

## APPLICATION FOR A CERTIFICATE TO ACT AS A LIFE ACTUARY (including with-profits)

## New Appointment

## PERSONAL DETAILS

Surname	Forenames	Mr/Mrs/Miss/ Ms/Other
		ARN:
Any previous name by which you have been known:		
Private address:		
Business address:		
Date of Birth:	Fellow of Faculty/Institute - Year of Admission:	
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.		
Date of passing UK Practice Module:		
If you qualified from and including the 2005 examinations you will require to have passed the relevant UK practice module unless you are exempt by having completed the relevant 400 series examination previously.		
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.)		
Actuarial Function Holder:		
With-Profits Actuary:		
Reviewing Actuary:		
Peer Reviewer:		

## QUESTIONNAIRE

Have you at any time 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 4**).

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 in the last ten years 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 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.

Please detail all occupations and employment during the last five years, including 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:

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.)

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.

**ATTESTATIONS**

ATTESTATION 1

\* 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

\*I am / am not, taking up an appointment at this time

\* Please delete whichever does not apply.

ATTESTATION 2

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.

ATTESTATION 3

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)

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 I have attended a Professionalism Course in accordance with the rules of the Profession.

ATTESTATION 6

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).

ATTESTATION 7

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.

Signed

Date

Actuarial Reference No:  
**(Please quote in all correspondence)**

**PLEASE COMPLETE IF PAYING BY CREDIT CARD**

ACCESS  MasterCard  VISA

CARD NUMBER

CARD SECURITY NUMBER

EXPIRY DATE  AMOUNT

NAME.....  
ADDRESS.....  
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SIGNATURE.....DATE.....