



# Application for FAP Final Assessment

**Candidate Information**Check here if you do not want to receive information from third party vendors Date of Birth: \_\_\_\_\_  
Month Day Year

CAND #:

ID #:

*For Office Use Only**For Office Use Only*

Check your primary address:

 Work HomeIf a different name was used on a previous application, print it here:  
\_\_\_\_\_

Last Name / Family Name

First Name

Middle Name

Organization (if office address is used for mailing):

Address:

City:

State/Province:

Zip/Postal Code:

Country

Daytime TEL:

E-MAIL:

I have read and agree to abide by the [SOA Terms and Conditions Agreement for eLearning Candidates](#). I acknowledge that I have read and agree to adhere to the [SOA Code of Conduct for Candidates](#) and the *Code of Professional Conduct*, as applicable. I further agree that the results of any Final Assessment submission, and any action taken as a result of my conduct (such as an irregularity, violation or cheating, and any hearings) may, at the sole discretion of the SOA, be disclosed to any other bona fide actuarial organization that has a legitimate interest in such results and/or action.

Signature: \_\_\_\_\_

(Your original written signature is required for this application to be valid.) **Final Assessment \$1316**

Canadian residents add 5% GST, PE 14%, NB,NL,ON 13%, NS 15% GST/HST

You may **fax** your registration to **1-847-273-8529**Or, send application and **CHECK** payments to:

Society of Actuaries  
P.O. Box 95600, Chicago, IL 60694-5600

OR . . .

If using **OVERNIGHT DELIVERY** or if paying  
by **CREDIT CARD**, send application to:

Society of Actuaries c/o FAP Services  
8770 W Bryn Mawr Ave, Suite 1000  
Chicago, IL 60631

Indicate the credit card:  American Express  MasterCard  Visa

All fields are required.

Account Number: \_\_\_\_\_ CVV2 number \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ Cardholder's Printed Name \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Cardholder's complete billing address (if different from applicant's): \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

## FAP Final Assessment

Candidates taking the FAP Final Assessment must first complete all required modules, associated module activities, and have submitted all End-of-Module Assessments. The Final Assessment is designed for a level of candidate effort of approximately 25 hours. For details on submission deadlines, please refer to the [SOA Terms and Conditions for e-Learning Candidates](#).

## Cancellations/Refund Policy

To cancel a Final Assessment registration prior to login, please email [customerservice@soa.org](mailto:customerservice@soa.org).

There is a \$100 administration fee for each cancellation issued. A refund will be issued, less administrative fees, in 2-4 weeks in the way the original payment was made.

If a Final Assessment is not submitted by the deadline as described in the [SOA Terms and Conditions for e-Learning Candidates](#), the Assessment will NOT be accepted, and you will need to register to retake the Final Assessment and submit appropriate fees. Refunds will not be issued for failing to submit the Final Assessment by the deadline.

Direct questions to [customerservice@soa.org](mailto:customerservice@soa.org)