



PROFORMA STATEMENTS FOR THE RULE FOR ACTUARIAL FIRMS

March 2011

A. NOMINATION OF SENIOR ACTUARY FOR FIRM

[INSERT FIRM'S NAME]

NOMINATION OF SENIOR ACTUARY UNDER PART B OF THE RULE FOR ACTUARIAL FIRMS (MARCH 2011)

We, the Members of the Institute of Actuaries of Australia in *[insert firm name]* ("Firm") nominate *[insert name of nominee]* to be the Senior Actuary for the Firm. *[Name of nominee]* is a Fellow/Accredited Member/Actuary*.

** We confirm that the Firm does not have a Fellow or Accredited Member who may be nominated for the position of Senior Actuary.

Signed by *[insert name]* on behalf of the Members in the Firm

Dated: _____

* stipulate the nominee's status

** this statement to be included only if nominee is an Actuary, not a Fellow or Accredited Member



B. STATEMENT BY NOMINATED SENIOR ACTUARY FOR FIRM

[INSERT FIRM'S NAME]

**STATEMENT BY NOMINATED SENIOR ACTUARY UNDER
PART B OF THE RULE FOR ACTUARIAL FIRMS (MARCH 2011)**

In accordance with the requirements of the Institute of Actuaries of Australia under the Rule for Actuarial Firms (March 2011), I make the following statements in respect of *[insert firm name]* ("Firm"), namely that I will ensure that:

- (a) all Members of the Firm are aware of their responsibilities under the Code of Professional Conduct;
- (b) the Firm is aware that Members have such responsibilities; and
- (c) the Firm has in place a process for Members of the Firm to seek guidance in relation to professional matters.

I certify that I accept responsibility on a continuing basis for the actuarial standards of the Firm.

Furthermore, I certify that:

- (a) the Australian operation of the Firm acts in accordance with the principles set out in the Code of Professional Conduct;
- (b) the ownership of the Australian operation is such that no conflict is expected to occur between (a) and the objectives of the owners of the Australian operation; and
- (c) the Australian operation is effectively under the control of Fellows and/or Accredited Members or Members entitled to use the designation 'Actuary' who are working for it on a full-time, or close to full-time, basis.

Signed by *[insert name of Senior Actuary and qualifications]*
Senior Actuary for *[insert Firm name]*

Dated: _____



C. STATEMENT BY ACTUARIAL MEMBERS OF THE FIRM'S MANAGEMENT GROUP IN SUPPORT OF SENIOR ACTUARY'S STATEMENT

**STATEMENT FROM THE ACTUARIAL MEMBERS OF THE
MANAGEMENT GROUP OF
*[INSERT FIRM'S NAME]***

We, the actuarial members of the management group of *[insert Firm name]*, confirm that we have read the statement made on *[insert date]* by *[insert name of senior actuary]*, Senior Actuary of *[insert Firm name]* and we agree with the terms of that statement.

Signed by *[insert name]*

Actuarial member of the management group of *[insert Firm name]* for
and on behalf of the other actuarial members of that group

Dated: _____



D. SUPPORTING EVIDENCE FOR SENIOR ACTUARY'S STATEMENT

[INSERT FIRM'S NAME]

SUPPORTING EVIDENCE FOR SENIOR ACTUARY'S STATEMENT

- (a) The management group of *[insert Firm name]* ("Firm") comprises *[insert number of individuals in management group]* persons, of whom *[insert number]* are actuaries.
- (b) The Senior Actuary of the Firm is one of the members of the management group.

The members of the management group of the Firm are:

[provide details of names and, if relevant, actuarial status]