

MEMBERSHIP APPLICATION FORM

Actuaries Institute accepts applications for membership in a range of categories - Accredited, Affiliate, Associate and Students - and will consider applications upon receipt of a completed Application form.

Points to note:

- a) Applicants must refer to the Institute website www.actuaries.asn.au for the eligibility criteria and the appropriate fees.
- b) All sections marked with * must be answered. The collection, use and disclosure of personal information you provide on this form is subject to the Institute's Privacy Policy which is available at: www.actuaries.asn.au
- c) **Originals or certified copies of academic records and/or proof of university enrolment must be submitted together with this application. Originals will not be returned.**
- d) Incomplete or incorrectly completed applications will delay processing. To avoid possibly missing important examination deadlines, please ensure this application is completed properly as in points (a-d) above. Processing usually takes up to two weeks when receipts are posted.

Instructions for completion:

- A. Tick the appropriate membership category for which you are applying.
- B. All applicants must complete sections 1, 2, 4 and 7.
- C. The table below specifies additional sections to complete for each category of membership.

Category of membership	Additional sections to be completed
Accredited	
<p>An Accredited member is a new member joining the Institute on the basis of having qualified through a recognized actuarial association.</p> <p>You may be eligible to join as an Accredited member if you satisfy the criteria outlined in the Institute's Policy Statement which is attached to this application.</p>	<ul style="list-style-type: none"> - section 5.1, 5.2 and 5.3 - section 6.3 <p>Applicants must read the Policy Statement at the end of the application form</p>
Affiliate	
<ul style="list-style-type: none"> • An Affiliate member is a professional who works with actuaries or is involved in similar fields of interests. • An affiliate could also be a member of other actuarial organizations that have a mutual recognition agreement with the Institute, or who are members of an organization which is a member of the International Actuarial Association Profession. 	<ul style="list-style-type: none"> - section 6.1 - section 5.1 and 6.2 for members of an actuarial organisation
Associate	
<p>Associate is a member who is joining the Institute on the basis of having qualified through a recognized actuarial association.</p>	<ul style="list-style-type: none"> - section 5.1 and 5.2 - section 6.2
Student	
<ul style="list-style-type: none"> • A Student is a new member who is entering the Institute's education program. • Full time students are eligible for a reduced membership fee when proof of full time enrolment is attached. 	<ul style="list-style-type: none"> - section 2 or section 3 (as relevant) - section 6.2

*** Name (to be completed by all applicants)**

Title	Mr	Mrs	Miss	Ms	Dr	Other (please specify)
Given Name					Middle Name(s)	
Family Name					Preferred Name	

Section 1: Personal and contact details (to be completed by all applicants)

Business Address						
Position/ Title						
Company Name						
Address						
Town/ Suburb		State		Post Code		
Country						
Telephone		Fax				
Billing Address (if different from above)						
Address						
Town/ Suburb		State		Post Code		
Country						
* Home Address						
Address						
Town/ Suburb		State		Post Code		
Country						
Telephone		Fax				
Mobile		*Email				
* Gender	Male		Female		* Date of Birth	
Nationality:						
Languages spoken (other than English) :						
Please indicate preferred address:						
Business		Billing		Home		
Please indicate reason for Application (if applicable):						
for Part I enrolment				for Part III enrolment		

Section 2: Qualifications (to be completed by all applicants)
OTHER ACADEMIC QUALIFICATIONS WITH POST NOMINALS

List only tertiary qualifications completed, years attained and the name and country of the educational institution attended. **Verified copies or original transcripts must be enclosed with this application.**

Qualification	Abbreviation	Year Completed	Institution	Country

OFFICE USE ONLY

Member type		Amount paid		Council approval	
Academic records		Changes ID		Materials & Receipt sent	

Section 3: Education Program (applicants for Student membership only)

Section 3.1 : To be completed by applicants currently studying

I am currently enrolled as a full-time student in an actuarial studies course at:

Australian National University	<input type="checkbox"/>	Other (please specify):	
Curtin University of Technology	<input type="checkbox"/>		
Macquarie University	<input type="checkbox"/>	Degree being studied:	
University of Melbourne	<input type="checkbox"/>		
University of New South Wales	<input type="checkbox"/>		
Monash University	<input type="checkbox"/>		

Section 3.2

Please complete the following section if you have:

1. Completed your Bachelor Degree in Actuarial Studies *and*
2. Graduated from one of the five accredited universities *and*
3. Given the University permission to mail the Institute your eligibility for exemption letter.

Subject	Tick if eligible for exemption	University that recommended the exemption	Year course completed
CT1 Financial Mathematics	<input type="checkbox"/>		
CT2 Finance and Financial Reporting	<input type="checkbox"/>		
CT3 Probability & Mathematical Statistics	<input type="checkbox"/>		
CT4 Models	<input type="checkbox"/>		
CT5 Contingencies	<input type="checkbox"/>		
CT6 Statistical Methods	<input type="checkbox"/>		
CT7 Economics	<input type="checkbox"/>		
CT8 Financial Economics	<input type="checkbox"/>		

If you have completed any of the above subjects through the UK Exams, please provide a certified copy of your pass letter.

