



Institute of Actuaries

Application form for Affiliate Membership of the Institute for University Students

To be used by applicants who are studying a degree course who wish to begin to complete a learning log for Work-Based skills.

Completion and Return of the Application

- Data Protection Act 1998: The Institute is registered under the Data Protection Act 1998 and will not pass personal information to other bodies without the subject's consent (other than that information published in the Actuarial Directory, which is publicly available).
- Unless the Institute is notified to the contrary, the office address you provide on this application will be published in the next Actuarial Directory. If there is no office address, your home address will be used. The Actuarial Directory is available for purchase by members of the public.
- For a definition of a professional person, please refer to the referees' section of this form. Certificates in any language other than English must be accompanied by duly attested English translations.
- Affiliates cannot enter for any of the examinations for Fellowship.
- Acceptance as an Affiliate member for the purposes of completing a learning log does not imply that student membership will be automatic. Individuals wishing to join the profession as a student will need to apply separately and meet the profession's entry requirements at that time. Further information is available on our website www.actuaries.org.uk
- **The subscription fees must be returned with the application** (please refer to payment section).
- Completed applications should be returned to: **Mrs Patrina Effer, Institute of Actuaries, Napier House, 4 Worcester Street, Oxford, OX1 2AW.**

Application for Affiliate Membership at Graduate level of the Institute

Sections 1, 2, 4, 5, 6 and 7 of this form must be completed in full. Failure to do so will result in your form being returned.

Please use BLOCK CAPITALS and **black ink** when filling in this form.

Section 1 — Applicant Details

① You must complete all parts of this section.

Title: Mr Mrs Miss Ms Dr Other please specify: _____

Forename(s): _____

Surname: _____

Date of birth:

D	D
<input type="text"/>	<input type="text"/>

 /

M	M
<input type="text"/>	<input type="text"/>

 /

Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Qualifications (please enter the qualifications to appear on your records (e.g. BA, BSc): _____

Home address: _____

Postal Town: _____ County: _____

Country: _____ Postcode: _____

Telephone Number: _____ Fax Number: _____

E-mail: _____

Employer's name (if student, your college details and course name): _____

Address (including department): _____

Postal Town: _____ County: _____

Country: _____ Postcode: _____

Telephone Number: _____ Fax Number: _____

E-mail: _____

① The office address will normally be published in The Actuarial Directory.

Please indicate which address you would like all correspondence sent to: Home Office

Section 2 — Education and Qualifications

① You must complete all parts of this section.

University Education

Level: Honours Degree Ordinary Degree Postgraduate Diploma Masters Doctorate

University: _____

Subject: _____

Expected year of graduation: _____

School Education

(If you do not have A'Levels or GCSE's, you must complete the form with the qualifications you have passed).

School attended (please give full name and town)	A-Level (or equivalent)		GCSE (or equivalent)	
	Subject	Grade	Subject	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Professional Qualifications

Professional association: _____

Qualification: _____

Year of graduation: _____

Professional association: _____

Qualification: _____

Year of graduation: _____

Section 3 — Ethnic Group

① Required for equal opportunities monitoring only.

What is your ethnic group?

Choose one section from A to D then tick the appropriate box to indicate your cultural background.

A

White

- British
 - Irish
 - Any other White background. *Please write in below.*
-

B Asian or Asian British

- Indian
 - Pakistani
 - Bangladeshi
 - Chinese
 - Any other Asian background. *Please write in below.*
-

C

Black or Black British

- Caribbean
 - African
 - Any other Black background. *Please write in below.*
-

D Other Ethnic background. Please write in below.

Bank transfer/Electronic payment (please tick if paying by this method)

① You must complete the Bank Transfer Advice below if using this method.

The bank account details for bank transfers are as follows:

Account: Institute of Actuaries
National Westminster
Holborn Circus Branch

Bank Code No: 560020

Account No: 08671990

The address of the bank is: National Westminster
1 Hatton Garden
LONDON
EC1P 1DU

You must ensure that charges are met at your end otherwise, we will not receive the full payment. If the correct payment is not received, your application will be delayed until we receive the outstanding fees.

Bank Transfer Advice

Transfer made by (applicant name or company name): _____

Bank name: _____

Bank address: _____

Bank reference: _____

Amount transferred (excluding bank charges): _____

Transfer date: _____

I have transferred the above amount to the Institute of Actuaries and have included the transfer advice with this application.

Signed: _____ Date: _____

Section 5 — Referees' Declaration

① This section must be signed by two referees.

- All applicants are required to have their application form signed by two referees. A referee should normally be a person of some standing, e.g. university professor, doctor, minister of religion, Fellow of the Faculty or Institute of Actuaries or other professionally qualified person. Members of an applicant's own family cannot be accepted as referees. At least one of the referees must be a Fellow of the Faculty of Institute of Actuaries.
- The applicant should, so far as can be judged by the referees, be a person suitable for membership of a professional body who can be relied upon to maintain the standards of the Institute.

1st referee - Fellow of the Faculty or Institute of Actuaries

To the best of my knowledge and belief, I consider the applicant to be a fit and proper person to be an Affiliate of the Institute of Actuaries.

Signature: _____ Date: _____ Occupation: _____

Name (BLOCK LETTERS): _____

Address: _____

2nd referee – other professional person

I have known the applicant for at least two years and, to the best of my knowledge and belief, consider him/her to be a fit and proper person to be an Affiliate of the Institute of Actuaries.

Signature: _____ Date: _____ Occupation: _____

Name (BLOCK LETTERS): _____

Address: _____

Section 6 — Applicant's Declaration

① This section must be signed by applicant.

- I apply to the Council for admission as an Affiliate member of the Institute of Actuaries.
- I confirm that I am a fit and proper person to be admitted as an Affiliate member of the Institute of Actuaries.
- I confirm that I do not have any criminal convictions, other than any arising under the Road Traffic Acts, and any I have detailed on the attached separate sheet and that I am not aware of any incidents in which I have been involved that might lead to a criminal charge or conviction against me.
- I am not aware of any circumstances that would make me unsuitable for Affiliateship of the Institute.
- If my application is approved I agree to conform to the Bye-laws of the Institute as they now exist or as they may in future be altered, amended or enlarged, and I will to the best of my ability promote the objects of the Institute.
- I understand that to withdraw from membership I must inform the Membership Department of my resignation and that after payment of any arrears, delivery of books, papers or other property of the Institute, I will be free from these obligations.

Signature: _____

Date: _____

Name (BLOCK LETTERS): _____

Section 7 — Checklist

① You must complete all parts of this section.

Please complete and sign the following:

I have:

- provided an appropriate method of payment (page 5)
- provided details of two suitable referees, at least one of which is a Fellow (page 7)
- signed and dated the declaration (page 8)

Signed: _____

Date: _____

Return completed application to:

Affiliate Membership Administrator
Actuarial Profession
Napier House
4 Worcester Street
Oxford OX1 2AW

email: affiliate@actuaries.org.uk