



## APPLICATION TO TRANSFER FROM ASSOCIATE/AFFILIATE TO AN ACCREDITED MEMBER

I, Mr/Mrs/Miss/Ms/Dr \_\_\_\_\_

of \_\_\_\_\_ Membership ID \_\_\_\_\_  
(address for notices – business address preferred)

born on \_\_\_/\_\_\_/\_\_\_\_\_, hereby apply to be an Accredited Member of the Institute of Actuaries of Australia.

I confirm that I (please  the relevant box):

	Am currently a Financial Fellow of	Since	Qualified as a Fellow by Examination through	Year	have completed a Professionalism Course within the last 5 years conducted by	Dates
Institute of Actuaries of India						
Actuarial Society of South Africa						
Canadian Institute of Actuaries						
Casualty Actuarial Society						
Institute & Faculty of Actuaries						
Society of Actuaries						
Society of Actuaries of Ireland						
New Zealand Society of Actuaries						

I have been working and residing in Australia and/or New Zealand\* as an Associate/Affiliate (cross out whichever is not applicable) member continuously for the last six months.

I agree, as a condition of membership, to be bound by the provisions of the Constitution of the Institute of Actuaries of Australia, its 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 worked and resided in Australia and/or New Zealand\* for the last six months 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 an Accredited Member of the Institute.

Date \_\_\_/\_\_\_/\_\_\_\_\_ Signature\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_\_ Signature\_\_\_\_\_

#### Statement of Responsibility (to be authorised by one of the nominating Fellows)

I, \_\_\_\_\_, am satisfied that the above-named applicant understands the Actuaries Institute's Code of Professional Conduct.

Date \_\_\_/\_\_\_/\_\_\_\_\_ Signature\_\_\_\_\_

\*Working and residing in New Zealand only applies to Fellows of the New Zealand Society of Actuaries seeking admission as an Accredited member of the Institute of Actuaries of Australia.

\*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>