



Application for Consideration as a Fellow/Associate of the Institute and Faculty of Actuaries (IFoA) for Fellows and Associates of the Israel Association of Actuaries (ILAA)

In accordance with the terms of the Mutual Recognition Agreement under which you are applying for admission as a Fellow or an Associate of the Institute and Faculty of Actuaries (IFoA), you must before admission:

1. have respectively attained Fellowship or Associateship of the ILAA by completing the qualification requirements of the ILAA, which may include co-sponsored education and examinations of other actuarial organisations (including where relevant, obtaining one or more of the ILAA's examination exemptions that are available from time to time), and not solely in recognition of membership of another actuarial association;
2. be entitled to practise as a member of the ILAA;
3. within three years, up to and including the date of application, have completed at least one year's post-qualification practical work-based experience of UK actuarial practice;
4. have successfully met the requirements, prescribed by the IFoA from time to time, in respect of eligibility, education, professional experience, and continuing professional development requirements;
5. be a member in good standing with the ILAA; and
6. at the same time as applying, authorise in writing the ILAA to release relevant records to the IFoA concerning any adverse disciplinary determination, finding, sanction and/or penalty, to which you have been subject, in accordance with the ILAA's disciplinary process. Such records may be taken into consideration by the IFoA in considering the application, and may be retained by the IFoA thereafter for as long as is reasonably necessary.

What happens if you don't meet the criteria above?

On application, Fellows and Associates of the ILAA who do not meet all of the conditions set out in conditions 3 and 4 above may, at the absolute discretion of the IFoA, be enrolled as an Affiliate of the IFoA while completing any period of relevant experience (condition 3) and while taking action to meet other requirements prescribed by the IFoA from time to time (condition 4).

Application for Consideration as a Fellow/Associate

[NOTE: When filling in this form, please use block capitals and black ink]

I am applying for admission as a Fellow an Associate

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: _____

Current residential address: _____

Postal Town: _____ County: _____

Country: _____ Postcode: _____

Telephone Number: _____ Fax Number: _____

Personal e-mail address: _____

Ⓢ Failure to provide a current correspondence address, telephone number and e-mail address, in clear handwriting, will result in the applicant not receiving information about their application form

Employment details - Please supply letter of employment confirmation with your application.

Company name: _____

Company Address (including department): _____

Postal Town: _____ County: _____

Country: _____ Postcode: _____

Telephone Number: _____ Fax Number: _____

Your company e-mail address: _____

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

Education and Qualifications

① You must complete all parts of this section.

Please give your full education history with qualifications awarded.

You must provide proof of all qualifications with your application.

University Education

Level: Honours Degree Ordinary Degree Grade: 1st 2.1 2.2 3rd

University attended: _____

Subject studied: _____

Date of graduation: _____

Level: Postgraduate Diploma Masters Doctorate

University attended: _____

Subject studied: _____

Date of graduation: _____

Professional Qualifications

Professional association: _____

Qualification: _____

Date of graduation: _____

Professional association: _____

Qualification: _____

Date of graduation: _____

Actuarial Qualifications

Please give full details of actuarial qualifications obtained, with dates, and particulars of membership of actuarial associations.

Please supply a confirmation of membership letter from the ILAA with your application.

This should attest to the fact that you have attained Fellowship or Associateship of the ILAA by completing the qualification requirements of the ILAA and not in recognition of membership of another actuarial association and that you are a member in good standing with the ILAA.

Confirmation letters or certificates in any language other than English must be accompanied by duly attested English translations.

Actuarial Association

(please give full name)

Subject	Grade	Date

Record of Training and Areas of Practice for the last three years

Please give full details of training and areas of practice with dates.

Israeli Actuarial Training and Practical Experience			
From	To	Employer Details	Details of Training and Areas of Practice

UK Actuarial Training and Practical Experience			
From	To	Employer Details	Details of Training and Areas of Practice (Include details of applying UK legislation/UK actuarial standards eg. the Financial Reporting Council's Technical Actuarial Standards, the Actuaries' Code etc)

Continuing Professional Development for the past year

Please give full details of any Continuing Professional Development (CPD) including professional skills training that you have undertaken during the past year with the appropriate dates.

Date	Event (Please give name of organiser)	Subject	Total Hours

Certification

Your application must be certified by a Fellow of the IFoA who has been working on UK work for three out of the last five years.

Details of Fellow

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

Forename(s): _____

Surname: _____

Area of practice: _____

Employer: _____

Date of qualification as FFA/FIA: _____

I certify that the applicant, _____

- has completed at least one year's post-qualification practical work-based experience of UK actuarial practice within three years, up to and including the date of application;
- has shown technical actuarial competence and a knowledge of a substantial part of the technical area of work in that traditional actuarial field and has a broad understanding of the work in the other fields;
- has a sound understanding of the Actuaries' Code, Actuarial Professional Standards issued by the IFoA and standards issued by the Financial Reporting Council covering the areas of work in which they are engaged.

Signature: _____ Date: _____

Name: _____ FFA/FIA _____ ARN: _____

(BLOCK LETTERS)

Declaration

① This section must be signed by applicant.

Before signing this declaration, you must read the Charter, Bye-laws, Rules and Regulations of the IFoA which are available on our website, www.actuaries.org.uk/about-us/pages/charter-by-laws-rules-and-regulations.

I hereby apply for admission as a Fellow or Associate of the IFoA

I give the IFoA permission to contact ILAA to obtain:

1. confirmation that I am a **Fellow/Associate** of the ILAA in good standing and entitled to practise as a member of that body; and
2. details of any adverse disciplinary determination, finding, sanction and/or penalty to which I have been subject.

If my application is approved, I understand and agree:

1. to comply with the Charter, Bye-Laws, Rules and Regulations of the IFoA, the Actuaries' Code, Actuarial Profession Standards and any relevant standards published by the Financial Reporting Council (FRC), and I will, to the best of my ability, promote the objects of the IFoA as set out in the Charter.
2. that I shall be subject to the Disciplinary Scheme of the IFoA and FRC's Actuarial (Discipline) Scheme which can be found at:
 - <https://www.frc.org.uk/Our-Work/Conduct/Professional-discipline/Schemes.aspx>
 - <http://www.actuaries.org.uk/upholding-standards/complaints-and-disciplinary-process/disciplinary-scheme>
3. to complete such Continuing Professional Development (CPD) including Professional Skills Training as is required by the IFoA.

Signed: _____

Date: _____

This form should be completed and returned to Membership Team, Institute and Faculty of Actuaries, Level 2 Exchange Crescent, 7 Conference Square, Edinburgh EH3 8RA

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>