



APPLICATION TO TRANSFER MEMBERSHIP

I, _____

of _____

Membership ID _____

Transfer to Affiliate

confirm that I am currently a

Student Associate Accredited Fellow

of the Actuaries Institute. I hereby apply to be transferred to the membership class of Affiliate of the Actuaries Institute. I understand that I may in future apply for transfer to the membership class I held previously and agree to pay the full subscription* for the membership class to which I am transferring.

or

Transfer from Affiliate

confirm that I am currently an Affiliate of the Actuaries Institute. I hereby apply to be transferred to the membership class of:

Student Associate Accredited Fellow

of the Actuaries Institute, for which I qualify. I have attached any necessary supporting documentation and agree to pay the full subscription* for the membership class to which I am transferring.

I agree, as a condition of membership, to be bound by the provisions of the Constitution 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 _____

*A new membership renewal invoice will be sent if a transfer of membership type occurs during the renewal period. In all other cases, the member will be invoiced at the new rate at the next renewal period.

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>.

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