



TRANSFER FROM ACCREDITED MEMBER TO FELLOW APPLICATION

I, Mr/Mrs/Miss/Ms/Dr _____ Membership ID _____
(Print name to appear on Fellowship certificate)
of _____

(address for notices – business address preferred for delivery of certificate)

born on ___/___/_____, being an Accredited Member, hereby apply to be admitted as a Fellow of the Institute of Actuaries of Australia. I confirm that I am currently a Fellow of the:

- | | |
|--|---|
| <input type="checkbox"/> Institute of Actuaries of India | <input type="checkbox"/> Institute and Faculty of Actuaries |
| <input type="checkbox"/> Actuarial Society of South Africa | <input type="checkbox"/> New Zealand Society of Actuaries |
| <input type="checkbox"/> Canadian Institute of Actuaries | <input type="checkbox"/> Society of Actuaries |
| <input type="checkbox"/> Casualty Actuarial Society | <input type="checkbox"/> Society of Actuaries of Ireland |

having attained this status in the year _____

I have been working and residing in Australia or New Zealand for Fellows of the New Zealand Society of Actuaries as an Accredited member continuously for the last:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | six months (FIAI, FCAS, FCIA, FFA, FIA, FSA, FSA, FASSA, FNZSAI) |
| <input type="checkbox"/> | three years (Non MRA) |

I agree, as a condition of membership, to be bound by the provisions of the Constitution of the Institute of Actuaries Institute and its Professional Standards and Code of Professional Conduct and all Professional Standards and mandatory Guidance Notes in force from time to time.

Date ___/___/_____ Signature_____

THIS SECTION IS TO BE COMPLETED BY TWO FELLOWS OF THE INSTITUTE

We, _____

and _____

certify that the above named has completed six months/three years residence in Australia and or New Zealand as an Accredited Member, and in our view has the requisite actuarial experience and knowledge of Australian conditions. Accordingly, we recommend that the above named applicant be accepted as a Fellow of the Institute.

Date ___/___/_____ Signature_____

Date ___/___/_____ Signature_____

***Privacy policy:** Your privacy is important to us. Personal information provided on this form will be collected and used by the Institute in accordance with our Privacy Policy available at <http://www.actuaries.asn.au/sitefunctions/PrivacyPolicy.aspx>

OFFICE USE ONLY

RECEIVED: _____ CHANGES ID: _____ APPROVAL DATE: _____