



Spring/May 2025
Enrolled Actuary C.B.T. Exams
Computer-Based Testing at Prometric Locations
Registration Deadline: Monday, March 24, 2025
 NO LATE APPLICATIONS WILL BE ACCEPTED
EXAM FEES ARE NON-REFUNDABLE

SOA ID #:	I have previously registered for exams with the SOA: <input type="checkbox"/> Yes <input type="checkbox"/> No Check your <u>primary</u> address: <input type="checkbox"/> Home <input type="checkbox"/> Work	____ ____ ____ month day year Date of Birth
<i>For office use only</i>		

Last Name/Family Name/Surname (Required)	First Name (Required)	Middle Name (Optional)
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If a **different name** was used on a previous application, print it here:

Address	Organization Name (only if a company address)/Street or P.O. Box			
	City	State/Province	Zip/Postal Code	Country
	Primary Daytime Telephone (Required)	Primary Mobile Telephone (Required)	E-Mail (Required)	

Employer Information	Company Name of Actuarial Employer			Country
	Street or P.O. BOX (required if paying by company check)	City	State/Province	Zip/Postal Code

I have read the [Rules for Computer-Based Testing](#) concerning the examination(s) for which I am applying, including the [Rules and Regulations for Paper/Pencil Exams](#) if applicable, and agree to be bound by them. I acknowledge that I have read and agree to adhere to the [SOA Code of Conduct for Candidates](#). I also agree that the results of any examination(s) which I take, and any action taken as a result of my conduct (such as irregularity, violation or cheating, and any hearings thereon) 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 actions.

Signature: _____
(Your signature is required for this application to be valid.)

E.A. C.B.T. Exams

CBTEA10525 CBTEA2L0525

<input type="checkbox"/> Exam Fee: \$390.00 Name of Exam: _____ Date of Exam: __May 8, 2025	Indicate your choice of geographic testing location. <input type="checkbox"/> 9001 U.S.A <input type="checkbox"/> 9002 Canada <input type="checkbox"/> 9003 International
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Canadian residents add 5% GST, PE 15%, NB 15%, NL 15%, ON 13%, NS 15% GST/HST updated 2/3/2017

Total Fees (all fees in U.S. dollars) \$ _____

If paying by credit card, please indicate the card: American Express MasterCard Visa

Account Number: _____ CVV2 Number (Required): _____ Exp Date (Required): _____

Cardholder's Name _____ Cardholder's Signature (Required): _____

Cardholder's billing address (if different from applicant's): _____

Instructions for Completing Application for Computer-Based Testing

Mail check or money order with application to:

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

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The use of on-line registration (www.soa.org) is strongly recommended. Faxing +1-847-273-8529 or an overnight courier are also options to ensure delivery. If sending by regular mail, please allow at least **TEN WORKING DAYS** for the application to arrive. Postmark dates will not be considered. Applications received after the deadline will NOT be accepted. When using an overnight courier, send the application directly to the SOA street address (see directions for Credit Card Payments), as a courier will not deliver to a post office box.

CANDIDATE INFORMATION:

- Indicate if you have registered previously with the Society of Actuaries by checking yes or no.
- Print your first and last name as it appears on your valid government issued identification, your date of birth, address, daytime telephone number and valid e-mail address.
- If you used a different name on your last application (e.g., a maiden name), print that name in the space provided.
- Candidates requiring testing accommodations must submit a written request with their application.
<https://www.soa.org/Education/Exam-Req/Exam-Day-Info/testing-accommodations.aspx>

EMPLOYER INFORMATION:

- If you are employed in an actuarial position full-time, print the full name and address of your employer.

INTERNATIONAL DISCOUNT PROGRAM:

- Details regarding Examination and Study Material Fee Discount Program can be found at <http://www.soa.org/education/general-info/registration/edu-examination-fee-discount.aspx>

PRIVACY POLICY: Please go to <https://www.soa.org/legal/privacy-policy/> to review the privacy policy.

EXAMINATION SCHEDULE:

- Register for the exam by placing a check mark (✓) in front of the appropriate exam.

