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|  | Initial Application | | | | |
|  | For a certificate to act as a Scheme Actuary to Pension Schemes | | | | |
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| Section 1 | | | | | |
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| ARN: | |
| Forenames: | | |  | | Surname: |
| Home address: | | | | | |
|  | | | | | |
| Tel: | | |  | | E-mail |
| Year of Admission as a Fellow: | | |  | |  | |
|  | | | | | |
| Date of passing UK Practice Module (if applicable): | | | | | |
| (A Fellow who (i) qualified as a Fellow from and including 2005 or (ii) has been admitted as a member under the terms of a Mutual Recognition Agreement with another actuarial organisation, will require to have passed the relevant UK Practice Module unless exempt because having previously completed the relevant 400 series examination.) | | | | | |
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| Section 2 | | | | | |
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| Name of Employer: | | | | | |
| Address: | | | | | |
|  | |  | | Tel: | |
| E-mail: | |
| Please detail all occupations and employment during the last ten years, noting which relate to UK pension scheme work, including the name of each employer, the nature of the business, the title and duties of the positions held and relevant dates. | | | | | |
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Explanatory notes

* Please answer the following questions by double clicking and checking the relevant box and providing details where appropriate.
* If you are providing details in response to any of the questions then please provide those on a separate sheet.
* Information should be provided regardless of whether those events ocurred in the UK or elsewhere.

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| Section 3 | | | | | | | |
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| 1 | Do you have any criminal convictions, which are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions Order 1975 (as amended in 2013))?  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.  For clarification you do not have to disclose any convictions, cautions, reprimands or final warnings arising from minor statutory offences. | | |  | Yes |  | No |
| 2 | Have you been the subject of adverse findings in disciplinary proceedings or investigations by a professional body to which you belong or belonged?  If so, provide full details. | | |  | Yes |  | No |
| 3 | Have there been any adverse findings made against you as an individual or any organisation with which you are (or have been) employed or connected with, relating to your own conduct, in any civil proceedings?  If so, provide full details. | | |  | Yes |  | No |
| 4 | Have you been refused admission to any professional body?  If so, provide full details. | | |  | Yes |  | No |
| 5 | Do you know of any reasons, other than those noted above, that may affect your fitness to hold a practising certificate?\*  If so, provide full details | | |  | Yes |  | No |
|  | \* Examples may include:   * Other than in the ordinary course of business, you have been dismissed, or been asked to resign and resigned from, your place of employment, a position of trust, a fiduciary appointment or another similar office or position * You have been made insolvent or entered into a similar process for the benefit of creditors * You have failed to comply with a court order for payment * You have been disqualified from acting as a director * You have been associated as a director or controller in a body corporate which has, during your association, been wound up or otherwise ceased trading in circumstances where, except for compromise agreements, the 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 * You have been subject to adverse findings in a formal investigation relating to actuarial issues by any regulatory authority (including but not limited to the PRA, FCA, TPR, Lloyd’s in its regulatory role and Her Majesty’s Revenue and Customs) | | | | |  |  |
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| Section 4 | | | | | | | | |
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| A. The table below is to be completed as a summary of your experience. Please provide the number of Trustee clients where you have materially contributed to and assisted with the formulation and/or delivery of the Scheme Actuary advice, during the specified time periods relative to the date of this application.  **Please ensure that you provide complete information as to your experience. The Practising Certificates**  **Committee may reject applications which do not provide sufficient evidence of experience. In the event of the Practising Certificates Committee requiring further information, such information should be provided by re-completing this section. The Practising Certificates Committee will consider at most one re-submission.**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Experience period** | | | | | | | | | |  | **Last 12 months** | | **12 - 24 months ago** | | **24 - 36 months ago** | | **36 - 48 months ago** | | **48 - 60 months ago** | | Advice to Trustees required by legislation to support decision in funding, contribution requirements or benefit levels: | | | | | | | | | | | * Triennial valuation |  | |  | |  | |  | |  | | * Annual actuarial report |  | |  | |  | |  | |  | | Advice to Trustees on derivation of actuarial factors to be used in calculations which have a direct effect on the benefits for individual members or the financial position of the Scheme: | | | | | | | | | | | * Cash equivalent transfer values |  | |  | |  | |  | |  | | * Other factors such as Early retirement, Late retirement and Cash commutation |  | |  | |  | |  | |  | |  |  |  | |  | |  | |  | | | Number of meetings or conference calls you have attended and delivered reserved advice (or participated substantially in such delivery) to the user whether or not that advice is covered by the above table |  | |  | |  | |  | |  |   Please outline your experience of the above over each 12 month period to demonstrate your sufficient breadth and depth of relevant experience for the role of Scheme Actuary. Please also provide details of any other reserved advice you have provided to Trustees during the relevant periods, or where you have materially assisted a Scheme Actuary with the formulation and delivery of such advice.  Please ensure you include information to demonstrate that you have delivered material advice (or participated substantially in such delivery) to the user including situations where the advice has been challenged and defended – for example presenting the advice at Trustee meetings.  **Last 12 months –**  **12-24 months ago –**  **24-36 months ago –**  **36-48 months ago –**  **48-60 months ago –**  (Please use extra sheet if required) | | | | | | | | |
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| B. If you have any alternative experience you wish to be considered, please describe it here including why the Practising Certificates Committee should consider it as relevant technical work in relation to the granting of a Scheme Actuary Certificate.  I have alternative experience I wish the PCC to consider as part of my application. | | | | | | | | |
| Section 5 | | | | | | | |
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| 1 | I have read the current version of the Actuaries’ Code and understand and will comply with it and all other relevant professional standards and guidance. | | | | | | |
| 2 | I have read the PC Scheme and I have the appropriate knowledge and relevant practical experience for the role of a Scheme Actuary. | | | | | | |
| 3 | I have been candid and truthful in all communications with regulatory bodies including, but not limited to, the FCA, the PRA,The Pensions Regulator and Her Majesty’s Revenue and Customs. | | | | | | |
| 4 | I confirm that:  I will comply with the CPD requirements of the Institute and Faculty of Actuaries  I am participating in the QAS CPD Scheme and I will therefore comply with the policies and procedures in relation to my development and training as set by my employer | | | | | | |
| 5 | The information provided in this application is complete and correct to the best of my knowledge and I understand that supplying false information may result in the refusal of my application and/or disciplinary action. | | | | | | |
| 6 | I have no objection to my name being included in a listing of certificate holders that will be published on the Institute and Faculty of Actuaries’ website. | | | | | | |
| 7 | I will manage my workload in order to have the time and resources required to carry out any reserved activities I am commissioned to do in the next 12 months. | | | | | | |
| 8 | I have read APS X2 and include in this application form a signed copy of the appropriate APS X2 attestation. | | | | | | |
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| Attached to this application is the signed attestation from an existing Practising Certificate holder regarding my application for a Practising Certificate. | | | | | | | |
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| The Institute and Faculty of Actuaries reserves the right to verify any and all of the information supplied by an applicant. Where it comes to the attention of the Institute and Faculty of Actuaries that any of the information supplied by the applicant is false, the application may be refused and the matter may result in disciplinary action. | | | | | | | |
| Payment of £910.00 is being made by (tick which applies)   |  |  | | --- | --- | | **BACS** | **Credit/Debit Card** |   (Please see details on page 8 for payment information) | | | | | | | |
| Signed: | |  | Date: | | | | |