If you have completed your degree from a non-accredited university and wish to apply for an exemption you will need to complete an "Application for exemption through the exemption committee" form available from the Institute's website www.actuaries.asn.au.

Section 3.3

I have completed both parts of the Part II (Actuarial Control Cycle) course and have gained an overall credit Pass. I am eligible for exemption from Part II.

I completed the Part II course in Year:	<input type="text"/>	University	<input type="text"/>
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Section 4: Required information (to be completed by all applicants)

Primary Practice Area - To allow us to more closely tailor our services to your needs, please provide the details to be recorded by completing the relevant sections below: Please rank 1, 2 and/or 3

Banking and finance		Management	
Education		Not working	
Environment and energy		Other business	
General insurance		Reinsurance	
Health		Risk management	
Information technology		Superannuation and employee benefits	
Investment and funds management		Wealth management	
Life insurance			
Please select working status			
Student – Part Time		Employed	
Student – Fulltime		Not working	
		Retired	

Australian Actuarial Journal (AAJ)

The *Australian Actuarial Journal (AAJ)* publishes papers of interest to actuaries and experts in financial risk, with a particular focus on Australian, New Zealand and Asian topics.

If you do not tick the box below, you will be advised via the Institute's Information Bulletin to check the website for the latest electronic copy of the AAJ.

I wish to receive printed copies of the Australian Actuarial Journal (AAJ).

Section 5: Required qualification information
Section 5.1 : To be completed by Fellows of the following organisations

I am currently a financial Fellow of:			
Institute & Faculty of Actuaries		New Zealand Society of Actuaries	
Society of Actuaries		Actuarial Society of South Africa	
Casualty Actuarial Society		Society of Actuaries of Ireland	
Institute of Actuaries of India			
Canadian Institute of Actuaries			
I attained this status in the year:			

Section 5.2 : To be completed by applicants for Associate membership

I qualified as a Fellow by examination through the:			
Institute & Faculty of Actuaries		Casualty Actuarial Society	
Actuarial Society of India		Canadian Institute of Actuaries	
Society of Actuaries		Society of Actuaries in Ireland	
Actuarial Society of South Africa			
I attained this status in the year:			

Section 5.3 : To be completed by applicants for Accredited membership

I completed a recognised Professionalism Course within the last 5 years conducted by:	
Name of the Organisation:	
Date (dd/mm/yy)	
At (location, city)	

I declare that I have been working and residing in Australia (or New Zealand, for Fellows of the New Zealand Society of Actuaries) for at least 6 months:	
Date (dd/mm/yy)	
Signature	

Section 6: Referees

To be completed by two Referees. Please fill out the appropriate section below:

Section 6.1: Affiliate membership applicants (please complete A or B, as appropriate)

A. Applicants who are members of other actuarial institutes, faculties or organizations that have concluded a mutual recognition agreement with the Institute, or who are members of an organization which is a member of the International Actuarial Association.

Name of the Organisation:	
Membership Status:	

B. Applicants who hold professional qualifications in a related field and who are nominated by two Fellows of the Institute.

We the undersigned consider that the applicant is suitable for Affiliate membership with the Institute and is a person who could be relied upon to maintain the standards of membership of the Institute.

Please Print

Name:	Name:
Address:	Address:
Email:	Email:
Signature:	Signature:
Date:	Date:

Section 6.2: Affiliate (if member of an actuarial organisation), Associate and Student membership applicants

A referee can be anyone over the age of 18 years who is not a member of the applicant's family and who has known the applicant for at least twelve months.

We the undersigned consider that the applicant is suitable for membership of a professional body and is a person who could be relied upon to maintain the standards of the Institute.

Please Print

Name:	Name:
Address:	Address:
Email:	Email:
Occupation:	Occupation:
Signature:	Signature:
Date:	Date:

Section 6.3: Accredited membership applicants

To be completed by two Fellows of the Institute

We the undersigned consider that the applicant is suitable for membership of a professional body and is a person who could be relied upon to maintain the standards of the Institute.

I,

and I,

certify that the applicant has worked and resided in Australia (or New Zealand, for Fellows of the New Zealand Society of Actuaries) for at least six months, and in our view has the requisite actuarial experience and knowledge of Australian conditions. Accordingly we recommend that the applicant be accepted as an Accredited Member of the Actuaries Institute.

Date (dd/mm/yy)		Signature	
Date (dd/mm/yy)		Signature	

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

I, _____, am satisfied that the above named applicant understands the Actuaries Institute's Code of Professional Conduct and all Professional Standards and mandatory Guidance Notes from time to time.

Date (dd/mm/yy)		Signature	
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Section 7: Declaration and payment details (to be completed by all applicants)

Have you, at any time, been convicted of an indictable offence or are you currently charged with an indictable offence? YES NO

Have you, at any time, been found to have acted fraudulently or dishonestly by any court or tribunal of competent jurisdiction in Australia or elsewhere for an offence of any kind? YES NO

Have you ever been subject to disciplinary action by a statutory, professional or other body in respect of your professional capacity? YES NO

Are you presently under any sequestration or bankruptcy order of the court or have you presently made an assignment for the benefit of creditors? YES NO

If you have answered "yes" to any of the above please attach details.

