

**APPLICATION FOR RENEWAL OF A CERTIFICATE TO ACT AS
A SCHEME ACTUARY TO PENSION SCHEMES**

Please read the accompanying notes before completing this form.

You are reminded that failure to renew your certificate on time may result in disciplinary proceedings against you

**ALL QUESTIONS MUST BE ANSWERED
PLEASE USE BLOCK CAPITALS OR TYPESCRIPT**

PERSONAL DETAILS

Surname:	ARN:	Mr/Mrs/Miss/Ms/Other
Forename/s:		
Please indicate any previous name if you changed your name in the last 12 months:		
Private address:		
Business address:		
Telephone No.:	Fax No.:	
Date of Expiry of Existing Certificate :	Fellow of Faculty/Institute	
Date last Professional Course/Event attended:		
If you have not attended in the last 10 years you are encouraged to do so as soon as possible.		

QUESTIONNAIRE
(See Note 4)

Since last completing an application (see note 4) have you been convicted of any offence (other than under the Road Traffic Acts) by any court in the UK or elsewhere? If so, give full particulars of the court by which you were convicted, the offence and the penalty imposed and the date of the conviction (NB see Note 5).

Have you, in the UK or elsewhere, been censured, disciplined or publicly criticised by any professional body to which you belong or belonged, or been dismissed from any office or employment, or refused entry to any profession or occupation? If so, give full particulars.

Have you been adjudicated bankrupt by a court in the UK or elsewhere? If so, give full particulars.

Have you at any time failed to satisfy any debt adjudged to be due and payable by you under order of any court in the UK or elsewhere? If so, give full particulars.

Have you, in connection with the formation or management of any body corporate or pension fund, been adjudged by a court in the UK or elsewhere to be civilly liable for any fraud or other misconduct towards such a body or pension fund or towards any of the members thereof? If so, give full particulars.

Have you or has any body corporate with which you have been associated as a director or controller in the UK or elsewhere been compulsorily wound up or made any compromise arrangement with its creditors or ceased trading in circumstances where its creditors did not receive or have not yet received full settlement of their claims, either while you were associated with it or within one year after you ceased to be associated with it? If so, give full particulars.

Having regard to Note 2 please provide a description of your current pension scheme activities(**including number of schemes**) in support of Attestation 2. Make specific reference to work where the undernoted guidance notes stemming from the Pensions Act 1995 apply. Please also indicate the proportion of your duties relating to pension scheme work.

Number of Schemes:

GN3:

GN9:

GN11:

GN16:

GN19:

GN27:

GN28:

GN29:

Other:

**In the last 12 months, to the best of your knowledge, have you or any pension fund with which you have been associated as Actuary been subject to judicial, quasi-judicial proceedings (such as an industrial tribunal or The Pensions Regulator proceedings) or litigation whether settled in or out of court where your actuarial involvement has been questioned?

**Has any regulatory authority (including The Pensions Regulator and Her Majesty's Revenue and Customs) raised with you any professional or actuarial issues?

Are you presently subject to any kind of investigation, disciplinary or tribunal proceedings with the Faculty or Institute of Actuaries?

If so, give full particulars.

**Only formal written comments, judgements or end of investigation complaints should be noted.

ATTESTATION

ATTESTATION 1

I certify that I have read and understand the current version of the Professional Conduct Standards and all other relevant Professional Guidance relating to the work of the Scheme Actuary including GN29: Occupational Pension Schemes — Actuaries Advising the Trustees or a Participating Employer.

ATTESTATION 2

I certify that I have read the Notes to this application and in my opinion I have the appropriate knowledge and relevant practical experience to fulfil the role of a Scheme Actuary, subject to Attestation 3 below where applicable (See Note 3).

ATTESTATION 3 (delete if not applicable)

I certify that I would expect to satisfy the requirements of Note 2 by (State Date).

ATTESTATION 4

I certify that I have provided evidence of my CPD record by completing the Profession's online facility in accordance with the CPD scheme and Criteria for category 1 actuaries.

ATTESTATION 5

I certify that the information provided in this application is complete and correct to the best of my knowledge and belief.

ATTESTATION 6

I certify that I have no objection to my name being included in a listing of certificate holders that will be published on the profession's website.

ATTESTATION 7

I certify that I have read GN48 and attach a signed copy of the appropriate GN48 attestation.

Signed: Date:

DETAILS OF COUNTERSIGNING SCHEME ACTUARY
where applicable (See Note 3)

Name:
I confirm that: (a) I hold a certificate as a Scheme Actuary. (b) I am prepared to give advice to the applicant. (c) I have acted/not acted as Mentor to the applicant during the previous twelve months. (d) I am satisfied that the applicant meets the criteria required.
Signed: Date:

Actuarial Reference No:
(Please quote in all correspondence)

PLEASE COMPLETE IF PAYING BY CREDIT CARD

ACCESS MasterCard VISA

CARD NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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CARD SECURITY NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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EXPIRY DATE

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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NAME.....
ADDRESS.....
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SIGNATURE.....DATE.....