The IFoA will now be issuing Practising Certificates by e-mail.

If you would prefer a hard copy certificate to be issued to your preferred address on our records, please tickhere:

**Attestation by PC holder for an initial applicant**

**This section must be completed by a practising certificate holder of the same type as the certificate applied for by the applicant, who has personal knowledge of the applicant and does not know of any conflict of interest that may affect their ability to sign this attestation (e.g. family member)**

**The role of the attester is an important one. You are reminded that your conduct in providing this attestation is covered by the Actuaries Code and the Disciplinary and Capacity for Membership Schemes. It is recommended that you re-familiarise yourself with the technical experience criteria before signing the attestation.**

**In providing this attestation, you may want to ask the applicant to demonstrate to you that they have the attributes outlined in ii) below and that you are able to demonstrate that your knowledge of the applicant is such that you can make this attestation. Please add any comments you want to make in the boxes provided. You should retain evidence to support the basis of your attestation.**

(i) I confirm that I have reviewed and discussed the experience set out in the application with the applicant and am satisfied that the examples of work provided have been accurately and reasonably described.

**Signature:**

*Please add comments (if any). Continue on a separate page if necessary*:

(ii) I confirm that, in my opinion and to the best of my knowledge, the applicant has the self-assurance, influencing skills and ethical standards to behave professionally, exercise sound judgement and meet regulatory requirements when faced with the pressures which may arise in executing the reserved work for which the certificate is required, and that the applicant is a fit, proper and suitable person to hold a practising certificate.

**Signature**:

*Please add comments (if any). Continue on a separate page if necessary*:

**Print name:**

**ARN:**

**Date:**

**Attestation by the applicant**

To the Secretary of the Practising Certificates Committee of the Institute and Faculty of Actuaries:

I certify that for the period since 1 July 2015, all actuarial work I have been responsible for, I have complied with the requirements of APS X2.

Signature:

Name:

(in capitals)

Name of employer:

Address:

(if applicable)

Date:

Payment details - you can pay:

* by **credit/debit card** – please provide your preferred telephone number and we will call you for your card details. Please tick here if you would like us to call you for your card details

Preferred telephone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please do not send card payment details with your application by email.** The Institute and Faculty of Actuaries will not process any payment details by e-mail.

* by **credit/debit card** **online** – you can make payment online once your application has been received.

Please tick here if you would like to make payment online

* by **bank transfer** to the bank account below. Please ensure that you include your name and ARN in  
  the payment reference.

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| Bank details | |
| Bank Name: | National Westminster Bank plc Holborn Circus Branch |
| Bank Address: | PO BOX No 24 London EC1P 1DU |
| Account Name | Institute and Faculty of Actuaries |
| Account Number | 08671990 |
| Sort Code | 56-00-20 |
| SWIFT | NWBKGB2L |
| IBAN | GB98NWBK56002008671990 |

**How we use your personal data**

The Institute and Faculty of Actuaries (IFoA) is registered as a Data Controller under the Data Protection Act. 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](mailto: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>

You can update your contact details and communication preferences at any time via the My Account > Your Preferences' section of the members' section online.