



Faculty of Actuaries



Institute of Actuaries

Application Form for Student Membership UK, Ireland and Europe

Notes for Applicants – please read carefully

Entry requirements

You will find all the necessary information to apply to The Actuarial Profession on our website, www.actuaries.org.uk.

The minimum requirement to become a student with The Actuarial Profession is to hold an **A' level in Mathematics at Grade B or above together with an A' level at Grade C in any other subject. All applicants must have an adequate proficiency in English, at least equivalent to Grade C in the General Certificate of Education examinations (GCSE) or three Scottish National Qualifications Authority Higher passes (one of the passes must be in Mathematics with a Grade A and another must be in English);**

Alternatively, if you do not hold the minimum qualification you must have obtained either:-

- a Third Class Honours Degree which includes a pass in Mathematical Sciences as a major subject
or
- a First or Second Class Honours degree in any subject, together with at least a Grade C at A' level in any mathematical subject.

Applicants must send proof of qualifications along with their applications. We advise you to send **certified** photocopies of these although the application **MUST** be the original. If you do not hold a mathematical A' level in addition to copies of your degree, you will need to send a copy of the syllabus and results to demonstrate the mathematics you have covered.

Qualification

To attain Fellowship/Associateship of the Faculty/ Institute, students of The Actuarial Profession will need to meet the requirements of the 2005 Education Strategy. These include:

- passing examinations
- completing certain modules, including attending certain courses
- meeting the work-based skills requirement through the completion of a learning log

Full details of these requirements are set out in the Student Handbook on our website.

Completion and Return of the Application Form

The Application Form must be fully completed and returned to:
Membership and Certificates Team
Maclaurin House,
18 Dublin Street,
Edinburgh EH1 3PP

Please note: **We will only accept hard copies of the application form. Emailed forms will not be processed.**

You must at the same time send us:

- 1 Certified copies** of Education Certificates for all examinations detailed overleaf. A professional person (not family member or friend) must sign photocopies of certificates as confirmation that they are true copies of the originals before they can be accepted. For a definition of a professional person, please refer to the "Referees' Declaration" section of this form. Certificates in any language other than English must be accompanied by duly attested English translations
- 2 The correct Entrance Fee and Subscription Fee** (please refer to payment section).

You should note that Applications can take up to four weeks to process

If you wish to start the examinations, the Membership and Certificates Team must receive this application, together with the necessary fee, by the appropriate date shown below. As you cannot obtain an entry form for Examinations until you have been admitted as a student member, it is important that you adhere to this timescale.

Examination first sitting:	Application must be received by:
April 2010	22 February 2010
September 2010	03 August 2010

Data Protection Act 1998:

The Actuarial Profession is registered as Data Controller in terms of the Data Protection Act 1998. We will use the information provided on this form to process your application for membership and to maintain our Register of Members, including contacting you regarding membership renewal. Unless you notify us to the contrary, details of your name, business/home address and membership status will be published on the Profession's website and will be provided to persons contacting the Profession such as potential employers, other Actuarial Associations or Regulators, who have, or reasonably appear to have, a legitimate interest in obtaining membership information. Apart from this, we will not pass your personal information to any other bodies without your consent.

Unless The Actuarial Profession is notified to the contrary, the office address you provide on this application will be shown in the online Actuarial Directory. If there is no office address, your home address will be used

WARNING: Please ensure that the details on the form are completed accurately. You should note that providing incorrect information, for example, to obtain special overseas rates, or failure to advise the Membership and Certificates Team of a change to such information, could result in the instigation of disciplinary proceedings.

Application for Student Membership

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

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.

I apply for Student Membership of the Faculty of Actuaries/Institute of Actuaries*

*Please delete as appropriate

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

Gender: Male Female

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): _____

Current residential address: _____

Postal Town: _____ County: _____

Country: _____ Postcode: _____

Telephone Number: _____ Fax Number: _____

Personal e-mail address: _____

① Failure to provide a current correspondence address, telephone number and e-mail address, in clear handwriting, will result in the applicant not receiving information about their application form and forthcoming examinations.

Section 1 contd:

Employment details (if currently unemployed, please leave blank)

Company name: _____

Company Address (including department): _____

Postal Town: _____

County: _____

Country: _____

Postcode: _____

Telephone Number: _____

Fax Number: _____

Your company e-mail address: _____

Please tell us your Predominant work area: _____

Please tell us your Functional work area: _____

① The company address will normally be shown in the online 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.

