

**APPLICATION FOR RENEWAL OF A CERTIFICATE TO
ACT AS A LIFE ACTUARY (including with-profits)**

PERSONAL DETAILS

Surname	Forenames	Mr/Mrs/Miss/ Ms/Other
ARN:	Date of expiry of existing certificate:	FFA/FIA:
Any previous name by which you have been known:		
Private address:		
<p>Please record all management positions actually held in the company to which you will act, in the following capacities, as appropriate, as a Life Actuary (including with-profits). (This question is for the information of the Life Board.)</p> <p>Actuarial Function Holder:</p> <p>With Profits Actuary:</p> <p>Reviewing Actuary</p> <p>Peer Reviewer:</p>		
Present occupation or employment (please detail any changes in the last twelve months):		
Business Address:		
Date last Professionalism Course/Event attended :		
If you have not attended in the last 10 years you are encouraged to do so as soon as possible.		

QUESTIONNAIRE

Since last completing an application:

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 3**).

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 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 insurance company or friendly society, 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 company or towards any member thereof? If so, give full particulars.

has any body corporate or insurance company or friendly society with which you have been associated as a director or a controller or member of the committee of management, 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 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.

Updated March 2008

Please detail all occupations and employment during the last five years including the name of employer, the nature of the business, the title and duties of the positions held and relevant dates, demonstrating the equivalent of three years' full time experience as a Fellow.

Please detail experience of with-profits

Please detail other relevant experience:

In the last 12 months, to the best of your knowledge, have you, or any insurance company or friendly society with which you have been associated as Actuarial Function Holder, With Profits Actuary, Reviewing Actuary or Peer Reviewer, been subject to judicial, quasi-judicial proceedings (such as an industrial tribunal or FSA proceedings) or litigation whether settled in or out of court where your actuarial involvement has been questioned? (Only formal written comments, judgements or end of investigation complaints should be noted.)

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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.

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ATTESTATIONS

<p>ATTESTATION 1</p> <p>* Where required by paragraph 7 of the PCS or by other actuarial guidance, I have contacted my immediate predecessor who has confirmed that there are no professional reasons why I should not accept the appointment/I have not contacted my immediate predecessor because</p> <p>*I am / am not, taking up an appointment at this time</p> <p>* Please delete whichever does not apply.</p>	
<p>ATTESTATION 2</p> <p>I certify that I have read and expect to comply with and will have due regard to the PCS (Professional Conduct Standards) and all other relevant professional guidance.</p>	
<p>ATTESTATION 3</p> <p>I certify that in my opinion I have the appropriate knowledge and relevant practical experience for my role as a Life Actuary(including with-profits)</p>	
<p>ATTESTATION 4</p> <p>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.</p>	
<p>ATTESTATION 5</p> <p>I certify that I have attended a Professionalism Course in accordance with the rules of the Profession.</p>	
<p>ATTESTATION 6</p> <p>I certify that the information provided in this application is complete and correct to the best of my knowledge and belief and that I am an appropriate person to hold a Life Actuary Certificate (including with-profits).</p>	
<p>ATTESTATION 7</p> <p>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.</p>	
<p>Signed</p>	<p>Date</p>

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.....