



Application Form for Affiliate Membership of the Institute and Faculty of Actuaries (IFoA)

Notes for Applicants – please read carefully

Membership Criteria

Applicants should either:

- be a member of one of the following actuarial bodies
 - Actuarial Society of South Africa
 - Canadian Institute of Actuaries
 - Casualty Actuarial Society
 - Actuaries Institute Australia
 - Institute of Actuaries of India
 - Institute of Actuaries of Japan
 - Society of Actuaries
 - Israel Association of Actuaries
- or be a member of a full member association of the Actuarial Association of Europe.

Application for Affiliate Membership

All sections of this form must be completed in full in all cases.
Failure to do so will result in your form being returned to you.

Please use **BLOCK CAPITALS** and **black ink** when filling in this form.

Section 1 — Applicant Details

① You must complete all parts of this section.

I apply for Affiliate Membership of the IFoA

I am a member of:

(written confirmation required from body) _____

Title: Mr Mrs Miss Ms Dr Other please specify: _____

Gender: Male Female Prefer not to disclose

Forename(s): _____

Surname: _____

Date of birth: D D M M Y Y Y Y

Qualifications (please enter the qualifications to appear on your records (e.g. BA, BSc):

Where did you hear about the IFoA?

Brochure/marketing	
Careers Fair	
Employer/Colleague	
Event	
Friend/Relative	
Library	
Other Actuarial Body	
School	
Social media	
University	
Website	
Word of mouth	

① If you fail to provide a current correspondence address, telephone number and e-mail address, (in clear handwriting), this will result in the application form being returned to you.

Please indicate which address you would like all correspondence sent to: Home Office

Current residential address: _____

Postal Town: _____ County: _____

Country: _____ Postcode: _____

Telephone Number: _____ Fax Number: _____

Personal e-mail address: _____

Employment details (if currently unemployed, please leave blank) _____

Company name: _____

Company Address (including department): _____

Postal Town: _____ County: _____

Country: _____ Postcode: _____

Telephone Number: _____ Fax Number: _____

Your company e-mail address: _____

① **The company address will normally be shown in the online Actuarial Directory.**

You must tick the appropriate box below to indicate your predominant practice area, predominant functional work areas and employment type:

Main Employer Type

A01	Insurance	
A01A	Reinsurance company	
A02	Consulting firm/business advisory firm	
A03	Investment management firm	
A04	Investment bank	
A05	Retail bank	
A05A	Building society	
A06	Public service	
A07	Education provider	
A10	Retired (including occasional consulting)	
A11	Temporarily out of paid workforce	
A12	Information not provided	
A13	Risk management	
A14	Fully retired	
A15	Regulator	
A16	Self employed	
A16A	Sole trader	
A17	Utility company	
ZZ	Other	

Practice Area

B01	Pensions and employee benefits – general	
B01A	Pensions and employee benefits – private sector DB	
B01B	Pensions and employee benefits – private sector DC	
B01C	Pensions and employee benefits – private sector DB and DC	
B01D	Pensions and employee benefits – public sector	
B01E	Pensions and employee benefits – private and public sector	
B02	Life insurance	
B03	Health and care	
B04	General insurance	
B05	Investment management	
B06	Investment banking (advisory, finance)	
B07	Education actuarial	
B08	Information technology	
B11	Enterprise risk management	
B12	Resource and environment	
RT	Retired	
ZR	Information not provided	
ZZ	Other	

Functional nature of work

C01	General management	
C02	Client advice/consultancy – general	
C02A	Client advice/consultancy – pension scheme trustees	
C02B	Client advice/consultancy – pension scheme sponsors	
C02C	Client advice/consultancy –insurers	
C02D	Client advice/consultancy - Investment management company	
C02E	Client advice/consultancy – banks	
C02F	Client advice/consultancy – consumers	
C02H	Client advice/consultancy – scheme trustees and sponsors	
C03	Marketing	
C04	Pricing and product development	
C05	Reserving/valuation	
C06	Risk management	
C07	Investment analysis	
C08	Investment management	
C09	Investment trading	
C10	Corporate strategy	
C11	Provision of finance	
C12	Technical support	
C13	Research	
C14	Regulation	
C15	Education	
C18	Non-executive director/Trustee	
C19	Modelling	
C20	Data analysis	
RT	Retired	
ZR	Information not provided	
ZZ	Other	

Section 2 — Method of Payment

We do not send invoices for Affiliate admissions.

