



SINGAPORE ACTUARIAL SOCIETY

163 Tras Street, #07-04 Lian Huat Building, Singapore 079024

UEN : S76SS0051K

For enquiries, email membership@actuaries.org.sg

APPLICATION for MEMBERSHIP (FELLOW, ASSOCIATE, ORDINARY, AFFILIATE)

FELLOW Membership ASSOCIATE Membership ORDINARY Membership AFFILIATE Membership

PERSONAL DETAILS Mr. Ms. Mrs. { Optional: Dr. Prof. }

Name as per identity document : _____ Surname : _____

ID Type : NRIC Passport Other If Other, please specify: _____

Date of Birth : - - Gender : M F

SG Residency Status: Citizen PR Others Nationality: _____

Country of Residence : _____ I declare that I will inform the SAS immediately if my country of residence changes.

Email Address : _____ Mobile No.: (Optional) _____

Are you a resident for tax purposes in Singapore? Yes No

If Yes, do you claim or are you entitled to claim entrance / subscription fees as a deduction in your tax return? Yes No

EMPLOYMENT DETAILS

Employer : _____
(Please provide Company name in Full)

Designation : _____ Occupation : _____

Country of Operation: _____ Industry / Sector # : If Other : _____
(# Insert Code - Please refer to Page 2)

Practice Area # : 1. 2. 3. Other, please specify : _____
(# Insert Code - Please refer to Page 2)

PROFESSIONAL QUALIFICATION DETAILS (Applicant for Affiliate Membership need not fill in this section)

Membership of Recognised Actuarial Association (please see over) or other Actuarial Association: You may tick more than one box.

Association IFoA (UK) IAAust (Australia) SOA (USA) CAS (USA) CIA (Canada) Other: _____

Membership Class*

(*Insert Alphabet: Please refer to Page 2)

Do you hold a risk management qualification? No Yes, CERA Yes, Other: _____

I declare that I obtained my membership status in the above Association upon passing or receiving exemptions from one or more professional examinations set by the said Association, and not by means of a mutual accreditation arrangement.

If you have not completed all the Examinations of the Association, please give the Examinations passed, up to 8 (Course or Subject Code is sufficient)

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- I declare that I have not been convicted in a court of law in any country and that I have never been declared a bankrupt (discharged or otherwise).
- I declare that I give consent to the SAS to send to my email address (as held in my records with the SAS) any circular which informs me either of events which the SAS or any other body organises, or of job advertisements, or of any other matters, the information on which the SAS deems to be of benefit to all SAS members.
- I declare that I have read the SAS Personal Data Privacy Policy and accept the Policy.
- I hereby apply for membership of the Singapore Actuarial Society of the highest Class for which I am eligible for (if not, please delete "of highest Class for which I am eligible for" and explain why.).
- I declare that all the above statements given are true and complete.

Date : _____ Applicant's Signature: _____

Please insert the names of your PROPOSER and SECONDER (who must be Fellow or Associate or Ordinary members of the SAS) and obtain their signatures.

Signature : _____ Signature : _____

Name of Proposer : _____ Name of Seconder : _____

For Office Use

Membership ID: _____ Payment Date & Details: _____ Approved: _____



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SINGAPORE ACTUARIAL SOCIETY CONSTITUTION (Revision March 2018)

DEFINITIONS OF MEMBERSHIP CLASSES

Recognised Actuarial Associations

The Society recognises the following actuarial associations principally for the purposes of admission into the Society, and these associations shall be called Recognised Actuarial Associations for the purposes of this Constitution:

1. Institute and Faculty of Actuaries, United Kingdom
2. Society of Actuaries, United States of America
3. Institute of Actuaries of Australia
4. Canadian Institute of Actuaries
5. Casualty Actuarial Society, United States of America

Any other actuarial association may be recognized for this purpose if proposed for recognition by the Council and approved at a general meeting held to decide on the proposal.

[Persons may apply to be admitted into the Society in one of these 4 classes using this form]:

- Fellows** : comprising Fellows of Recognised Actuarial Associations who have attained Fellowship of such Recognised Actuarial Associations by passing or being exempted from examinations, and fulfilling any other requirements, set by that Recognised Actuarial Association and not solely by accreditation through mutual recognition arrangements with other actuarial associations, or a Fellow of any other actuarial association which is a Full Member of the International Actuarial Association, who has been assessed by the Council as possessing the appropriate professional actuarial qualifications, practical experience and other criteria as may be deemed necessary by the Council.
A Fellow shall be entitled to vote, make nominations and stand for Council.
- Associates** : comprising Associates of the Society of Actuaries and members of other Recognised Actuarial Associations who have attained such equivalent level as determined by the Council, by passing or being exempted from examinations, and fulfilling any other requirements, set by that Recognised Actuarial Association and not solely by accreditation through mutual recognition arrangements with other actuarial associations or a Fellow of any other actuarial association which is a Full Member of the International Actuarial Association.
An Associate shall be entitled to vote, to make nominations and stand for Council.
- Ordinary** : comprising all other members who have passed or been exempted from at least one examination of one of the Recognised Actuarial Associations (or such other professional or educational bodies as may be approved by the Council).
An Ordinary Member shall not be entitled to vote, to make nominations or stand for election to the Council.
- Affiliate** : comprising individuals, approved by the Council, who do not have any actuarial qualification and are not studying towards an actuarial qualification but where mutual benefit to the individual and to the Society would be realised through membership.
An Affiliate Member shall not be entitled to vote, to make nominations or to stand for election to Council.

Industry / Sector [Insert Code]

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|-----------------------------------|-------------------------|-------------------------------------|
| [DI] Direct Insurance | [RI] Reinsurance | [FN] Other Finance |
| [RG] Regulatory | [CN] Consultant | [GV] Other Government Agency |
| [X] Other (please specify) | | |

Practice Areas [Insert Code(s) in order of priority]

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|-----------------------------------|--|------------------------------|
| [LI] Life Insurance | [GI] General Insurance | [HI] Health Insurance |
| [RM] Risk Management | [EB] Retirement / Employee Benefits | [IN] Investment |
| [X] Other (please specify) | | |

* Membership Class of Actuarial Association [Insert Alphabet of your Membership Class]

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|----------------------|----------------------|-----------------------------------|
| [F] Fellow | [A] Associate | [O] Ordinary |
| [L] Affiliate | [S] Student | [X] Other (please specify) |