|  |  |
| --- | --- |
| IFOA_logo_ | **Transfer of Prior Learning Form**  |

|  |
| --- |
| *Please complete* ***Pages 1-3*** *of this form and return it via email to:* *education.services@actuaries.org.uk**Education Services Team,*  *The Institute and Faculty of Actuaries, 1st Floor, Park Central, 40/41 Park End Street, Oxford OX1 1JD, UK. Tel: +44 (0)1865 268207*  |
|  |
| **Section 1 – Personal details** |
| **Title** | Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]  Mx [ ]  Dr [ ]  |
| **Name (BLOCK CAPITALS)** |  |
| **Date of Birth** |  | **ARN (if known)** |  |
| **Current address** |  |
|  |
|  |
| **Postcode** |  | **Country** |  |
| **Email** |  | **Telephone** |  |
| **Current Actuarial Body** |  | **Membership Number:** |  |
|  |
| **Section 2 – Subjects you are applying transfer for** |
| **CM1** ☐ | **CM2** ☐ | **CS1** ☐ | **CS2** ☐ | **CB1** ☐  | **CB2** ☐  | **CB3**[ ]  |
| **CP1** [ ]  | **CP2** [ ]  | **CP3** [ ]  |
| **SP1**  [ ]   | **SP2** [ ]  | **SP3** [ ]  | **SP4** [ ]  | **SP5** [ ]  | **SP6** [ ]  | **SP7** [ ]  | **SP8** [ ]  | **SP9** [ ]  |
|  |
| **Section 2 - Checklist of required documentation**  |
| A letter stating your personal justification for this submission outlining your reasons for applying |[ ]
| Certified proof of Membership from other actuarial association(s)  |[ ]
| Certified proof of minimum exams passed with the other actuarial association, normally CS1-2, CM1-2 |[ ]
| Official Syllabus of the exams passed with actuarial association |[ ]
| Completed IFoA Syllabus Mapping Document (or equivalent)  |[ ]

|  |
| --- |
|  |
| **Section 3 – Conditions of Application**  |
| 1. Submissions will only be accepted from individuals who are not yet members of the IFoA. If your application is successful you cannot apply for any future examination passes achieved through other actuarial associations.
2. Examinations must have been passed or exemptions granted with your current actuarial association before your application for IFoA Student membership.
3. There will be a minimum threshold of subjects required for an application to be accepted. These will normally be in actuarial mathematics and actuarial statistics, equivalent to the IFoA subjects: CS1, CS2, CM1, and CM2.
4. Individuals should demonstrate that they have covered the content of the IFoA subjects to an equivalent standard. This may include a mapping of their syllabus objectives to those of the IFoA. They must provide documentary evidence that they have completed and passed the subjects they are seeking recognition of, through their existing actuarial association.
5. If your application for transfer is accepted, you must apply for transfer and/or admission within 60 days of receiving the outcome of your application. Failure to do this will result in your request being rejected and you will need to re-apply, with no guarantee of the subsequent application being accepted.
 |

|  |
| --- |
| **Section 4 - Certification of documents**  |
| My documents have been certified by an appropriate person who has included the following details: |
|[ ]  Full name in CAPITAL letters, position, address and telephone number of the company/firm/practice or employer  |
|[ ]  Actuarial Reference Number or membership number (if applicable) |
|[ ]  The date the documentation has been witnessed |
|[ ]  To be written on the documentation: ‘I certify this is a true copy of the original document as seen by me’  |

|  |
| --- |
| **Section 5 - Declaration to be signed by Applicant** |
| I apply for transfer for the above subject(s) and declare that the information supplied with the application is correct to the best of my belief. I declare that I have also enclosed with this application all relevant documentation as required to be submitted.I understand that the IFoA may contact relevant third party or parties for confirmation that the information provided is accurate and correct. |
| **Signature** |  | **Date** |  |

|  |
| --- |
| **Section 6 – Payment details** |
| *There is an administrative fee of £250 which is payable at point of application.* ***The*** |
| *You must ensure that any bank charges are paid at the time of transfer, otherwise we will not receive the full payment. If the correct payment is not received, your application will be delayed until we receive the outstanding balance.* |
|[ ]  **Bank transfer** | **£** | Please enter the total amount of Bank transfer.A remittance advice must accompany this form as proof of your payment. |
| **Account name** | Institute and Faculty of Actuaries | **IBAN** | GB98NWBK56002008671990 |
| **Account number** | 08671990 | **Bank name** | National Westminster Bank PLC |
| **Sort code** | 56-00-20 | **Bank address** | Holborn Circus BranchPO Box No 204No.1 Hatton GardenLondon, EC19 1DU |
| **SWIFT** | NWBKGB2L |  |  |
| **Please enter Bank transfer payment reference. Your reference should include your First name initial, Surname, and should end with the code JEDEXE** | **E.g. JSmithJEDEXE** |
|[ ]  **Visa, MasterCard Amex** | **£** | If you wish to pay by card an invoice will appear in your online account. You should log in to make payment in the members area of the website. |
| **If you wish to pay by card we will send you an email confirmation once your application has been received and you will need to pay the outstanding balance in your member’s account on the website. *Please note that online payments need to be completed within 30 days of receiving the confirmation email.*** |