The undernoted subscription fee must accompany this application. Applications submitted without the necessary fees will not be processed and will be returned.

Annual Subscription £73.00

This is due in full on entry regardless of date.
Future subscriptions are then due annually on 1
October each year.

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 _____

We accept Visa, Mastercard and American Express.

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

- by **cheque** - cheques should be made payable to “Institute and Faculty of Actuaries” and sent to the Membership Team, Institute and Faculty of Actuaries, Level 2 Exchange Crescent, 7 Conference Square, Edinburgh, EH3 8RA
- by **bank transfer** to the bank account below. Please ensure that you include your name and ARN in the payment reference. Please submit proof of payment along with your reinstatement documentation.

Account Name: Institute and Faculty of Actuaries
Account Number: 08671990
Sort Code: 56-00-20
SWIFT: NWBKGB2L
IBAN: GB98NWBK56002008671990
Bank Name: NATIONAL WESTMINSTER BANK PLC
Bank Address: HOLBORN CIRCUS BRANCH

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 Advice

Transfer made by:

(applicant name must be provided) _____

Bank name: _____

Bank address: _____

Bank reference: _____

Amount transferred:

(excluding bank charges) _____

Transfer date: _____

I have transferred the above amount to the Institute and Faculty of Actuaries and have included the transfer advice with this application.

Signed: _____

Date: _____

Section 3 — Applicant's Declaration

① This section must be signed by applicant.

Before signing this declaration, you are strongly advised to read the Charter, Bye-laws, Rules and Regulations of the Institute and Faculty of Actuaries which are available on our website, www.actuaries.org.uk

I apply to the IFoA for admission as an Affiliate of the IFoA.

I declare that I have not:

- been made insolvent or entered into a similar process for the benefit of my creditors;
- been censored, disciplined or publicly criticised by any professional body to which I belong or belonged;
- been dismissed from any office or employment;
- been excluded from a university course for misconduct; or
- been refused entry to any profession, association or occupation.

I acknowledge that, if admitted to membership of the IFoA, I will be bound by:

- the Actuaries' Code; and
- the IFoA's Charter, Byelaws, Rules and Regulations; and
- the IFoA's CPD Scheme.

I acknowledge that, if admitted to membership of the IFoA, I will be required to disclose promptly to the IFoA:

- any criminal convictions which are not "protected", as defined by the Rehabilitation of Offenders Act 1974 (Exceptions Order 1975 (as amended in 2013));
- adverse findings;
- judgements;
- determinations; or
- disqualification orders.

I am not aware of any circumstances that would make me unsuitable for affiliate membership of the IFoA.

Any member who is unable to make these declarations in full is invited to submit an explanation for consideration by the Membership Committee of the IFoA.

Signature:

Date:

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>

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

Section 4 — Checklist

① You must complete all parts of this section.

Please complete and sign the following:

- I have: provided a letter of confirmation of membership from my principal professional body (page 2)
 provided an appropriate method of payment (see page 5)
 signed and dated the applicant's declaration (see page 6)

You should note that Applications can take up to four weeks to process.

Affiliates cannot enter for any of the examinations for Fellowship.

Further information is available on our website www.actuaries.org.uk

For more information, please contact membership@actuaries.org.uk or telephone 0131 240 1325.

Return complete application to:

Membership Team
Institute and Faculty of Actuaries
Level 2 Exchange Crescent
7 Conference Square
Edinburgh EH3 8RA