



Application for Consideration as a Fellow/Associate of the Institute and Faculty of Actuaries (IFoA) for Fellows and Associates of the Israel Association of Actuaries (ILAA)

In accordance with the terms of the Mutual Recognition Agreement under which you are applying for admission as a Fellow or an Associate of the Institute and Faculty of Actuaries (IFoA), you must before admission:

1. have respectively attained Fellowship or Associateship of the ILAA by completing the qualification requirements of the ILAA, which may include co-sponsored education and examinations of other actuarial organisations (including where relevant, obtaining one or more of the ILAA's examination exemptions that are available from time to time), and not solely in recognition of membership of another actuarial association;
2. be entitled to practise as a member of the ILAA;
3. in the event that there is no work experience requirement built into Fellowship of the ILAA, have completed, as at the date of application, three years post-qualification practical work-based experience of actuarial practice;
4. in the event that there is no work experience requirement built into Associateship of the ILAA, have completed, as at the date of application, two years post-qualification practical work-based experience of actuarial practice;
5. have undertaken a professionalism course; and
6. authorise in writing the ILAA to release relevant records to the IFoA concerning any adverse disciplinary determination, finding, sanction and/or penalty, to which you have been subject, in accordance with the ILAA's disciplinary process. Such records may be taken into consideration by the IFoA in considering the application, and may be retained by the IFoA thereafter for as long as is reasonably necessary.

Application for Consideration as a Fellow/Associate

[NOTE: When filling in this form, please use block capitals and black ink]

I am applying for admission as a Fellow an Associate

Title: Mr Mrs Miss Ms Dr Other please specify: _____

Gender: Male Female Prefer not to disclose

First name(s): _____

Surname: _____

Date of birth:

	D	D

	M	M

	Y	Y	Y	Y

Qualifications (please enter the qualifications to appear on your records): _____

Current residential address: _____

Postal Town: _____ County: _____

Country: _____ Postcode: _____

Telephone Number: _____ Fax Number: _____

Personal e-mail address: _____

Ⓢ Failure to provide a current correspondence address, telephone number and e-mail address, in clear handwriting, will result in the applicant not receiving information about their application form

Employment details -

Companyname: _____

CompanyAddress (including department): _____

Postal Town: _____ County: _____

Country: _____ Postcode: _____

Telephone Number: _____ Fax Number: _____

Your companye-mail address: _____

Please indicate which address you would like all correspondence sent to: Home Office

Record of work experience for the last three years if applying for Fellowship of the IFoA. If applying for Associateship only two years are required.

Please give full details of training and areas of practice with dates, if not part of the ILAA qualification.

Actuarial Training and Practical Experience			
From	To	Employer Details	Details of Training and Areas of Practice

Declaration

① This section must be signed by applicant.

Before signing this declaration, you must read the Charter, Bye-laws, Rules and Regulations of the IFoA which are available on our website, www.actuaries.org.uk/about-us/pages/charter-by-laws-rules-and-regulations.

I hereby apply for admission as a Fellow or Associate of the IFoA

I understand that the IFoA will contact ILAA to obtain verification of the following:

1. confirmation that I am a Fellow/Associate of ILAA in good standing and entitled to practise as a member of that body;
2. details of any adverse disciplinary determination, finding, sanction and/or penalty to which I have been subject;
3. confirmation of my CPD compliance;
4. confirmation that my qualification includes at least 3 years actuarial work experience for a Fellow or at least 2 years for an Associate; and
5. confirmation of attendance at a professionalism course

I acknowledge that, as a member of the IFoA, I will be bound by the constitutional and regulatory framework of the IFoA, which includes:

- o the Actuaries' Code; and
- o the IFoA's Charter, Byelaws, Rules and Regulations; and
- o the IFoA's professional standards (including the Actuaries' Code, Actuarial Profession Standards, the CPD Scheme and, for relevant work within UK Geographic Scope, the FRC's Technical Actuarial Standards, all as replaced or amended), and.
- o the Disciplinary and Capacity for Membership Schemes.

and I understand that the IFoA and ILAA will share information and co-operate with one another in relation to disciplinary allegations, investigations and/or proceedings against me.

If there is anything additional you would like to declare with this application, please add this to the box below.

Signed: _____ Date: _____

Checklist

Please enclose the following	
Confirmation of membership letter from ILAA	<input type="checkbox"/>
A record of work experience for the past three years, if not built into the Fellowship requirement. Two years if not built into Associate requirement.	<input type="checkbox"/>
Evidence of attendance at a professionalism course	<input type="checkbox"/>

This form should be completed and returned to Member Services Team by [email](#).

How we use your personal data

The Institute and Faculty of Actuaries (IFoA) is registered as a Data Controller under the General Data Protection Regulation. We will use the information provided on this form to process your application, to maintain our Register of Members, and to contact you in the course of your membership. Please note that we will publish your name, address and membership details to the member only area of our website. Where you have not supplied a business address we will use your home address. If you'd rather we didn't publish this information contact memberservices@actuaries.org.uk. In line with our Royal Charter you are not able to opt out of appearing on our Register of Members, this contains your name, status and any regulatory notes.

To find out how we use your personal data, who we share it with and when please see our privacy policy: <https://www.actuaries.org.uk/privacy-policy>