\_ Yr \_\_\_\_\_

12. Does passing this examination complete your examination requirements for:  Associateship  Fellowship Admissions Course?

13. "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 Society of Actuaries, be disclosed to any other bonafide actuarial organization that has a legitimate interest in such results and/or action."

Signature: \_\_\_\_\_  
Your original written signature is required in order for this application to be valid. A photocopy or facsimile is not acceptable.

NOTE: These examinations are jointly sponsored by the American Academy of Actuaries, the Canadian Institute of Actuaries, the Casualty Actuarial Society, the Conference of Consulting Actuaries and the Society of Actuaries.

**FAXED APPLICATIONS WILL NOT BE ACCEPTED.**

Check or money order payments (except overnight delivery), payable to the Society of Actuaries, and application should be sent to:

Credit card payments and all overnight delivery payments and application should be sent to:

Society of Actuaries  
P. O. Box 95668  
Chicago, IL 60694 U.S.A.

Society of Actuaries, Exam Department  
475 North Martingale Road, Suite 800  
Schaumburg, IL 60173 U.S.A.

**INSTRUCTIONS FOR COMPLETING APPLICATION FOR ACTUARIAL EXAMINATIONS 100 & 110**  
**Administered by the Society of Actuaries**

**ITEMS**

- 1-4: Print or type your full name (including middle name), address, date of birth, telephone number, and e-mail address. The birth date is used for identification purposes only. Indicate the address where you wish your ticket of admission to be mailed (#4).
- 5A: Please refer to the list of colleges/universities on the back of these instructions. Print your school name and code number in the spaces provided. If your college/university is not listed, please print your school name and leave the code number blank.
- 5B: Indicate your student status and the year in which you expect to graduate.
- 5C: A list of passing candidates, unemployed at the time of this application, is distributed to prospective employers after the examination results are announced. Check the box if you do not wish your name to appear on this list.
- 6: If you are employed in an actuarial position full-time, print the full name and address of your employer.
- 7: Check the examination(s) you wish to write.
- 8: Refer to the list of examination centers on the back of the application. Print the center name and number in the spaces provided. If a test center is canceled or filled to capacity, students will be reassigned to the nearest available center. **Disabled persons who need special arrangements must contact the Society of Actuaries by the application deadline.**
- 9: Check the box next to the organization(s) from which you wish to obtain credit.
- 10: Only an **OFFICIAL SOCIETY MODEL CALCULATOR** (which has the SOA logo imprinted on the reverse side) is allowed to be used during an examination. Calculators are shipped separately at approximately the same time as the Tickets of Admission. The Society cannot guarantee delivery of calculators for orders received after the application deadline.
- 11: Enter the amount paid in the appropriate boxes. Refer to the section on fees below for further information.
- 12: 300 credits are required for Associateship; 450 credits are required for Fellowship. Examinations 100 and 110 are each worth 30 credits. The number of credits for other examinations is detailed in the Society of Actuaries' Catalog. Check the appropriate box in Item 12 **only** if passing this examination fulfills all requirements for Associateship or for the Fellowship Admissions Course.
- 13: In order for this application to be valid, your **original** signature must appear on the line in item 13. A photocopy of your signature is **not** acceptable.

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**REGISTRATION DEADLINE**

<u>Examination Session</u>	<u>Deadline for Receipt of Application</u>
February 1999 Session	January 15, 1999
May 1999 Session	April 1, 1999

**Applications received after the deadline will NOT be considered. Late applications will be returned to the exam candidate with a full refund.**

Please allow TEN BUSINESS DAYS for applications to reach the SoA; otherwise the use of an overnight courier is strongly recommended. Postmark dates will not be considered.

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**FEES: EXAM 100: \$50.00 (non-refundable) EXAM 110: \$50.00 (non-refundable)**

Exam fees may be paid by check or money order, payable to the Society of Actuaries (fees must be in U.S. funds or equivalent). A \$15.00 fee will be assessed on any checks returned due to insufficient funds. You may also pay by credit card (MasterCard or Visa only). Registration is not valid until account is paid in full. **Fees are not transferable from one session to another.**

**NOTE:** The amount billed to an individual's credit card will be automatically adjusted for persons who miscalculate the amount due.

**SPECIAL CENTER REQUESTS:** An additional fee of **\$50.00** is required from candidates authorized to write at a special center. Requests for a special center will not be considered after April 1.

**CHANGING CENTERS:** A **\$30.00** administrative fee is required from candidates who request a change in center from their initial application. Requests for a center change will not be considered after April 1.

**TICKETS OF ADMISSION AND RECEIPTS:** Tickets of Admission will be mailed beginning January 2 for the February session, and March 1 for the May session. *The top half of your ticket serves as your receipt.* The bottom half should be used to request a change of name, address, or center location.

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PLEASE TEAR OFF AND RETAIN THESE INSTRUCTIONS

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