

Application for consideration as a Fellow of the Institute and Faculty of Actuaries (IFoA) for Fellows of the Society of Actuaries (SoA)

In accordance with the terms of the Mutual Recognition Agreement under which you are applying for admission as a Fellow of the IFoA, you must before admission:

- have attained Fellowship of the SoA by completing the qualification requirements of the SoA, which may include education and examinations co-sponsored with other actuarial organisations(including where relevant, obtaining one or more of the SoA's examination exemptions that are available from time to time), and not solely in recognition of membership of another actuarial association;
- 2. within three years, up to and including the date of application, have completed at least one year's post-qualification practical work-based experience of UK actuarial practice;
- 3. have successfully met the requirements, prescribed by the IFoA from time to time, in respect of eligibility, education, professional experience, and continuing professional development;
- 4. be a member in good standing with the SoA; and
- 5. at the same time as applying, authorise in writing the SoA to release relevant records to the IFoA concerning any adverse disciplinary determination, finding, sanction and/or penalty, to which you have been subject, in accordance with the SoA's disciplinary process. Such records may be taken into consideration by the IFoA in considering the application, and may be retained by the IFoA thereafter for as long as is reasonably necessary.

What happens if you don't meet the criteria above?

On application, Fellows of the SoA who do not meet all of the conditions set out in conditions 2 and 3 may, at the absolute discretion of the IFoA, be enrolled as an Affiliate of the IFoA while completing any period of relevant experience (condition 2) and while taking action to meet other requirements prescribed by the IFoA from time to time (condition 3).

Application for Consideration as a Fellow

[NOTE: When filling in this form, please use block capitals and black ink.]				
Title: Mr Mrs Miss Miss Dr O	ther ☐ please specify:			
Gender: Male Female Prefer not to disclose				
Forename(s):				
Surname:				
D D M M Y Date of birth:	Y Y Y			
Qualifications (please enter the qualifications to a	ppear on your records:			
Current residential address:				
Postal Town:	County:			
Country:	Postcode:			
Telephone Number:	Fax Number:			
Personal e-mail address:				
Company name:				
Company Address (including department):				
Postal Town:	County:			
Country:	Postcode:			
Telephone Number:	Fax Number:			
Your company e-mail address:				
Please indicate which address you would like all of	correspondence sent to: Home \(\text{Office} \)			

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.

qualifications with your application.				
University Education	n			
Level:	Honours Degree ☐ Ordinary Degree ☐ Grade: 1st ☐	2.1 🗌	2.2 🗌	3 rd
University attended:				
Subject studied:				
Date of graduation:				
Level:	Postgraduate Diploma Masters Doctorate			
University attended:				
Subject studied:				
Date of graduation:				
Professional Qualifi	cations			
Professional associat	ion:			
Qualification:				
Date of graduation:				
Professional associat	ion:			
Qualification:				
Date of graduation:				

Actuarial Qualifications

Please give full details of actuarial qualifications obtained, with dates, and particulars of membership of actuarial associations.

Please supply confirmation of membership letter from the SoA with your application.

This should attest to the fact that you have attained Fellowship of the SoA by completing the qualification requirements of the SoA and not in recognition of membership of another actuarial association and that you are a member in good standing with the SoA.

Confirmation letters or certificates in any language other than English must be accompanied by duly attested English translations.

Actuarial Association		
(please give full name)	<u> </u>	
Subject	Grade	Date
	_	

Record of Training and Areas of Practice for the last three years

Please give full details of training and areas of practice with dates.

SOA Actuarial Training and Practical Experience			
From	То	Employer Details	Details of Training and Areas of
			Practice

_			ng and Practical Experience
From	То	Employer Details	Details of Training and Areas of Practice
			(Include details of applying UK legislation/UK actuarial
			standards eg. the Financial Reporting Council's Technica
			Actuarial Standards, the Actuaries' Code etc.)

Continuing Professional Development for the past year

Please give full details of any Continuing Professional Development (CPD) including professional skills training that you have undertaken during the past year with the appropriate dates.

Date	Event (Please sive name of expenses)	Subject	Total Hours
	(Please give name of organiser)		

Certification

Your application must be certified by a Fellow of the IFoA who has been working on UK work for three out of the last five years.

Details	of Fellow		
Title:	Mr Mrs Miss Ms Dr Other	please specify:	
Forenam	ne(s):		
Surname	e:		
Area of p	practice:		
Employe	er:		
Date of o	qualification as FFA/FIA:		
	has completed at least one year's post-qualifical actuarial practice within three years, up to and it has shown technical actuarial competence and area of work in that traditional actuarial field and other fields;	ncluding the date of a knowledge of a si	f application; ubstantial part of the technical
•	has a sound understanding of the Actuaries' Co the IFoA and standards issued by the Financial which they are engaged.		•
Signatu	ure:		Date:
Name:		FFA/FIA	ARN:
(BLOCI	K LETTERS)		

Declaration

① This section must be signed by applicant.

Before signing this declaration, you must read the Charter, Bye-laws, Rules and Regulations of the IFoA which are available on our website, www.actuaries.org.uk/about-us/pages/charter-bye-laws-rules-and-regulations.

I hereby apply for admission as a Fellow of the IFoA

I give the IFoA permission to contact SoA to obtain:

- 1. confirmation that I am a Fellow of the SoA in good standing and entitled to practise as a member of that body; and
- 2. details of any adverse disciplinary determination, finding, sanction and/or penalty to which I have been subject.

If my application is approved, I understand and agree:

- to comply with the Charter, Bye-Laws, Rules and Regulations of the IFoA, the Actuaries' Code, Actuarial Profession Standards and any relevant standards published by the Financial Reporting Council(FRC), and I will, to the best of my ability, promote the objects of the IFoA as set out in the Charter.
- 2. that I shall be subject to the Disciplinary Scheme of the IFoA and FRC's Actuarial (Discipline) Scheme which can be found at:
 - https://www.frc.org.uk/Our-Work/Conduct/Professional-discipline/Schemes.aspx
 - http://www.actuaries.org.uk/upholding-standards/complaints-and-disciplinaryprocess/disciplinary-scheme
- to complete such Continuing Professional Development (CPD) including Professional Skills Training as is required by the IFoA.

Signed:	Date:

This form should be completed and returned to Membership Team, Institute and Faculty of Actuaries, Level 2 Exchange Crescent, 7 Conference Square, Edinburgh EH3 8RA

How we use your personal data

The Institute and Faculty of Actuaries (IFoA) is registered as a Data Controller under the General Data Protection Regulation. We will use the information provided on this form to process your application, to maintain our Register of Members, and to contact you in the course of your membership. Please note that we will publish your name, address and membership details to the member only area of our website. Where you have not supplied a business address we will use your home address. If you'd rather we didn't publish this information contact membership@actuaries.org.uk. In line with our Royal Charter you are not able to opt out of appearing on our Register of Members, this contains your name, status and any regulatory notes.

To find out how we use your personal data, who we share it with and when please see our privacy policy: https://www.actuaries.org.uk/privacy-policy