



MEMBERSHIP APPLICATION FORM

I, Mr, Mrs, Miss, Ms
(GIVEN NAMES) BLOCK LETTERS (SURNAME)
Of,
(address for Notices - business address preferred - please use P.O. Box where appropriate)
Tel: Fax: Email:
Born on / /
hereby apply for membership of the New Zealand Society of Actuaries in the following class of member:
Fellow Associate Ordinary (students)

My Actuarial Qualifications are:
Fellow of Associate of Student of Date Attained
The Institute and Faculty of Actuaries, UK
The Institute of Actuaries of Australia
The Society of Actuaries in Ireland
The Society of Actuaries, USA
The Casualty Actuarial Society, USA
The Canadian Institute of Actuaries
The Actuarial Society of South Africa
The Institute of Actuaries of India
I hold the following other actuarial qualifications, degrees, honours or distinctions:

I live and work in New Zealand or Australia I do not live and work in New Zealand or Australia (see below)

NEW ZEALAND CONDITIONS
(This section to be completed where an applicant does not live and work in New Zealand or Australia and is applying for the class of Fellow)
Despite not living and working in New Zealand or Australia, I believe that I am familiar with New Zealand conditions as they impact on actuarial work for the following reasons:

In order to comply with the Society's Code of Professional Conduct, the following questions must be answered:

Have you –

- | | Yes | No |
|--|--------------------------|--------------------------|
| (i) subject to the Criminal Records (Clean Slate) Act 2004, been convicted of an indictable criminal offence; | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) been found to have acted fraudulently or dishonestly by any court or tribunal or professional body equivalent to the Society in New Zealand or elsewhere | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) been found to have engaged in misleading or deceptive conduct in civil proceedings by any court or tribunal or professional body equivalent to the Society in New Zealand or elsewhere | <input type="checkbox"/> | <input type="checkbox"/> |
| (iv) in your professional capacity, been the subject of an adverse determination by a regulatory body in New Zealand or elsewhere | <input type="checkbox"/> | <input type="checkbox"/> |
| (v) become bankrupt | <input type="checkbox"/> | <input type="checkbox"/> |
| (vi) breached a determination under the Disciplinary Procedure | <input type="checkbox"/> | <input type="checkbox"/> |

I agree as a condition of membership, to be bound by the Rules of the Society

Date Signature:

I support this application for membership (to be signed by a Fellow of the New Zealand Society of Actuaries)

Date Signature Name

FOR OFFICE USE ONLY: APPROVED NOT APPROVED

Date Signature Name

Date Signature Name