Please give your full education history with qualifications awarded. **You must provide proof of all qualifications with your application.**

University Education

Level: Honours Degree Ordinary Degree Grade: 1st 2.1 2.2 3rd

University attended: _____

Subject studied: _____

Year of graduation: _____

Level: Postgraduate Diploma Masters Doctorate

University attended: _____

Subject studied: _____

Year of graduation: _____

School Education

(If you do not have A' levels or GCSEs, 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: _____

* All applicants must provide evidence of academic English proficiency. This requirement is not exempt solely on the basis of citizenship or graduation from an English Academic Institution.

Section 3

① Completion of this section is voluntary and your responses will not affect your application in any way. Information provided in this section will be used to allow the Profession to monitor the composition of its membership and to assist us to develop appropriate policies in future.

Ethnic Group

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.*

Section 4 — Method of Payment

① You must indicate with a ✓ your chosen method(s) of payment and complete all the information in the relevant section.

We do not send invoices for student admissions

A total of the following two payments must accompany this application. Applications submitted without the necessary fees will not be processed and will be returned.

Entrance Fee £172.00 This is a one-off payment payable on initial application. This cannot be paid by Direct Debit.

Annual Subscription £282.00 This is due in full on entry regardless of date. Future subscriptions are then due annually on 1 October each year.

Total Fee Payable £454.00

Cheque (please tick if paying by this method)

① Cheques must be made payable to “The Actuarial Profession” and enclosed with your application.

Credit/Debit Card (please tick if paying by this method)

① You must complete the Credit/Debit Card Payment Advice below if using this method.

Credit/Debit Card Payment Advice

I authorise you to debit £ from the following: Visa Mastercard Delta Switch
(we do not accept any other types of card)

Card No.: (Switch only) Start Date: Expiry Date: Issue Number (Switch only)

3 digit security code (last 3 digits on signature strip)

If you are not the registered card holder please provide the following details:

Card holder's name: _____

Card holder's address: _____

Card holder's signature: _____ Date: _____

The Actuarial Profession accepts no responsibility for any loss or interception of this information during transmission by any medium.

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

① You must complete the Bank Transfer Advice in full if using this method

The bank account details for bank transfers are as follows:

If you apply to join the Faculty

Account: Faculty of Actuaries
Clydesdale Bank
Hanover Street, Edinburgh

Sort Code: 82-45-05

Account No: 40240007

Bank Address: Clydesdale Bank
Edinburgh Branch, PO Box 23015
EDINBURGH
EH2 2ZH

If you apply to join the Institute

Account: Institute of Actuaries
National Westminster
Holborn Circus Branch, London

Sort Code: 56-00-20

Account No: 08671990

National Westminster
1 Hatton Garden
LONDON
EC1P 1DU

You must ensure that any bank charges are paid at the time of transfer, 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 balance.

Bank Transfer Advice

Transfer made by (applicant name must be provided):

Bank name:

Bank address:

Bank reference:

Amount transferred (excluding bank charges):

Transfer date:

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

*Please delete as appropriate

Signed:

Date:

Subscription Payment by Direct Debit (UK bank only) (please tick if paying subscriptions by this method)

Monthly direct debit payments will incur a 10% fee and may be used for the subscription only (form enclosed). Another means of payment must be used for the entrance fee. A full year's subscription is required regardless of the month of entry.

**The
Actuarial
Profession**

**INSTRUCTION TO YOUR
BANK OR BUILDING SOCIETY
TO PAY DIRECT DEBITS**



Originators Identification Number

8	5	5	9	3	3
---	---	---	---	---	---

1. Insert Name and Full postal address of your Bank or Building Society branch

4. Bank or Building Society account number

--	--	--	--	--	--	--	--

5. Actuarial Reference Number

--

6. Instruction to your Bank or Building Society

Please pay the Actuarial Profession Direct Debits from the account detailed on this instruction subject to the safeguards assured by The Direct Debit Guarantee. I understand that this instruction may remain with the Actuarial Profession and, if so, details will be passed electronically to my bank/ building society.

