

For office use only

I.D. NUMBER

CANDIDATE NUMBER

VALID ONLY FOR MAY 1999 SESSION

APPLICATION FOR ACTUARIAL EXAMS 120-585 Administered by the Society of Actuaries

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

PRINT OR TYPE ALL INFORMATION

Have you registered for actuarial exams before: Yes [] No []

1. A. Last Name/Family Name, First Name, Middle Name, Date of Birth (Month, Day, Year), B. Previous name used on application, 3. Daytime Telephone No. (area code), E-Mail Address:

4. Mailing Address (Organization Name, 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, B. Student status: Undergraduate Student, Graduate Student, Expected date of graduation, 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. Circle the examinations you will take during this period. EXAMS: 120*, 130, 135*, 140, 141[EA1A]*, 150, 151, 160, 161, 165, 200, 230, I-340, P-359C, P-360U[EA1B]*, P-363, G-420C, G-421U, G-422, I-442C, I-443U, P-461U, P-462C, V-480, G-524C, G-525U, I-540, I-550, P-564, F-580, F-585

8. I will be writing Part 4A of the Casualty Actuarial Society and wish to receive credit from the Society of Actuaries. [142] I will be writing Part 4B of the Casualty Actuarial Society and wish to receive credit from the Society of Actuaries. [159] 9. Finance Track, GHB Track, ILA Track, Pension Track, Investment Track

10. Center and center number where you wish to take examinations: See Reverse side for Center Listing, City, State or Province, Center Number

11. Disabled persons who need special testing arrangements must contact the Society of Actuaries by the application deadline. For Exam(s) 120 and/or 135, I wish to receive credit from the: Casualty Actuarial Society (1), Society of Actuaries (2) For Exams 141 [EA-1A] or P-360U[EA-1B], I wish to receive credit from the: Society of Actuaries (2), American Society of Pension Actuaries (3), Joint Board for the Enrollment of Actuaries (4) 12. I wish to order the required Society calculator for \$25.00 13. Enter fees in the boxes below. Payment must be in U.S. funds or equivalent or registration may be delayed. The base fee is required of all candidates in addition to other exam fees. (See instructions)

Table with 5 columns: Total of All Fees, Exam Fees, Base Fee (\$60.00), Other Fees, Calculator

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

14. Does passing this examination complete your examination requirements for Associateship, Fellowship Admissions Course? 15. 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. Photocopy is not accepted. (See instructions).

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

Send check or money order payments (except overnight delivery), payable to the Society of Actuaries, and your application to: Society of Actuaries, P. O. Box 95668, Chicago, IL 60694 U.S.A.

Send credit card payments and all overnight delivery payments and your application to: Society of Actuaries, Exam Department, 475 North Martingale Road, Suite 800, Schaumburg, IL 60173 U.S.A.

* Courses 120 and 135 are jointly administered by the Casualty Actuarial Society and the Society of Actuaries.

✧ Exams P-360U[EA-1B] and 141 [EA-1A] are jointly administered by the American Society of Pension Actuaries, the Joint Board for the Enrollment of Actuaries, and the Society of Actuaries. Each of these sponsoring organizations reserves the right to set its own passing score for the successful completion of the examination for membership or enrollment purposes.

INSTRUCTIONS FOR COMPLETING APPLICATION FOR ACTUARIAL EXAMS 120-585
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 college/university code list 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: For examinations 120-135, 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: Circle the examination(s) you wish to write. **Candidates with fewer than 100 SoA exam credits are not permitted to register for Series 200 - 500 examinations.**
- 8: Check the appropriate box if you are writing CAS Exams 4A and/or 4B and wish to receive credit from the SoA. **Checking this box does NOT register you for the examination(s); you must register with the CAS.**
- 9: If you are writing Fellowship examinations, indicate under which Specialty Track you expect to complete your Fellowship.
- 10: 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 needing special arrangements must contact the SoA by the application deadline.**
- 11: Check the box next to the organization(s) from which you wish to obtain credit.
- 12: Only an **OFFICIAL SOCIETY MODEL CALCULATOR** (which has the SOA logo imprinted on the reverse side) is allowed during an examination. Calculators are shipped separately at approximately the same time as the Tickets of Admission. The SoA cannot guarantee delivery of calculators for orders received after the application deadline.
- 13: Candidates for Examinations 120-585 must pay a **\$60.00 BASE FEE** in addition to the appropriate examination fee as specified in the table below. (Refer to the section on fees below for further information.)
- 14: 300 credits are required for Associateship; 450 credits are required for Fellowship. Check the appropriate box on item 14 **only** if passing this examination fulfills all requirements for Associateship or for the Fellowship Admissions Course.
- 15: In order for this application to be valid, your **original** signature must appear on the line in item 15. A photocopy of your signature is **not** acceptable.

REGISTRATION DEADLINE

Examination Session:

May 1999 Session

Deadline for Receipt of Application:

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 WORKING DAYS** for the application to reach the SoA; otherwise the use of an overnight courier is strongly recommended. Postmark dates will not be considered.

FEES: 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 (Visa or MasterCard 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.

Each candidate is required to pay a \$60.00 BASE FEE (payable once each examination session, i.e., EACH May and EACH November) PLUS the appropriate examination fee as specified in the table below:

SERIES 100 EXAMS		SERIES 200 EXAMS		SERIES 400 EXAMS		SERIES 500 EXAMS	
Exam	Fee	Exam	Fee	Exam	Fee	Exam	Fee
120	\$ 53	200	\$330	G-420C	\$220	G-524	\$110
130	\$ 53	230	\$165	G-421U	\$275	G-525	\$110
135	\$ 35			G-422	\$275	I-540	\$110
140	\$ 35			I-442C	\$330	I-550	\$165
141[EA1]	\$ 65			I-443U	\$275	P-564	\$110
150	\$140	SERIES 300 EXAMS		P-461U	\$220	F-580	\$165
151	\$ 53	I-340	\$330	P-462C	\$220	F-585	\$220
160	\$ 53	P-359C	\$165	V-480	\$220		
161	\$ 35	P-360U	\$ 65				
165	\$ 35	P-363	\$150				

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.

REFUND REQUESTS: Candidates must submit a written request by June 30 to obtain an examination refund. A \$50.00 administrative fee will be assessed to all refunds. *The fees for special centers and changing centers are non-refundable.*

TICKETS OF ADMISSION/RECEIPTS: Tickets of Admission will be mailed beginning March 1. *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.

PLEASE TEAR OFF AND RETAIN THESE INSTRUCTIONS