



CPD Exemption Request Form

Full Name: _____ Member ID: _____

Actuaries Institute (the Institute) Policies on CPD

Professional Standard 1 - Continuing Professional Development (PS 1) came into effect from March 2006. PS1 replaces the previous Professional Standard, PS 500. Importantly, the new Standard applies to all members, excluding Retired and Student members as referenced below, and requires members to complete 40 hours of CPD per calendar year, or 80 hours of CPD over two consecutive calendar years, provided at least 20 hours is completed in any one calendar year.

A Member who is not providing a Professional Service and is either on extended leave or has special circumstances can apply to Council in writing for an exemption from the requirements of PS1.

Retired members and students

In May 2007, Council resolved that Institute Policy in respect to compliance with PS 1 is that:

Retired Members of the Institute (that is those Members who have retired from all forms of employment, whether paid or not) are automatically exempted from the requirements of Professional Standard 1; and

Student Members of the Institute enrolled in a recognised actuarial education course will be deemed to have complied with Professional Standard 1 by virtue of such enrolment.

To apply for an exemption please complete the requested information below.

CPD Exemption

I wish to apply to the Institute for exemption from PS1. I hereby confirm that, in respect of the requirements stated in PS1, I am not providing advice that may be regarded by the recipient as actuarial advice (as defined in the Institute Code of Professional Conduct) because I am:

- On extended leave
- Not in gainful employment
- Special circumstances (*please provide detail below*)

Date of exemption requested: From: _____ To: _____

Explanation of Special Circumstances: (*please attach supporting documentation if necessary*)

I understand that if my application for exemption is accepted, my status will be changed to "Not Practising" and I will be entitled to pay a reduced subscription. I agree to inform the Institute immediately should my circumstances change.

Signed _____ Date _____

***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: _____ ASSESSED: _____ APPROVED DECLINED LETTER SENT: _____

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