SCHEDULE YOUR APPOINTMENT AT THE TEST CENTER

- After your registration has been processed, you will receive an acknowledgement/receipt by email that includes your candidate number for this administration. You can locate your candidate number by scrolling down into the receipt portion of the email. The candidate number **will be activated approximately 1 hour or longer depending on your internet service or issues on your record** from the time of receiving the acknowledgement email. At that time, you should **immediately** make an appointment at a Prometric computer-based testing center. Candidates who do not make an appointment at a CBT Prometric exam center soon after their candidate number is available at Prometric may find their local CBT center is filled on the days when the exam is offered. If your candidate number is not at Prometric after a few hours, please email soaexams@soa.org to inquire. **Due to the nature of all the C.B.T. Spring/Fall Fellowship Exams, and Prometric's need for preparing and testing workstations prior to the exam window.** See your receipt for the last date to make an appointment. Lastly, if you do not receive a confirmation email from Prometric within 24-hours of Scheduling your exam appointment, please contact Prometric to make sure the exam appointment was captured properly.

EXAMINATION FEES

- Exam fees may be paid by check, money order, or credit card (American Express, MasterCard, or Visa). Checks should be made payable to **SOA Actuarial Exams**. Applications should be sent to the appropriate address listed on the first page. Fees must be in U.S. funds or equivalent. Letters of Confirmation used for scheduling appointments are not released until the account is paid in full. **NOTE:** The amount billed to an individual's credit card will be automatically adjusted for persons who miscalculate the amount due. **Fees are not transferable from one session to another.** Candidates with a balance due will not be permitted to register for future examination sessions until outstanding debts are paid in full.
- If paying by credit card, the candidate must include the CVV2 number (see details below under "Additional Credit Card Information—CVV2 Number").
- A **\$25** fee will be assessed on any checks returned due to insufficient funds.

NO REFUNDS: Preliminary Actuarial Exams/SOA does not offer refunds for its examinations. No part of a fee paid to the Preliminary Actuarial Exams/SOA for examination registration will be refunded or transferred to a later exam period should the candidate not appear for the exam or not have the proper identification which precludes taking the exam. The Preliminary Actuarial Exams/SOA does recognize that events may occur that are outside a candidate's control. In those cases, there are two options that may be available:

- **Rescheduling Options:** Spring/Fall exams are offered as a one-day testing window, there is no rescheduling day option but there may be a location change option or a time change option.
- **Emergency Situations.** Preliminary Actuarial Exams/SOA recognizes that unforeseen emergencies may occur that directly influence a candidate's ability to take an exam on an appointed day. We will consider these situations on a case-by-case basis. Candidates finding themselves in such a situation should contact SOA Customer Service at customerservice@soa.org.
- **Temporary Refund Policy** - <https://www.soa.org/education/exam-req/registration/edu-refunds/>

SIGNATURE

- For this application to be valid, your signature must appear on the front of this application.

CHANGE OF ADDRESS and/or E-MAIL ADDRESS

Login to My SOA from our home page, www.soa.org to update your record as needed. If you experience any difficulties contact SOA Customer Service at customerservice@soa.org or +1-888-697-3900 for assistance.

ADDITIONAL CREDIT CARD INFORMATION—CVV2 NUMBER

How to find your credit card's CVV2 number:

On a **Visa** or **MasterCard**, please turn your card over and look in the signature strip. You will find (either the entire 16-digit string of your card number, OR just the last 4 digits), followed by a space, followed by a 3-digit number. That 3-digit number is your CVV2 number (see below). On **American Express** Cards, the CVV2 number is a 4-digit number that appears above the end of your card number (see below).

What is CVV2?

CVV2 is a security measure we require for all transactions. Since a CVV2 number is listed on your credit card, but is not stored anywhere, the only way to know the correct CVV2 number for your credit card is to physically have possession of the card itself. All VISA, MasterCard and American Express cards made in the United States have a CVV2 number.

Visa & MasterCard:



CVV2
Num

This number is printed on MasterCard and Visa cards in the signature area of the back of the card. (it is the last 3 digits AFTER the credit card number in the signature area of the card). **If you cannot read your CVV2 number, you will have to contact the issuing institution.**

American Express:



4 Digit Card Verification Number

American Express cards show the CVV2 printed above and to the right of the imprinted card number on the front of the card.

NOTE: For European or Asian credit cards that do not have a CVV2 number, please enter 000 as your CVV2 number.

Retain your candidate number to access results at <http://examresults.soa.org>.

If you need assistance, you may contact SOA Customer Service
+1-888-697-3900 between the hours of 8:00 a.m. and 5:00 p.m. central time.

You may also email your message to SOA Customer Service at customerService@soa.org.