



CERTIFICATE OF COMPLETION OF ADAPTATION PERIOD FOR ACTUARIES UNDER THE AAE AGREEMENT

1. Notes

1.1. Please read the accompanying note before completing this form.

2. Supervisor's details

NOTE: when filling in this form please use block capitals and black ink.

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

Forename(s): _____

Surname: _____

Area of practice: _____

Employer: _____

Date of qualification as FFA/FIA: _____

3. Record of adaptation period

3.1. Please set out the details of the applicant's adaptation period below.

FROM	TO	PARTICULARS OF EXPERIENCE DURING ADAPTATION PERIOD

FROM	TO	PARTICULARS OF EXPERIENCE DURING ADAPTATION PERIOD

(Please continue on a separate sheet if necessary)

4. Additional training during adaptation period

4.1. If the applicant has undertaken additional training during their adaptation period, or the adaptation period has been longer than 1 year, please set out those details below.

FROM	TO	PARTICULARS OF ADDITIONAL TRAINING DURING ADAPTATION PERIOD OR REASONS FOR EXTENSION OF ADAPTATION PERIOD BEYOND 1 YEAR

5. Certification

5.1. I certify that the applicant, _____
(name of actuary you have supervised):

- 5.1.1. has successfully completed an adaptation period so that they have at least 3 years' practical experience in total, of which at least one year has been carried out under my supervision as detailed in section 3 above.
- 5.1.2. has or has not undertaken additional, further training during their adaptation period, particulars of which are provided in section 4 above.
- 5.1.3. is familiar with UK legislative requirements and commercial practice in at least one of the seven traditional actuarial fields:
- life assurance ,
 - general insurance ,
 - pensions
 - investment ,
 - enterprise risk management ,
 - health & care ,
 - finance & investment
- 5.1.4. has shown technical actuarial competence and a knowledge of a substantial part of the technical area of work in that traditional actuarial field and has a broad understanding of the work in the other fields; and
- 5.1.5. has a sound understanding of Actuarial Professional Standards issued by the Institute and Faculty of Actuaries and Technical Actuarial Standards issued by the Financial Reporting Council covering the areas of work in which they are engaged.

Signature: _____ Date: _____

Name: _____ FFA/FIA ARN: _____

(BLOCK LETTERS)

6. What should I do now?

You need to submit this form to the Membership Team of the Institute and Faculty of Actuaries at Level 2 Exchange Crescent, 7 Conference Square, Edinburgh EH3 8RA, on completion of the applicant's adaptation period or by email to membership@actuaries.org.uk

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 membership@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>