Signature(s)
Date

2. Name(s) of account holder(s)

--

3. Branch sort code

		-			-		
--	--	---	--	--	---	--	--

Banks and Building Societies may not accept Direct Debit Instructions for some types of account

Member's Name

Please select your payment option				
Monthly		OR	Annual	

----- cut here and retain lower portion -----

PLEASE NOTE THAT A DIRECT DEBIT MANDATE WILL CONTINUE UNTIL CANCELLED

- (a) If you are already paying your Faculty of Actuaries/Institute of Actuaries* subscription by Direct Debit **you do not need to complete the above form** unless changing account or frequency. Your current Direct Debit Mandate will continue.
- (b) It is important to notify the Profession **as soon as possible** of any bank account changes
- (c) If you are a member of the Staple Inn Actuarial Society, ASTIN, AFIR, IAAWF, IAAHS, IAALS or IAAPBSS your subscription will be debited on 1 October.
- (d) Members paying by monthly instalment must remit the balance outstanding for the year should they resign their membership.

THE DIRECT DEBIT GUARANTEE

- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change, the Actuarial Profession will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by the Actuarial Profession or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.

Section 5 — Referees' Declaration

Name of applicant (BLOCK LETTERS): _____

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 good standing, e.g. university professor, lawyer, doctor, Minister of Religion, Fellow of the Faculty of Actuaries or Institute of Actuaries, or other professionally qualified person, who has known the applicant personally for at least two years. Members of an applicant's own family cannot be accepted as referees.
- 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 Actuarial Profession.

1st Referee

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 a student of the Faculty of Actuaries/Institute of Actuaries*.

Signature: _____ Date: _____ Occupation: _____

Name (BLOCK LETTERS): _____

Address: _____

2nd Referee

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 a student of the Faculty of Actuaries/Institute of Actuaries*.

Signature: _____ Date: _____ Occupation: _____

Name (BLOCK LETTERS): _____

Address: _____

*Please delete as appropriate

Referees should note that we may use the information on this page to contact the Referee to verify the information provided.

Section 6 — Applicant's Declaration

① This section must be signed by applicant.

Before signing this declaration, you are strongly advised to read the Royal Charter, Rules and Bye-laws of the Faculty of Actuaries or the Royal Charter of Incorporation and Bye-laws of the Institute of Actuaries which are available on our website, www.actuaries.org.uk.

- I apply to the Council for admission as a Student of the Faculty of Actuaries/Institute of Actuaries*.
- I confirm that I am a fit and proper person to be admitted as a Student of the Faculty of Actuaries/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 have not, either in the UK or elsewhere:
 - been censored, disciplined or publicly criticised by any professional body to which I belong or belonged;
 - or been dismissed from any office or employment;
 - or been excluded from a university course for misconduct;
 - or refused entry to any profession, association or occupation
- I am not aware of any circumstances that would make me unsuitable for studentship of the Faculty of Actuaries/Institute of Actuaries*.
- If my application is approved, I understand and agree :
 - (i) to conform to the Rules of the Faculty of Actuaries/Bye-Laws of the Institute of Actuaries* and the Actuaries' Code as now exists, or as may in future be altered, amended or enlarged, and I will, to the best of my ability, promote the objects of the Faculty of Actuaries/Institute of Actuaries*.
 - (ii) that I shall be subject to the disciplinary Rules of the Faculty/ Institute and of the Accountancy and Actuarial Discipline Board
- I understand that to withdraw from membership I must inform the Membership and Certificates Team of my resignation and that after payment of any arrears, delivery or books, papers or other property of the Faculty of Actuaries/Institute of Actuaries*, I will be free from these obligations.

*Please delete as appropriate

QUESTIONS ON BANKRUPTCY

- 1 Have you ever been declared/adjudicated bankrupt in the UK or elsewhere – Yes/No
- 2 If yes, in what Country
- 3 If in England or Wales, was a Bankruptcy Restriction Order (BRO) imposed or Bankruptcy Restriction Undertaking (BRU) given? If elsewhere, please provide brief details.

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:
- indicated whether I want to become a member of the Faculty of Actuaries or Institute of Actuaries (page 3)
 - enclosed **certified** copies of all education certificates referred to in the application including English qualification (page 5)
 - provided an appropriate method of payment (page 7)
 - provided details of two suitable referees (page 10)
 - signed and dated the applicant's declaration (page 12)

Signed: _____

Date: _____

Return complete application to:

Membership and Certificates Team
The Actuarial Profession
Maclaurin House
18 Dublin Street
Edinburgh
EH1 3PP

Email: admissions@actuaries.org.uk
Tel: +44 (0)131 240 1325