



Canadian Institute of Actuaries

May 2018 Exam Application

Exams MAS-I, 5, 6C, 6 U.S., 7, 9

Application must reach the CAS Office by **March 8, 2018**.



Casualty Actuarial Society

Registration is available online in the "Exams and Admissions" section of the CAS Web Site (www.casact.org).

For Office Use Only

I have previously registered for an exam with the CAS: Yes No

Prefix (check one): Mr. Ms. Mrs. _____

LAST NAME/Family Name/Surname

First Name

Middle Name

Suffix

If a **different name** was used on a previous application, print it here:

Date of Birth
(Month-Day-Year)

Preferred Address

Please check for preferred address: Home Address Office Address New Address

Organization Name (only if a company address)

Street or P.O. Box

City

State/Province

Zip/Postal Code

Country

Business Telephone

Business E-Mail

Home E-Mail

Date of First Full-Time Property-Casualty Employment (Month/Year)

Home Telephone

Preliminary Education

I have credit for: Exam 1/P Exam 2/FM Exam 3F/MFE SOA Exam MLC Exam 4/C
 Exam LC Exam ST VEE-Applied Statistical Methods VEE-Corporate Finance
 VEE-Economics

For Full-time Students

Name of College/University

Expected Graduation Year

Undergraduate
 Graduate

Exam Registration Information

Exam Center

I am registering for the following:

- Exam 5 (Friday, May 4, 2018)
- Exam MAS-I (Monday, May 7, 2018)
- Exam 6 Canada (Monday, April 30, 2018)
- Exam 6 U.S. (Monday, April 30, 2018)
- Exam 7 (Wednesday, May 2, 2018)
- Exam 9 (Thursday, May 3, 2018)

Translation Service

Check here if taking the exam(s) in Canada and you would like to use the translation service to answer in French.

Mail check or money order payments to:

Casualty Actuarial Society
P.O. Box 425
Merrifield, VA 22116-0425 U.S.A.

Mail credit card payments (and all overnight/courier deliveries) to:

Casualty Actuarial Society
4350 N. Fairfax Drive, Suite 250
Arlington, Virginia 22203 U.S.A.

"I have read the rules and regulations concerning the examination(s) for which I am applying and agree to be bound by them. I have read the CAS "Code of Professional Ethics for Candidates" and agree to be bound by it. I also agree that the results of any examination(s) which I take, and any action taken as a result of my conduct may, at the sole discretion of the Casualty Actuarial Society, 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.

Check here if you have attached a written request for accommodation to meet an ADA need(s).

Method of Payment

Indicate One: Credit Card Company Check Personal Check Money Order

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

Account Number: _____

Expiration Date: (month/year) _____ Cardholder's Name _____

Billing Address: _____

Cardholder's Signature (Required)

Payment Information

TOTAL Amount Enclosed: _____