



### Examination and Study Material Fee Discount Program Application

Please print or type:

<b>Last Name/Family Name</b>			<b>First Name</b>			<b>Middle Name</b>					
<b>Maiden Name, if applicable</b>				<b>Date of Birth</b>		<i>day</i>		<i>month</i>		<i>year</i>	
<b>Company</b>											
<b>Mailing Address</b>											
<b>City</b>				<b>Postal Code</b>				<b>Country</b>			
<b>Phone Number</b>						<b>E-mail address</b>					

If you have taken Society of Actuaries examinations previously, please check here:

If you are a property/casualty candidate, please check here:

*Candidates need only apply once for this program; if you have been approved previously and continue to meet the criteria outlined in the program information, please do not resubmit an application. Only one application per fax will be accepted. Multiple applications sent on one fax will not be accepted.*

I certify that the above information is correct. I confirm that I am a current full-time resident of the stated country. I attest to the need for financial assistance; I attest to being personally responsible for the payment of all examination and study material fees and will not be reimbursed by an employer, a company or another individual or entity. I attest that I will adhere to all of the terms and conditions of this program and I understand that my participation can be terminated if I violate the terms and conditions.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**RETURN TO:**

Kim Tice  
Basic Education Administrator  
Society of Actuaries  
475 North Martingale Road Suite 600  
Schaumburg, IL 60173-2226 USA  
Fax: 847/273-8516 or 847/706-3599  
e-mail: [ktice@soa.org](mailto:ktice@soa.org)

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