I hereby apply for membership of Actuaries Institute (the Institute). I understand that I have no voting rights of the Institute unless I become a Fellow.

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

I agree to the Institute's collection, use and disclosure of my personal information in accordance with the Institute's privacy policy available at <http://www.actuaries.asn.au/sitefunctions/PrivacyPolicy.aspx>, including:

- the use of my preferred mailing address (as provided to the Institute) for receipt of information from the Institute or via its appointed mailing house;
- the inclusion of my business contact details (as provided to the Institute) on the password protected Members' section of the Institute website for use by other Members; and
- the use of my nominated preferred mailing address (as provided to the Institute) by any international actuarial association with whom I hold a subscription through the Institute and agree to the Institute disclosing these details and my membership of the Institute to those associations.
- **the use of my full name and preferred state/country to the New Members welcome message published on the website and Actuaries Magazine on joining.**

I give the Institute permission to contact another actuarial association to obtain:

- confirmation that I am a Fellow of that body in good standing; and
- details of any disciplinary actions taken against me.

Applicant's signature	Date (dd/mm/yy)
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PAYMENT DETAILS

Cash payments are not accepted.

For members receiving reduced subscription fees only: I confirm that, for the current financial year, I expect that my total taxable income will be less than \$60,000. The Institute may seek to verify this at a later date.

Signature: _____

CHEQUE <input type="checkbox"/>	AMEX <input type="checkbox"/>	MASTERCARD <input type="checkbox"/>	VISA <input type="checkbox"/>	MONEY ORDER <input type="checkbox"/>	In Person only EFTPOS <input type="checkbox"/> (Max \$1000)
_____ / _____ / _____ / _____					
Expiry date _____ / _____			Amount \$ _____		
Cardholder's name (please print) _____				Signature _____	

ABN 69 000 423 656

Please post completed application to the address below. Facsimiles will not be accepted.

Cheques Payable/Post to: The Institute of Actuaries of Australia
Level 7 Challis House 4 Martin Place Sydney NSW 2000 Australia

POLICY STATEMENT – ACCREDITED MEMBERSHIP

Actuaries Institute has mutual recognition agreements (MRAs) with the following actuarial associations:

Canadian Institute of Actuaries (CIA)
Casualty Actuarial Society (CAS)
Institute and Faculty of Actuaries (IFA)
Institute of Actuaries of India (IAII)
Society of Actuaries (SoA)
Society of Actuaries in Ireland (SAI)
Actuarial Society of South Africa (ASSA)

Fellows who have qualified through examination at one of these associations may be accepted as Accredited Members of Actuaries Institute if they satisfy the following conditions:

- (1) Being a current financial Fellow of one of the above-mentioned bodies;
- (2) Having been resident and working in Australia for at least six months and to have gained suitable experience in local actuarial practice;
- (3) Having completed a recognised Professionalism Course within the previous 5 years (or earlier at the discretion of the Council). For this purpose, recognised Professionalism Courses include those of:
 - (a) Institute of Actuaries of Australia
 - (b) Institute of Actuaries of India (IAII)
 - (c) Actuarial Society of South Africa (ASSA)
 - (d) Casualty Actuarial Society (CAS)
 - (e) Institute and Faculty of Actuaries (IFA)
 - (f) Society of Actuaries (SoA)
 - (g) Society of Actuaries of Ireland (SAI)
- (4) One of their Fellows signing the nomination form must be satisfied that the applicant understands the Institute of Actuaries of Australia's Code of Conduct.

In addition, Fellows of the Casualty Actuarial Society (CAS) and Actuarial Society of South Africa (ASSA) may also be admitted as Accredited Members if they satisfy the conditions 1-4 above and qualified as a Fellow through examination from either IoA, IFoA, SoA or CAS.

Fellows of the New Zealand Society of Actuaries may also be admitted as Accredited Members if they:

- satisfy the conditions 1,3 and 4 above;
- have been resident and working in Australia and/or New Zealand for at least six months and have gained suitable experience in local practice; and
- qualified as a Fellow through examination from either IoA, FoA, SoA or CAS.

Effect of mutual recognition on the transfer of Accredited Members to Fellows:

Actuaries Institute will accept the transfer of an Accredited Member of Actuaries Institute who is currently an FCAS, FCIA FFA, FIA, FIAI, FSA, or FIAI to a Fellow of Actuaries Institute (FIAA) after a waiting period of six months, during which time they must work and reside in Australia.

In respect of a Member admitted as an Accredited Member under the terms of the Institute's policy with respect to Fellows of the New Zealand Society of Actuaries (as set out above), Actuaries Institute will accept the transfer of such an Accredited Member to a Fellow of Actuaries Institute (FIAA) after a waiting period of six months, during which time they must reside and work in Australia and New Zealand.

Until such time as there are mutual recognition agreements with the other bodies, the normal waiting period for Accredited Members prior to becoming a FIAA is three years, during which time they must reside and work in Australia and maintain current financial membership as a Fellow of their overseas body.

Institute of Actuaries of Australia
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