



## Application Form for Affiliate Membership of the Institute and Faculty of Actuaries

### Notes for Applicants – please read carefully

#### Membership Criteria

Applicants should be educated to degree (or equivalent) level and have the relevant experience to meet one or more of the following criteria:

- **Be a member of a professional body related to one of the following areas:**
  - Capital projects
  - Corporate finance
  - Derivatives
  - Enterprise risk management
  - General insurance
  - Healthcare
  - Investment
  - Life insurance
  - Pensions
  - Personal finance
  - Statistics
  
- **Be a partner or principal of a professional firm**
  
- **Hold an executive position in a business involved in one of the areas listed above**
  
- **Be an academic working in one of the areas listed above**
  
- **Have been in regular attendance at Institute and Faculty of Actuaries' events**

# 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 by virtue of the following:

Member of:

**(written confirmation required from body)**

Partner/Principal of / Executive at:

Academic at:

Student at:

Details of Institute and Faculty of Actuaries' events attended:

Title: Mr  Mrs  Miss  Ms  Dr  Other  please specify: \_\_\_\_\_

Gender: Male  Female  Prefer not to disclose

Forename(s): \_\_\_\_\_

Surname: \_\_\_\_\_

Date of birth:      

D	D
<input type="text"/>	<input type="text"/>

M	M
<input type="text"/>	<input type="text"/>

Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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	

Ⓢ 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: \_\_\_\_\_

Ⓢ 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**

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

## Practice Area

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

## Functional nature of work

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

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Date:

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## 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](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.

## 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](http://www.actuaries.org.uk)

For more information, please contact [membership@actuaries.org.uk](mailto: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