



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 Executive 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