



# SOCIETY OF FINANCIAL EXAMINERS®

## Application for the AES® Designation

Print below your name as you wish it to appear on your certificate:

I. Name \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Personal E-Mail Address \_\_\_\_\_

Date Application Completed \_\_\_\_\_

II.  I am an AFE or CFE in good standing  
or

I have passed both of the following AFE courses offered by the Society.

- AFE1 Life and Health Insurance Fundamentals
- AFE2 Property and Liability Insurance Fundamentals

I have provided proof of completion, with a passing grade, of the CISA examination  
AND

Proof of completion, with a passing grade, of the NAIC System Proficiency Exam

III. Employment History:

(List former employment information for the past five+ years to verify continuous insurance department experience)

Mo/Day/Yr.	Employer Name	Address	Phone #	Position
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Current Employer:

Date of Employment: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Agency/Contract Firm \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Work E-Mail Address \_\_\_\_\_

Title/Positions \_\_\_\_\_



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Description of Duties: Please show dates of employment, noting changes of work assignments.

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### Experience Support Detail

### Distribution of Duties

<u>Involvement on the Exam</u>		Company	%	<u>Distribution of Duties</u>	
From	To			IT Months	Financial Months
Total				-	-

**Required Equivalent of 24 months of IT Experience**

IV. Supervisor's Verification: To be completed by one of the following: Insurance Commissioner, Deputy Commissioner, Chief Examiner, Director of Financial Institutions, Assistant Chief Examiner or Assistant Director, or Examination Contract Firm Supervisor. If more than one supervisor verification is needed to verify current and continuous employment, please provide the necessary documents.

I, (supervisor) \_\_\_\_\_, have reviewed the preceding portion of the application of (applicant's name) \_\_\_\_\_.

The answers therein are true to the best of my knowledge and belief.

\_\_\_\_\_  
(date) (title) (signature)

\_\_\_\_\_  
(agency) (address) (city, state, zip code)

V. Professional References:

Name	Title	Address	Phone #
1. _____			
2. _____			
3. _____			



# SOCIETY OF FINANCIAL EXAMINERS®

## Application for the AES® Designation

VI Information required to mail letters of congratulations upon earning the AES Designation. SOFE will send a congratulatory letter and a certificate to your Chief Examiner or immediate supervisor. Please provide us with the name and complete mailing address of this individual:

Name/Designations \_\_\_\_\_

Agency/Contract Firm \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Also for purposes of the letter, please advise us of your gender:

Male  Female (We need this information, because the letter uses the terms his and her.)

### OATH REGARDING DESIGNATION

I affirm that I have read and comprehend the [Society of Financial Examiners Code of Ethical Conduct](#) and I affirm under the penalties of perjury that the information, statements, attachments, and any other documents made in conjunction with this application are complete, honest and correct. As far as I am able to determine, I meet all of the requirements to apply for this designation.

I agree to abide by all procedures of the Board of Governors, the Executive Committee, and all other committees of the Society relating to this designation. I understand that I must comply with the Society's Continuing Regulatory Education (CRE) program to achieve the necessary credit hours in order to maintain this designation. I comply and agree to pay necessary dues to sustain a membership in good standing with the Society.

I understand that if as a member I am found to have engaged in conduct involving dishonesty, fraud, deceit or misrepresentation, or any felony involving and criminal offense(s) other than civil traffic offenses, I shall be automatically expelled from the Society. If the Society finds I have caused or assisted in causing the compromise of any designation, I understand and agree that I may be held liable to the Society for any monetary losses the Society may incur as a result of the compromise.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature